

Which wound dressing?

Dressings provide the ideal environment to promote wound healing. Selecting the correct dressing for a patient's wound can be challenging and it is essential to undertake a holistic assessment to provide the patient with the best chance of healing.



Points to consider

- What is the aim of the treatment—rapid healing? Contain odour? Prevent infection?
- Cause of the wound—acute or chronic?
- How long has the patient had the wound?
- Location of the wound—some areas require a specialist product, e.g. peristomal areas, sternum, sacrum, heel
- Size and depth of the wound—is the dressing available in an appropriate size?
- Condition of the surrounding skin—fragile?
- Tissue type—is the wound sloughy or necrotic? Debridement may be necessary
- Pain—poor pain management can hinder healing
- Exudate—amount and type
- Infected/likely to be infected?
- Patient history—allergies? Sensitivity to previous dressings?
- Any co-morbidities or signs that need more attention, e.g. diabetes?

Properties of dressings

Dressing type	Properties	Wound type	Key points to remember
Foam	Absorbent—maintains a moist healing environment Protects periwound area from maceration Cushions Stays in place/doesn't strip skin	Leg ulcers, pressure ulcers, skin grafts, minor burns, skin tears. Especially for wounds with moderate to heavy exudate	Can be used as primary or secondary dressings Adhesive or non-adhesive
Gelling fibre	Helps to manage exudate. Forms gel on contact with exudate Conforms to wound bed and removes in one piece Can facilitate autolytic debridement	Exuding or cavity wounds—burn, leg ulcer, traumatic injury, pressure ulcer, surgical dehiscid wound	Avoid use in dry wounds
Antimicrobials	Come in various formulations—silver, iodine, polyhexamethylene biguanide hydrochloride (PHMB), honey	Critically colonised or infected wounds	Monitor treatment closely Follow local protocols
Hydrogel	Facilitates autolytic debridement	Dried necrotic/sloughy tissue. Burns, leg ulcers, pressure ulcers, radiation skin damage	Change every 4 days
Semi-permeable film	Permeable to moisture, vapour and gases, but are impermeable to liquids	Superficial, shallow wounds	Can be used as a secondary dressing over gels, alginates etc.
Hydrocolloid	Provide a moist environment to facilitate healing	Dry, necrotic/sloughy tissue. Surgical wounds, burns, abrasions, pressure ulcers, venous ulcers	May be left in place for up to 7 days

Signs and symptoms of infection

Superficial tissue infection	Deep tissue infection
Non-healing wound	Pain
Friable granulation tissue	Increased size
Bright red granulation	Warmth
Increased exudate	Erythema >1-2cm
New areas of necrosis in base of wound	Odour Exposed bones

N.B. If systemic infection present refer to local protocol for antibiotic treatment

Before selecting an antimicrobial dressing consider:

- Has the wound been debrided and cleaned? Is exudate controlled?
- Is the antimicrobial agent chosen likely to work against the suspected microorganisms involved?
- Is the patient allergic to any components of the dressing?
- Do you have a plan to review treatment?

What is a wound filler?

- Non-adherent product that maintains a moist environment and manages exudate e.g. gelling fibre, alginate
- Can be used for partial and full-thickness wounds, infected wounds and deep wounds that require packing
- Can be used for shallow (foams, pads or pillows) or deep (beads, creams, foams, gels, ointments, pastes or powders) wounds

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