WOUND MANAGEMENT PROTOCOLS

PURPOSE:

- Provide nursing personnel with simple guidance regarding appropriate dressing selection in the absence of wound specialist expertise
- Identify appropriate interventions related to specific wound etiology and evidence based practice
- Identify and eliminate the source(s) of pressure
- Assign high risk status and implement high risk skin care and breakdown prevention protocol

WOUND CLEANSING: REMOVING WOUND DEBRIS FROM WOUND BASE

- All open wounds should be thoroughly cleansed of debris prior to application of a wound dressing
- Flush gently using normal saline or a non-cytotoxic solution, Amerinet Restore Wound Cleanser or Safclens, and pat dry with gauze
- When using silver dressings, sterile water should be used for wound cleansing prior to silver application
- Pat dry peri-wound area with gauze

PERI-WOUND SKIN PREPARATION: PREPPING THE SKIN AROUND THE WOUND

- Apply skin sealant, Hollister Skin gel wipe or 3M No-sting, to peri-wound area prior to application of cover dressing and adhesive tape
- If peri-wound skin is not intact, 3 M No-sting is best option
- Allow sealant to dry prior to applying dressings or adhesive tape

WOUND DRESSING OPTIONS: IDENTIFYING APPROPRIATE CHOICES

- There are a wide variety of topical wound dressings appropriate for specific types of wounds. Product selection criteria for these protocols is made relative to:
  - Amount of drainage typically seen
  - Wound location
  - Existing factors such as incontinence, limited mobility and infection
- All open wounds should be maintained clean, covered, and protected from pressure and shear injury at all times.
TAPING/ADHESIVE OPTIONS: SECURING DRESSING WITHOUT DAMAGE TO SKIN

- Tape, if applied around a body part, should be applied with care to prevent creating a tourniquet type of effect.
- Tape and adhesive products should be applied and removed with great care to prevent damage to fragile skin. The best options to use on fragile skin:
  - Paper tape
  - Mefix or Mediprope tape
  - Mepitac or Hytape (if water proofing is required)
- Skin preparation prior to applying tape should be accomplished with use of skin sealants as noted above

PARTIAL AND FULL THICKNESS WOUNDS

- Are commonly called skin tears, abrasions, or denuded skin
- Are NOT considered to be pressure ulcers, but rather from sources of mechanical shearing, friction, chemical exposure (urine, stool) or external trauma
- Partial Thickness: Loss of epidermis and possible partial loss of dermis
- Full Thickness: Tissue destruction extending through the dermis to involve the subcutaneous layer and possibly muscle/bone

PARTIAL THICKNESS AND FULL THICKNESS WOUNDS: DRY WOUND BASE

- **Hydrogel Dressing**
  - Change every 1-3 days (depending on amount of drainage)
    - Solid gel sheet- Flexigel sheet cut to size of wound, or
    - Amorphous gel- Normigel or Safegel placed inside of wound bed
  - Cover with gauze
  - Secure with skin friendly tape (paper, Mefix or Medipore) or wrap with conformable gauze
- **Hydrocolloid Dressing**
  - Change every 3-5 days and PRN non-adherence
  - Apply Amerinet Restore Hydrocolloid or Tegasorb to site extending at least 1 inch onto periwound skin
  - Press down firmly
  - Picture frame with water proof tape, Mepitac or Hytape
- **Transparent Adhesive Dressing**
  - Change every 5-7 days and PRN non-adherence
  - Apply Tegaderm to wound site
  - Extend dressing to cover at least 1 inch onto peri-wound skin
  - Press gently and smooth over
- **Thin Foam Dressing**
  - Change dressing every 5-7 days and PRN non-adherence
  - Apply Allevyn thin or Mepilex lite over wound site
  - Size dressing to extend 1 inch onto peri-wound skin
  - Cover with gauze dressing as needed
  - Secure with skin friendly tape as needed (paper, Medipore or Mefix)
• **Clear Acrylic Dressing**  
  o Change dressing every 5-7 days and PRN non-adherence  
  o Apply 3M Clear Acrylic Dressing to wound site  
  o Size dressing to extend 1-2 inches onto peri-wound site

PARTIAL AND FULL THICKNESS WOUNDS: MOIST TO WET WOUND BASE

• **Foam Dressing**  
  o Change dressing every 5-7 days and PRN non-adherence or increased drainage  
  o Apply Mepidlex border or 3M Tegaform or Allevyn Adhesive to site  
    ▪ If infected, apply Acticoat foam dressing  
  o Extend foam dressing to cover at least 1 inch onto peri-wound skin  
  o Secure with gauze (wrap) or gauze/tape as needed

