

Brighton and Sussex University Hospitals NHS Trust Wound Care Formulary: Dressing Selection Guide

Wound Appearance					
Description	Slough and/or with fibrin wounds, Mixed slough and granulation	Necrotic (Eschar)	Granulating and/or Epithelialising	Infected	Malignant
Exudate Level	Low –High	None-Moderate	Low– Moderate	Low– High	Low– Extremely High
Depth	Partial-Full thickness skin loss	Unknown	Partial-Full thickness skin loss	Superficial—Full thickness skin loss	Cavities or nodular
Treatment Goals	Remove slough Prepare wound bed for newly formed granulating tissue	Keep dry Prevent deterioration Prevent infection Manage malodour	Maintain a moist environment Protect the new delicate tissue Fill dead space	Reduce bacterial load Manage exudate Manage malodour	Manage malodour Manage exudate Control bleeding
Cleansing Pat or allow to air dry once cleansing of peri-wound skin and wound has been completed	Cleanse exudate from peri-wound skin and clean wound bed with sterile saline Wound bed can be irrigated with a minimum of 100mls of saline or antimicrobial irrigation solution Prontosan®	Cleanse exudate from peri-wound skin and clean wound bed with sterile saline	Cleanse exudate from peri-wound skin and clean wound bed with sterile saline Wound bed can be irrigated with a minimum of 100mls of saline	Cleanse exudate from peri-wound skin using sterile saline Wound bed can be irrigated with a minimum of 100mls of saline or antimicrobial irrigation solution Prontosan®	Cleanse exudate from peri-wound skin using sterile saline Cleanse wound bed with antimicrobial irrigation solution Prontosan®
Suggested Products <i>(Dressing change frequency depends on the wear time of the primary dressing and the ability of the dressing components to keep the wound dry)</i> Dressing wear times are found in brackets () Refer patients with Diabetic Foot Ulcers to Podiatry via Panda Factors that affect wound healing: • Age • Smoking • Nutritional status • Obesity • Diabetes • Immunosuppression • Vascular insufficiency	Remove slough through autolytic debridement Apply UrgoClean (7) deslougher dressing directly to the slough on the wound bed or Apply Manuka Honey (7) dressing gauze impregnated or Apply Manuka Honey in a gel (7) form or Apply Hydrogel gel (7) directly to the slough Large Cavity Wounds Pack with Prontosan® soaked AMD Kerlix PHMB Gauze (2) Debridement and absorption of slough is likely to increase exudate quantity Nurses must consider what secondary dressing to use to manage exudate effectively See Exudate Pathway available on the Microguide	**DO NOT DEBRIDE** in diabetic patients, any wound below the ankle, and those patients who are receiving end of life care Necrotic wounds can be left exposed if no exudate present or Apply DUOderm extra thin (7) , a Hydrocolloid dressings, to the necrotic area or Apply Manuka Honey (7) dressing gauze impregnated or Apply Cutimed Sorbact (7) impregnated with hydrogel Refer to Tissue Viability Nurses Poor or No Perfusion Consider referral to Vascular SpR bleep 8004	Protect the newly formed tissue Apply a Silflex® (7) silicone contact layer or Apply KerraFoam (7) gentle border foam dressing on those with low levels of exudate or Apply DUOderm Extra thin (7) hydrocolloid dressing to great a moist environment to aid wound healing	The wound should be reviewed at each dressing change and fully at two weeks By 14 days , if there is deterioration in the wound with signs of spreading infection, discontinue current treatment and consider alternative topical treatment Infection + Slough Apply Manuka Honey (7) dressing gauze impregnated or Apply Manuka Honey in a gel (7) form or Apply UrgoClean Ag (7) dressing to slough Infection + No Slough Apply Cutimed Sorbact (7) swab dressing Large Cavity Wounds Pack with Prontosan® soaked AMD Kerlix PHMB Gauze (2)	**DO NOT DEBRIDE** Exudate and Malodour Apply Manuka Honey (7) dressing gauze impregnated or Apply Manuka Honey in a gel (7) form or Apply Prontosan® wound gel and if cavity present gently fill dead space with AMD Kerlix PHMB Gauze (2) or Apply Metronidazole gel to wound bed Odour Apply CarboFlex charcoal (2) dressing however this is only active whilst dressing is dry. Once dressing is saturated with exudate the charcoal is no longer effective See Managing Malignant Fungating Ulcerative and Nodular Wound guidance available on the Microguide These wounds will not heal

For further advice please contact the Tissue Viability Team via email at bsuh.woundcare@nhs.net