

Reflection on development of aseptic non- touch technique skill



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This reflective essay gives an account of an essential skill developed in carrying out an aseptic non- touch technique while on my first placement practice in a local medical ward (Placement hospital, 2018). The Department of Health highlights the importance of aseptic non touch technique in Health and social care Act 2008 stressing the need for healthcare providers to have a particular standard aseptic non- touch technique by training and assessment (Placement hospital, 2018). To provide a structured reflective account, Gibbs (1988) model will be applied. To maintain privacy and confidentiality as stipulated in the Nursing and Midwifery Council (2018) Code of Conduct, the patient will be referred to pseudonym Mr Adams and the Nurse Tonia (Nursing and Midwifery Council, 2018).

In my last placement in a medical ward, Mr Adams was admitted due to knee replacement. I worked under my mentor's supervision, taking care of fifty-one year old man, Mr Adams, who had knee surgery. My mentor asked me to remove Adam's wound dressing using Aseptic non- touch technique in order to enable the doctor to assess it during ward round. I checked the patient care plan and observation note and noticed that the wound was oozing with fluid. In order to maintain dignity and respect as required by Nursing and Midwifery Council (2018) Code of Conduct, I gained consent. My mentor described the procedure to Adam and made sure that he understood the technique. I washed my hands with soap and water, and then disinfected the dressing trolley with wipe, according to Local Policy followed by equipment preparation (Doughty, 2015). Under the supervision of the mentor, I kept clear, accurate and immediate records of administered medication, in compliance with The Nursing and Midwifery Council , (2018) code of conduct

which states that a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient should be signed and recorded. His dignity and respect was protected by covering other part of his body that do not need to be exposed, doors and windows were shut with, “ do not disturb tag” on the door (National Health Service England, 2017). At that moment, Adams laid down on the bed: however, I felt concerned that Adams demeanour had changed, he explained that he does not like seeing blood, insomuch as Christopher (2016) suggests that in such circumstances, by demonstrating both sympathy and empathy whilst providing verbal reassurance have a more positive impact on patients wellbeing. I spoke to him in a low calm voice and reassured him. As recommended by Royal College of Nursing (2018) I put on apron and sterile gloves, under the supervision of my mentor, I removed the wound dressing, being mindful of my aseptic technique, I used sterile saline and gauzes to clean the wound.

My concern was that I might compromise the wound further still by using poor technique because I should have prepared every equipment that were required in advance before putting on the gloves (Isaac, Einion and Griffiths, 2019). Initially, I was excited that the wound dressing was carried out on a real patient. At the time, when my mentor was observing me; I thought it will be a graded examination therefore, I felt stressed and anxious because appropriate infective safety measures were not taken. I was over confident that I can handle the task perfectly in a professional manner. The Nursing and Midwifery Council (2018) stipulates that in case you have a conscientious doubt to a specific procedure, organise for an appropriate

qualified colleague to take over the responsibility. I told my mentor what happened and he suggested that he will explain the Aseptic non- touch technique and further explained the significance of hand hygiene (National Institute for Health and Clinical Excellence, 2016).

I realised that my hand hygiene, equipment disposal and his care plan were done properly.. However, I regret the mistake that gloves were not worn at right time. I have learnt from the mistake and it has reinforced how poor practice may impact up on patient (Clare and Rowley, 2017). According to Eikeland, O'Regan and Nestel,(2017) effective communication is of utmost importance to patient care to enhance the speedy recovery of patient. I found out that my communication with him was good and reassuring Adams was of paramount important. He was calm, knowing fully well that I was a student nurse, he still trusted me. My placement experience helped me to know the need to seek for consent; as a way of promoting respect, dignity and privacy, before intervention. I made sure that his emotional, and psychological needs are responded as this relates to the quality care and well-being he received (National Institute for Health and Clinical Excellence, 2018).

I would have arranged all the dressing equipment required before putting on the hand gloves. The Royal College of Nursing (2018) emphasised that hand hygiene is the most essential technique to reduce cross-infection, and cited that reasonable number of healthcare professionals do not cleanse or disinfect their hands regularly. Department of Health (2017) highlights the possibility of healthcare professional transferring infections through uniforms, stressing the need to review dress policies. The incident happened <https://assignbuster.com/reflection-on-development-of-aseptic-non-touch-technique-skill/>

due to inadequate knowledge of aseptic non-touch technique, Rowley and Clare (2015) emphasised that qualified nurses lack adequate knowledge relating to wound dressing, despite washing my hand with soap and water, put on the sterile gloves and aprons; there may be possibility of cross infection when arranging dressing equipment (World Health Organisation, 2018). I cleaned the wound with sterile saline because it is an effective wound cleanser as required by the policy of the hospital (Hospital Placement, 2018).

Recalling the incident, I realised that I should have make sure that I avoid putting on gloves before preparing dressing equipment to avoid the incident of putting the patient well-being at risk. My discussion with my mentor helped me to realise the need to acquire more knowledge and experience.

In future, I will aim to acquire adequate knowledge and experience, to make sure that client well-being is maintained. I will also attend trainings and observe experienced healthcare professionals . This will be my target in my upcoming placement and I will discuss it with my mentor in order to find out strategies to accomplish this (De Sousa and O'Connor, 2014).

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