

Drain and Dressing Care Protocol Template

Patient Name: _____

Medical Record #: _____

Date: _____

Drain Information

Drain Type	Location	Insertion Date	Physician

Dressing Protocol

Step	Description	Frequency	Special Instructions
1			
2			
3			

Drain Care

Frequency	
Flush Protocol	
Measurement/Output	
Signs to Report	

Additional Notes

Nurse Signature / Date

Provider Signature / Date