I. Definition

This procedure will take place when an enlarged abscess has formed requiring open drainage. The purpose of this standardized procedure is to allow the Advanced Health Practitioner (AHP) to safely open the abscess site to allow for drainage of pus, evaluation, and packing of the wound.

II. Background Information

A. Setting:

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision:

The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Evidence of tunneling
3. High fever, marked leukocytosis, or expanding cellulitis
4. Outcome of the procedure other than expected

C. Indications:

1. Enlarged abscess
2. Evidence at the abscess site of erythema and/or pus
3. Exceptional tenderness at or adjacent to the abscess

D. Precautions:

1. The patients may need wound culture & antibiotics
2. Cellulitis should be determined

III. Materials

A. The following materials may be required:

1. Scalpel
IV. Wound Opening Procedure

A. Pre-treatment evaluation:
   1. The site will be inspected by the Advanced Health Practitioner and/or a physician on the primary service to determine the necessity for opening the wound, the expected outcomes of the procedure, and the treatment plan.
   2. Evaluate for the potential to experience pain, and pre-medicate the patient appropriately.

B. Set up: gather all necessary supplies

C. Prepare patient:
   1. Inform patient of the treatment plan, which includes opening the abscess.
   2. Position the patient in a comfortable position that gives adequate access to the abscess site.
   3. Protective eyewear should be worn.

D. Perform procedure:
   1. Administer a field block with local anesthetic.
   2. Use scalpel to open abscess.
   3. Use Q-tip to gently part the wound edges & probe for tunneling
   4. Collect culture specimen if indicated
   5. Pack the opened wound as needed, then dress

E. Post-procedure:
   1. Send a culture if indicated
   2. Record the procedure and the outcome and the plan in the progress note

F. Follow-up treatment:
   1. Instruct Patient when to return to Clinic as indicated for dressing change and monitoring.
2. Instruct the patient on daily wound care & dressing changes, and on the signs & symptoms of infection. This is in anticipation of continued healing by second intention at home, whether currently an inpatient or an outpatient.

3. Consider referral for home care with physician’s approval.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.

2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal or unexpected findings are reviewed with supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.

2. The Advanced Health Practitioner will demonstrate knowledge of the following:
   a. Medical indication and contraindications of Incision and Drainage
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
   d. Consent process (if applicable)
   e. Steps in performing the procedure
   f. Documentation of the procedure
   g. Ability to interpret results and implications in management.

3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure three times under direct supervision.

4. Supervising physician will document Advanced Health Practitioner’s competency prior to performing procedure without supervision.

5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least three times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY
Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY
Revised April 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed April 2012 by the Committee on Interdisciplinary Practice
Prior revision October 2008
Approved April 2012 by the Executive Medical Board and the Governance Advisory Council.

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