

Demonstration / hands-on experience on the identification, types, application of Different types of bandages

Aim of the experiment: To study the identification, types and application of different types of Bandages.

Description:

A strip of material used mainly to support and immobilize a part of the body. Bandaging is the process of covering a wound or an injured part.

USES:

- To prevent contamination of wound by holding dressings in position.
- To provide support to the part that is injured, sprained or dislocated joint.
- To provide rest to the part that is injured.
- To prevent and control hemorrhage.
- To restrict movement / immobilize a fracture or a dislocation.
- To correct deformity.
- To maintain pressure.

TYPES OF BANDAGES:

1. **Triangular Bandage:** It could be used on many parts of the body to support and immobilize
2. **Adhesive Bandage:** Use to retain dressing and used where application of pressure to an area is needed.
3. **Gauze/Cotton Bandage:** Lightly woven, cotton material. Frequently used to retain dressings on wounds of fingers, hands, toes, feet, ears, eyes, head.
4. **Crape Bandage:** Type of woven gauze which has the quality of stretching
5. **Special Bandage.** E.g. T- bandage.

MATERIALS COMMONLY USED FOR BANDAGES: Cotton, Cotton gauze, Jute, Wool, Special materials like crape bandage, elastic bandage. **PARTS ROLLAR OF BANDAGE:** Head, Free End or tail.

GENERAL PRINCIPLES:

- Wash hands. (Wear gloves where necessary). Select a bandage of proper size & suitable material. Put the patient in a comfortable position. Support the injured area while bandaging. If a joint is involved, flex it slightly. Face the patient while applying the bandage, except when applying it to the head.
- Hold the roll of the bandage in the right hand when applying bandage on the left side, Hold the bandage with the roll uppermost and apply the outer surface to the skin, unrolling a few centimeters of the bandage at a time. Put some cotton wool on the part to be bandaged so that

the bandage does not slip or cause cutting into the skin underneath. Bandage from below upward, and from within outward.

- Hold the end of the of the bandage over the outer aspect of the injured area and wind the bandage around the part twice to fix it. When bandaging a limb start with an oblique turn to keep the bandage in position, as an alternative method. Cover two thirds of the bandage by the next one, while covering a large area by winding the roller bandage around the part. Keep the edges parallel. Keep even and not too tight pressure while applying bandage, too tight bandage interferes with circulation.

- Finish with a straight turn and fix the end with a safety pin, sticking plaster or by dividing the terminal portion of the bandage longitudinally and tying the two ends around the bandaged part. If possible, leave fingers and toes exposed to check circulation. Do not bandage the part too tightly or too loosely. Observe the extremities carefully for any signs of swelling or blueness due to interference with circulation by a bandage that is too tight. When removing a bandage, pass it from one hand to the other, so that it is collected in a concertina fashion.

METHODS OF APPLYING BANDAGES:

1. 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.
2. 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
3. . The figure-of-eight method permits flexibility of the elbow, knee and 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.
4. Head bandaging:
 - 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
5. Triangular Bandage to the Head:
 - 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, if available.
6. **Eye Injury & Bandaging** A penetrating eye injury is usually caused by a sharp object which has gone in, or is protruding from the eye.
- 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.
7. **Ear bandage:**
- 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.
8. **Jaw Injuries and Bandaging:**
- Remove all foreign material from the casualty's mouth.
 - If the casualty is unconscious, check for obstructions in the airway.
 - When applying the bandage, allow the jaw enough freedom to permit passage of air and drainage from the mouth.
 - 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.