

GENERAL PRINCIPLES OF WOUND CARE AND DRESSING SELECTION

1. Identify and manage the underlying aetiology (cause)
2. Control additional factors impairing healing (e.g. Nutrition)
3. Assess wound (size, tissue type, exudate etc) and devise a plan of care
4. Plan for maintenance or prevention

Is the wound infected? If YES:

- Check systemic treatment is in place (e.g. antibiotics)
- A minimum of daily dressings
- Consider dressings that will reduce bacterial burden (see below - infected or heavily colonised wounds)

Is the skin surrounding the wound fragile? If YES:

- Use non-adhesive products and avoid any tapes on the skin (e.g. secure dressing with bandage)

Is there an adequate blood supply for the wound to heal? If NO (e.g. gangrenous toes, ABPI < 0.5)

- Consider conservative management aimed at comfort and minimising the risk of infection
- Do not use compression / tight bandages

EXUDATE LEVEL	OBJECTIVE	DRESSING CATEGORY	BRANDS @ SCGH
<p>Nil or scant</p> <p>May include: Dry sloughy or necrotic wounds</p> <p>Wounds almost epithelialised</p> <p>Suture lines</p>	<p>Aim to: Achieve moist wound healing</p> <p>-Rehydrate the wound -Promote autolysis of necrotic or sloughy tissue</p> <p>Retain moisture & protect</p>	<p>Consider:</p> <p><u>Hydrogel</u> amorphous, impregnated sheet</p> <p><u>Film</u> - Hydrocolloid - Tulle gras - Low adherent - Island dressing</p>	<p>Aquaform, Solugel, Solosite Intrasite Conformable Aquaclear</p> <p>Tegaderm, Opsite Duoderm Thin Jelonet, Adaptic Melolite Tegaderm with pad</p>
<p>Small</p>	<p>Aim to: Achieve moist wound healing through moisture retention or rehydration</p> <p>Promote autolysis of necrotic or sloughy tissue</p>	<p>Consider:</p> <p>Atraumatic foam <u>Hydrogel</u> (as above) <u>Hydrocolloid</u> thin thick</p>	<p>Mepilex Light (as above)</p> <p>Duoderm Thin Comfeel Plus, Cutinova Hydro, Duoderm Signal</p>
<p>Moderate to large</p>	<p>Aim to: Achieve moist wound healing (including autolysis)</p> <p>Absorb exudate Protect peri-wound skin Promote comfort</p>	<p>Consider:</p> <p><u>Foam</u> Combination occlusive dressing <u>Alginate</u> <u>Hydrofibre</u> NB Absorbent 2° dressings may include gauze & wool pads</p>	<p>Hydrasorb, Combiderm ACD</p> <p>Curasorb, Kaltostat Aquacel</p>

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EXUDATE LEVEL	OBJECTIVE	DRESSING CATEGORY	BRANDS @ SCGH
Bleeding wounds	Aim to: Achieve haemostasis	Consider: Alginates Compression dressing	Curasorb, Kaltostat
Malodorous wounds	Aim to: Achieve odour control NB: Odour is usually due to gram -ve bacteria or anaerobes in tissue	Consider: Treat source of malodour (i.e. if bacterial) and/or use Charcoal dressings	e.g. SSD cream*, Flagyl gel* Actisorb Plus**
Infected or heavily colonised wounds	Aim to: Reduce bacterial burden	Consider: <u>Iodine based products:</u> -Tulle -Ointment -Powder <u>Silver based products</u>	Inadine Iodosorb ointment ** Iodosorb powder ** SSD cream*, Multiple others**
Draining wounds	Aim to: Contain exudate, protect skin	Consider: Wound drainage or stoma bag	Contact CNC Stomal Therapy or Wound Care

*Requires prescription, ** Contact CNC Wound Management or Ward CNS for further advice