

Bandaging notes essay sample

[Health & Medicine](#), [Body](#)



A bandage is a material used to provide support either to a medical dressing or an injured part of the body. Bandages, ranging from cloth strips to specialized bandages used for a particular body part, are important components of your first aid kit. There are various bandaging techniques, each target at a particular area of the body or a particular ailment specifically for a relatively speedy recovery and to minimise injuries.

Reasons for Bandaging

Bandaging helps the dressing to stay firmly on the wound.

Bandaging is an effective technique to support a hurt joint. Bandage wrapping helps to reduce swelling.

In case of a wound, bandaging helps to stop bleeding.

Bandaging helps to restrict the movement of an injured body part.

Bandaging Techniques

The three most commonly used techniques of bandaging are spiral technique, ascending spica technique and diverging spica technique.

Spiral Bandaging

Spiral bandaging is the simplest of the roller bandaging techniques. While rolling the bandage, in this method, the turns are done in spiral method, wherein each turn covers the two-third part of the preceding turn. Spiral technique of bandaging is most often used on body parts with uniform circumference, such as leg or forearm.

Diverging Spica or Reverse Spiral Bandaging

Diverging spica technique is most often used on body parts with varying circumference. Although the turns are made in spiral direction in this

technique, the bandage is reversed on itself so that it stays firm on body parts with varying perimeters. Once the bandage is secured, after a few spiral binds, the bandage is rolled with the thumb being placed over the lower border of the bandage on the outer side of the limb. Eventually the bandage is reversed downwards, and after passing it over the fixed thumb it is carried to the opposite side from under the limb, and rolled in reverse spiral technique above the preceding bandage wrap.

Ascending Spica or Figure Eight Bandaging

Ascending spica is considered to be the most useful technique of roller bandaging. In this method, the bandage is alternately passed upwards and downwards over and under the limb, roughly resembling the figure 8 with each double turn. This technique is most often used over the joints, in case of problems such as joint sprains.

Procedure

1) Wash hands. (Wear gloves where necessary) Assist victim to assume comfortable position on bed or chair and support the body part to be bandaged. Always stand in front of the part/victim to be bandaged except when applying a bandage to the head, eye and ear. Be sure the bandage is rolled firm. Make sure the body part to be bandaged is clean and dry. Assess skin before applying bandage for any breakdown. Observe circulation by noting pulse, surface temperature, skin color and sensation of the body part to be wrapped.

2) Always start bandaging from inner to outer aspect and far to near end.

When bandaging a joint, ensures flexibility of the joint. (except if

immobilization of joint is required). Always start and end with two circular turns. Cover the area 2 inches above and 2 inches below the affected area (wound). Overlap turns and slightly stretch the bandage. Cover two third 2/3 of the previous turn. Where possible, leave fingertips or toe tips exposed for observation (adequacy of blood circulation). End the bandage on the outer side of the body. Do not end a bandage on wound or at the back of the body.

Principles & Procedures for applying Bandages (contd..)

3) Types of Bandages Triangular Triangular bandages could be used on many parts of the body to support and immobilize. Crepe Bandage Type of woven gauze which has the quality of stretching. Gauze/Cotton Bandage Lightly woven, cotton material. Frequently used to retain dressings on wounds of fingers, hands, toes, feet, ears, eyes, head. Adhesive Bandage Use to retain dressing and also used where application of pressure to an area is needed.

4) Circular Spiral Reverse Spiral Figure of Eight Methods of applying Bandages

5) Circular turns are used chiefly to anchor bandages and to terminate bandages Apply the end of the bandage to the part of the body to be bandaged Encircle the body part a few times or as needed, each turn directly covering the pervious turn. Secure the end of the bandage with tape, metal clips or a safety pin over an uninjured area.

6) Spiral turns are used to bandage cylindrical parts of the body that are fairly uniform in circumference, such as upper arm and upper leg Make two circular turns to begin the bandage. Continue spiral turns at about a 30-

degree angle, each turn overlapping the preceding one by two-thirds the width of the bandage. Terminate the bandage with two circular turns, and secure the end as described for circular turns.

7) Spiral reverse turns are used to bandage cylindrical parts of the body that are not uniform in circumference, such as the lower leg or lower fore arm. Begin the bandage with two circular turns, and bring the bandage upward at about a 30-degree angle. Place the thumb of the free hand on the upper edge of the bandage. The thumb will hold the bandage while it is folded on itself. Unroll the bandage about 4-6" then turn the hand so that the bandage is folded down. Continue the bandage around the limb, overlapping each previous turn by two-thirds the width of the bandage. Make each bandage turn at the same position on the limb so that the turns of the bandage will be aligned. Terminate the bandage with two circular turns, and secure the end as described for circular turns.

