

							
WOUND TYPE	NECROTIC (DEAD TISSUE)	SLOUGH (DEAD TISSUE)	GRANULATING (NEW CONNECTIVE TISSUE)	EPITHELIALISING (NEW SKIN CELLS)	INFECTED	FUNGATING/MALODOUROUS	CAVITY
TREATMENT OBJECTIVE	<ul style="list-style-type: none"> Remove dead tissue Promote autolysis <p>N.B. Caution in patients with diabetes or patients with wounds secondary to ischaemia</p> <p>Wound will not heal in the presence of necrotic tissue</p>	<ul style="list-style-type: none"> Reduce bacterial count Debride slough <p>N.B. Wound will not heal in the presence of slough</p>	<ul style="list-style-type: none"> Maintain moist wound environment Protect new granulation tissue Absorb excessive exudate 	<ul style="list-style-type: none"> Protect moist granulating tissue to facilitate epithelial cell migration across wound surface Maintain moisture balance Prevent infection 	<ul style="list-style-type: none"> Reduce bacterial burden Debride Alleviate pain and discomfort Maintain moisture balance 	<ul style="list-style-type: none"> Address malodour Reduce bacterial counts Remove slough/debris Manage exudate 	<ul style="list-style-type: none"> Fill dead space to alleviate pain and promote patient comfort Facilitate drainage of exudate and protect surrounding skin Promote granulation Prevent infection
RECOMMENDED PRIMARY DRESSING	<ul style="list-style-type: none"> Hydrogel Hydrogel sheet Hydrogel impregnated Hydrocolloid 	<ul style="list-style-type: none"> Hydrogel sheet Hydrogel impregnated Honey Cadexomer iodine Hydrocolloid <p>If slough very adherent</p> <p>Collagenase ointment (on prescription, please adhere to manufacturer's instructions on application)</p>	<ul style="list-style-type: none"> Low/non-adherent Hydrocolloid 	<ul style="list-style-type: none"> Low/non-adherent Hydrocolloid Film dressing 	<ul style="list-style-type: none"> Iodine/Cadexomer Honey Silver 	<ul style="list-style-type: none"> Low/non-adherent Activated charcoal Honey Topical antibiotic gel (on prescription) 	<ul style="list-style-type: none"> Hydrogel sheet Hydrogel impregnated
EXUDATE LEVEL NONE-LOW							
EXUDATE LEVEL MODERATE-HIGH	<ul style="list-style-type: none"> Alginate Hydrofibre With secondary absorbent dressing 	<ul style="list-style-type: none"> Alginate Hydrofibre With secondary absorbent dressing Protease modulator 	<ul style="list-style-type: none"> Alginate Hydrofibre Low/non-adherent Foam dressing Protease modulator 	<ul style="list-style-type: none"> Low/non-adherent Foam Alginate Hydrofibre Protease modulator 	<ul style="list-style-type: none"> Antimicrobial hydrofibre Antimicrobial alginate DACC PHMB Protease modulator 	<ul style="list-style-type: none"> Odour absorbent Antimicrobial hydrofibre Antimicrobial alginate 	<ul style="list-style-type: none"> Alginate rope Hydrofibre rope (with antimicrobial if clinically indicated)

SURROUNDING SKIN

Emollients can be effective on dry skin scales. Ensure to apply in the direction of hair growth in order to prevent folliculitis. In general, ointments are more effective than creams as they are occlusive and do not contain potential allergens. De-scale by soaking, moisturising and/or mechanical removal.

EXCORIATED SKIN

It is important to protect the skin on the sacrum from incontinence, i.e. urine/faeces. Treatment of incontinence associated dermatitis (IAD) should include a consistent and well-defined skin care regimen. This should include gentle perineal cleaning, moisturisation and the application of a skin barrier cream/spray. A pH balanced product that reflects the acid mantle of healthy skin should be used for skin cleaning (normal skin pH is 5.4-5.9). Avoid adhesive dressings on fragile wet skin. Paste bandages can be used to dry wet areas.

INFECTION

Routine swabbing of wounds is unnecessary. Wounds should only be swabbed for culture and sensitivity when there are clinical signs of infection. The recommended method of cleaning is irrigation and should be done prior to swabbing. Please avoid using gauze to cleanse wounds. A clean wound technique using potable water is acceptable when aseptic technique is not required.

OVERGRANULATING WOUNDS

Over-granulation occurs where granulation tissue is higher than the level of the surrounding skin. First line treatment is the application of a polyurethane foam dressing pressed down firmly on the wound.

NUTRITION

There is evidence to demonstrate that adequate levels of proteins, fats, carbohydrates, vitamins, and trace elements are necessary in wound healing, especially in collagen synthesis and maturation. Where patient is at risk of malnutrition, please refer for review by a dietitian.

PRESSURE

It is vital to note that if the wound is a result of pressure the source of pressure is relieved.

For enquiries regarding wound care management, please contact Aoibhean Geary at aobhean.geary@nutricia.com