

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – EB BLISTER AND WOUND CARE

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

Epidermolysis Bullosa (E.B.) Blister Care and Wound Care <i>EB is a genetic blistering disorder characterized by extreme skin fragility, erosions, and blisters when heat, trauma, or friction is applied to the skin surface.</i>		Training Record RN Initial & Date
A. Purpose of Procedure: To promote wound healing and prevent smaller blisters from increasing in size and leading to increased pain and complications.		
B. Supplies needed: gloves, 4x4's, cotton swab, lancet, saline bullet, non-adherent dressing, retainer gauze, ointment and a piece of exam table paper to place supplies on and have student lie on during procedure.		
C. Procedure:		
1. Washes hands		
2. Assembles supplies		
3. Positions student and explains procedure		
4. Put on gloves		
5. Gently push the fluid to one edge of the blister.		
6. Prick 1 to 2 holes on the side of the blister, not the top of the blister. The hole(s) should be big enough to drain the fluid.		
7. Gently drain the fluid using gauze or a cotton swab to push the fluid toward the hole(s) in the blister. Another piece of gauze can be used to soak up the liquid from the blister. Liquid may be clear, cloudy or bloody.		
8. May use lancet on more than one blister as long as drainage is not white or cloudy.		
9. Apply ordered ointment. Next, apply a non-adherent clean bandage. Then apply rolled gauze and retainer net dressing to secure bandage if needed. DO NOT USE ADHESIVE TAPE OR REGULAR BAND-AIDS.		
10. If drainage from the blister has an odor, is yellow or green, or there is significant redness around the area, contact the parent and school nurse. DO NOT reuse that lancet on other blisters. Discard and get a new lancet for remaining blisters.		
11. If blister continues to ooze fluid after draining or is bigger than the size of a quarter, cut non adhesive silicone dressing to size slightly larger than blister and apply.		
12. Discards lancet in sharps container and double bags dressing.		
13. Remove gloves and washes hands.		
14. Documents procedure and observations in daily log and journal.		
15. Reports any changes to family.		
If student has a new cut or scrape: Please clean with saline bullets and not soap or water. Cover with non-adherent clean dressing.		
If a wound is weeping: Wet gauze with water and carefully pat the weeping area. Do not leave gauze on the skin as it may stick. Apply ointment directly to non-adherent bandage and secure in place with rolled gauze or retainer dressing to secure. If unable to secure a bandage and unable to stop weeping, notify the parent.		
Competency Statement		Training RN Signature & Initial
PROCEDURE: EB Blister and Wound Care: Describes when to drain blisters, provide care with injury and care if wound is weeping and demonstrates correct performance of process using standard precautions.		

"This document and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider."

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – EB BLISTER AND WOUND CAREName
Student/ChildBirth
Date:School/
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Unlicensed Assistive Personnel (UAP)**DELEGATION AUTHORIZATION**

I have read the care/medication plan, been trained, and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____

Date _____

Delegating RN Signature: _____

Initials _____ Date _____

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RN Initial & Date	Procedure $\checkmark$ = acceptable performance	Follow Up/ Supervision Plan / Comments
	Procedure Reviewed ☐ IHP accessible and current ☐ Competent performance of procedure(s) per specific guidelines ☐ Confidentiality ☐ Documentation ☐ RN notification of change in status ☐ Child/student tolerating procedure well	☐ No opportunity to perform task. ☐ Simulated emergency response practice. ☐ Additional on-site training provided ☐ Supervision plan (minimum annually) date: _____ ☐ Continue delegation ☐ Withdraw delegation Comments:
	Procedure Reviewed ☐ IHP accessible and current ☐ Competent performance of procedure(s) per specific guidelines ☐ Confidentiality ☐ Documentation ☐ RN notification of change in status ☐ Child/student tolerating procedure well	☐ No opportunity to perform task. ☐ Simulated emergency response practice. ☐ Additional on-site training provided ☐ Supervision plan (minimum annually) date: _____ ☐ Continue delegation ☐ Withdraw delegation Comments:
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Delegating RN Signature _____

Initials _____