8) The figure-of-eight method permits flexibility of the elbow, knee & ankle without disturbing the dressing. Begin the bandage with two circular turns. Carry the bandage above the joint, around it, and then below it, making a figure eight-continue above and below the joint, overlapping the previous turn by two-thirds the width of the bandage. Terminate the bandage above the joint with two circular turns, and secure the end appropriately.

Application of Bandages on Elbow, Ankle & Knee Figure of Eight Turn

9) Vertical bandage carried twice forwards and once backwards. Continue to pass the vertical bandage backwards and forwards, each time a little to the

left and right alternately, locking it with the horizontal bandage. Finally, pass horizontal bandage twice around the head, and pin in front.

10) Turn the base (longest side) of the bandage up and center its base on center of the forehead, letting the point (apex) fall on the back of the neck. Take the ends behind the head and cross the ends over the apex. Take them over the forehead and tie them. Tuck the apex behind the crossed part of the bandage and/or secure it with a safety pin.

11) To apply a triangular bandage sling, insert the material under the injured arm so that the arm is in the center, the apex of the sling is beyond the elbow, and the top corner of the material is over the shoulder of the injured side. Position the forearm so that the hand is slightly higher than the elbow (about a 10 degree angle). Bring the lower portion of the material over the injured arm so that the bottom corner goes over the shoulder of the uninjured side. Bring the top corner behind the casualty's neck. Tie the two corners together so that the knot will not slip. The knot should fit into the "hollow" at the side of the neck on the uninjured side. A triangular bandage sling is usually made from a muslin bandage, but any material that does not stretch (such as a fatigue shirt, trousers, poncho, blanket, or shelter-half) can be used. Fold, cut, or tear the material into a triangular shape.

12) A penetrating eye injury is usually caused by a sharp object which has gone in, or is protruding from the eye. To bandage an eye injury, support casualty's head to keep it as still as possible. Ask casualty to try not to move eyes. Place sterile pad or dressing over injured eye. Ask casualty to hold this in place. Bandage dressing in place, covering injured eye. If penetrating eye

injury, lie casualty on back, place pad around object and bandage in place.

Warning: Do not touch the eye or any contact lens. Do not allow casualty to rub eye. Do not try to remove any object which is penetrating the eye. Do not apply pressure when bandaging the eye. If chemical or heat burn, or smoke in eyes, flush with water.

13) To bandage a ear injury, lay the outer surface of the bandage against forehead and carry the bandage round the head in one circular turn, bandaging away from the injured ear. Towards the sound side, carry the bandage round to the back of the head, low down in the nape of the neck again, repeat these. Each turn being slightly higher than the previous one as it cover the dressing, but slightly over as it cover the hair. Continue until the whole is covered and complete the bandage by one straight turn around the forehead, pinning where all the turns cross one another some people prefer to take the bandage around the forehead between each turn covering the dressing, but this makes a heavy bulk around the head which is not really necessary.

14) For jaw injuries, before applying a bandage to a casualty's jaw, remove all foreign material from the casualty's mouth. If the casualty is unconscious, check for obstructions in the airway. The dressing and bandaging procedure outlined for the jaw serves a two fold purpose. In addition to stopping the bleeding and protecting the wound, it also immobilizes a fractured jaw. When applying the bandage, allow the jaw enough freedom to permit passage of air and drainage from the mouth. Bandaging: Place the bandage under the chin and carry its ends upward. Adjust the bandage to make one end longer

than the other. Take the longer end over the top of the head to meet the short end at the temple and cross the ends over. Take the ends in opposite directions to the other side of the head and tie them over the part of the bandage that was applied first.

15) For finger and hand bandaging, take a roller bandage varying in width from one inch to three inches wide and five yards long. After the dressing has been applied take two or three turns around the finger to hold the bandage from slipping, then from left to right making the distances neat and even, carry the roll around the finger. The figure of eight, which has the advantage of giving better compression is made by carrying, the bandage away from the person applying it on the upper stroke, then around the hand and toward the person on the down stroke, making the crossing point in the middle of finger, as illustrated, and having each crossing point one half inch higher up than the one preceding.