• **Hydrocolloid Dressing**  
  o Change every 3-5 days and PRN non-adherence  
  o Apply Tegasorb or Amerinet Restore Plus Hydrocolloid to site extending at least 1 inch onto periwound skin  
  o Press down firmly  
  o Picture frame with water proof tape (Hytape or Mepitac) as needed  
  o NOTE: Not recommended for use with heavily draining wounds

• **Calcium Alginate Dressing**  
  o Non-infected:  
    ▪ Change dressing every 1-2 days depending on amount of drainage  
    ▪ Apply Melgisorb to wound bed  
    ▪ May cover with adhesive foam, Mepilex or Tegafoam or with dry gauze/tape  
  o Infected:  
    ▪ Change dressing every 2-4 days, depending on amount of drainage  
    ▪ Apply Restore Silver Alginate or Acticoat Absorptive  
    ▪ May cover with adhesive foam, Mepilex or Tegafoam or with dry gauze/tape

• **Hydro-fiber Dressing**  
  o Change dressing every 1-3 days depending on amount of drainage  
  o Apply Aquacel to wound bed  
    ▪ If infected apply Aquacel Ag  
  o Cover with adhesive foam (Mepilex, Allevyn or Tegafoam) or with dry gauze/tape
DRESSING SELECTION BASED ON STAGE OF PRESSURE ULCER

STAGE I: NON-BLANCHABLE ERYTHEMA OF INTACT SKIN

- **Transparent Adhesive Dressing**
  - Change every 5-7 days and PRN non-adherence
  - Apply skin prep to area and allow to dry
  - Apply Tegaderm to wound site
  - Extend dressing to cover at least 1 inch onto peri-wound skin
  - Press gently and smooth over surrounding intact skin

- **Xenaderm**
  - Maintain the surrounding skin dry, soft and supple
  - Cleanse with normal saline or wound/skin cleanser
  - Apply Xenaderm twice per day or as needed after each incontinent episode; wound may be left unbandaged or a dressing applied
  - To remove, wash gently with appropriate cleanser
STAGE II: PARTIAL THICKNESS SKIN LOSS RESULTING IN DESTRUCTION OF EPIDERMAL AND/OR DERMAL TISSUE. THE ULCER IS SUPERFICIAL AND PRESENTS CLINICALLY AS AN ABRASION, BLISTER OR SHALLOW CRATER

- **Thin Foam Dressing**
  - Change dressing every 5-7 days and PRN non-adherence
  - Apply Allevyn thin or Mepilex lite over wound site
  - Size dressing to extend 1 inch onto peri-wound skin
  - Cover with gauze dressing as needed
  - Secure with skin friendly tape as needed (paper, Medipore or Mefix)

- **Clear Acrylic Dressing**
  - Change dressing every 5-7 days and PRN non-adherence
  - Apply 3M Clear Acrylic Dressing to wound site
  - Size dressing to extend 1-2 inches onto peri-wound site

- **Gel Dressing**
  - Change dressing depending on amount of drainage
    - Solid gel sheet- Flexigel sheet cut to size of wound, change 3-5 days, or
    - Amorphorous gel- Normigel or Dafegel placed inside of wound bed, change daily
  - Cover with gauze
  - Secure with skin friendly tape (paper, Mefix or Medipore)

- **Hydrocolloid Dressing**
  - Change every 3-5 days and PRN non-adherence
  - Apply Tegasorb or Amerinet Restore Plus Hydrocolloid to site extending at least 1 inch onto peri-wound skin
  - Press down firmly
  - Picture frame with water proof tape (Hytape or Mepitac)

- **Xenaderm Dressing**
  - Maintain the surrounding skin dry, soft and supple
  - Cleanse with normal saline or wound/skin cleanser
  - IF GRANULATING & in the PERINEAL/SACRAL area: Apply Xenaderm twice per day or as needed after each incontinent episode, wound may be left unbandaged or a dressing applied
  - To remove, wash gently with appropriate cleanser
STAGE III: FULL THICKNESS SKIN LOSS-DAMAGE OR NECROSIS OF SUBCUTANEOUS TISSUE THROUGH THE UNDERLYING FASCIA: DEEP CRATER WITH OR WITHOUT UNDERMINING OF ADJACENT TISSUE

- **Foam Dressing**
  - Change dressing every 5-7 days and PRN non-adherence or increased drainage
  - Apply Allevyn thin or Mepilex lite over wound site
    - If infected, apply Acticoat Foam Dressing
  - Extend foam dressing to cover at least 1 inch onto peri-wound skin
  - Secure with skin friendly tape as needed (paper, Medipore or Mefix)

- **Hydrocolloid Dressing (not recommended for heavily draining wounds)**
  - Change every 3-5 days and PRN non-adherence
  - Apply Tegasorb or Amerinet Restore Plus Hydrocolloid to site extending at least 1 inch onto peri-wound skin
  - Press down firmly
  - Picture frame with water proof tape (Hytape or Mepitac)

- **Xenaderm Dressing**
  - Maintain the surrounding skin dry, soft and supple
  - Cleanse with normal saline or wound/skin cleanser
  - IF GRANULATING & in the PERINEAL/SACRAL area: Apply Xenaderm twice per day or as needed after each incontinent episode, wound may be left unbanded or a dressing applied
  - To remove, wash gently with appropriate cleanser

- **Calcium Alginate Dressing**
  - Non-infected:
    - Change dressing every 1-2 days depending on amount of drainage
    - Apply Melgisorb to wound bed
    - May cover with adhesive foam, Mepilex or Tegafoam or with dry gauze/tape
  - Infected:
    - Change dressing every 2-4 days, depending on amount of drainage
    - Apply Restore Silver Alginate or Acticoat Absorptive
    - May cover with adhesive foam, Mepilex or Tegafoam or with dry gauze/tape

- **Hydro-fiber Dressing**
  - Change dressing every 1-2 days depending on amount of drainage
  - Apply Aquacel to wound bed
    - If infected apply Aquacel Ag every 3-5 days
  - Cover with adhesive foam (Mepilex, Allevyn or Tegafoam) or with dry gauze/tape
  - Change dressing every day or every other day depending on the amount of drainage

- **Cavity Dressing**
  - Change dressing every 1-3 days, depending on amount of drainage
  - Cut Allevyn Cavity dressing to ½ the size of the wound and place into the wound
  - Cover with Mepilex border or Allevyn Adhesive or Tegaforam border dressing
STAGE IV: FULLTHICKNESS SKIN LOSS WITH EXTENSIVE DESTRUCTION, TISSUE NECROSIS OR DAMAGE TO MUSCLE, BONE, OR SUPPORTING STRUCTURES (TENDON, JOINT CAPSULE, ETC.). STAGE IV ULCERS COMMONLY PRESENT CLINICALLY WITH OR WITHOUT UNDERMINING OR SINUS TRACTS OF ADJACENT TISSUE

- **Foam Dressing**
  - Change dressing every 5-7 days and PRN non-adherence or increased drainage
  - Apply Mepilex border or 3M Tegafoam or Allevyn Adhesive to site
    - If infected, apply Acticoat Foam Dressing
  - Extend foam dressing to cover at least 1 inch onto peri-wound skin
  - Secure with skin friendly tape as needed (paper, Medipore or Mefix)

- **Hydrocolloid Dressing**
  - Change every 3-5 days and PRN non-adherence
  - Apply Tegasorb or Amerinet Restore Plus Hydrocolloid to site extending at least 1 inch onto peri-wound skin
  - Press down firmly
  - Picture frame with water proof tape (Hytape or Mepitac)
  - NOTE: Hydrocolloid is not recommended for use with heavily draining wounds

- **Calcium Alginate Dressing**
  - **Non-infected:**
    - Change dressing every 1-2 days depending on amount of drainage
    - Apply Melgisorb to wound bed
    - May cover with adhesive foam, Mepilex or Tegafoam or with dry gauze/tape
  - **Infected:**
    - Change dressing every 2-4 days, depending on amount of drainage
    - Apply Restore Silver Alginate or Acticoat Absorptive
    - May cover with adhesive foam, Mepilex or Tegafoam or with dry gauze/tape

- **Hydro-fiber Dressing**
  - Change dressing every 1-2 days depending on amount of drainage
  - Apply Aquacel to wound bed
    - If infected apply Aquacel Ag every 3-5 days
  - Cover with adhesive foam (Mepilex, Allevyn or Tegafoam) or with dry gauze/tape
  - Change dressing every day or every other day depending on the amount of drainage

- **Cavity Dressing**
  - Change dressing every 1-3 days, depending on amount of drainage
  - Cut Allevyn Cavity dressing to ½ the size of the wound and place into the wound
  - Cover with Mepilex border or Allevyn Adhesive or Tegaforam border dressing
NECROTIC ULCERS: Dressing are selected which promote debridement of necrotic tissue and the management of drainage, to create a moist wound environment. Necrotic wounds are commonly infected.

NOTE: Great caution should be exercised regarding debridement of stable necrotic eschar from lower extremities, heels and feet. Vascular status MUST be determined prior to debridement of stable eschar.

- **Hypertonic Saline Dressings**
  - **Eschar:**
    - Change dressing daily
    - Apply Hypergel to eschar, avoiding contact with surrounding intact skin
    - Cover with gauze dressing and paper tape or apply Alldress
  - **Slough:**
    - Change dressing daily
    - Apply Mesalt to cover wound: if minimal drainage, may moisten with Normal Saline
    - Cover with gauze dressing or Alldress