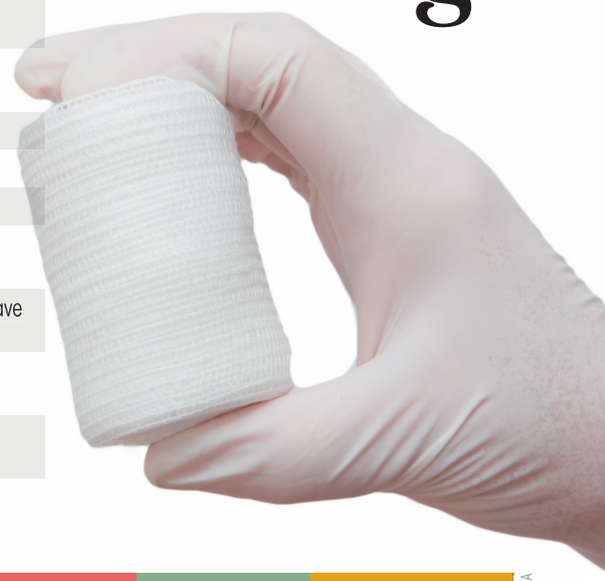
# Wound Dressings

## Decision Tree - *Types of wounds and dressing options*

| WOUND TYPE | DRESSING OPTIONS | REVIEW TIMES |
|---|---|---|
| **Dry necrotic wound** | Moisture retention eg hydrocolloid, semi-permeable | 3-4 days |
| **Slough - covered wounds** | Moisture retention and fluid absorption eg hydrocolloid, alginate | 3-4 days |
| **Infected wound** | Avoid semi-occlusive dressings. Consider alginate or hydrocolloid if high exudate | 1-2 days |
| **Graze, abrasions - clean** | Film, tulle, fixation sheet or dry | 2 days |
| **Graze, abrasions - soiled** | Dry or tulle | 2 days |
| **Puncture wounds or bites** | Open or dry | 2 days |
| **Laceration - sutured lacerations** | Open or dry, consider paper tape support after suture removal | 3-7 days |
| **Burn-minor burns** | Film, medicated tulle, fixation sheet | 4-5 days visual review, leave dressing on if healing |
| **Burn-major or requiring admission eg special areasBurns** | Plastic wrap prior to surgical review, medicated tulle | Inpatient review |
| **Chronic wounds eg ulcers, PEG sites, etc** | Hydrocolloid, alginate, foam | 5 days |



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## DRESSING CHOICES

| DRESSING TYPES | EXAMPLES | ADVANTAGES | DISADVANTAGES | INDICATIONS | CONTRAINDICATIONS |
|---|---|---|---|---|---|
| Semi-permeable - thin, adhesive, transparent polyurethane film | OpSite, Tegaderm | Some moisture evaporation. Reduces pain. Barrier to external contamination. Allows inspection. | Exudate may pool, may be traumatic to remove. | Superficial wounds. As a secondary dressing. | Highly exudative wounds. |
| Non adherent - moist (Tulle Gras Dressing) - gauze impregnated with paraffin or similar. May be impregnated with antiseptics or antibiotics | Jelonet, Unitulle Bactigras, Sofra-Tulle | Reduces adhesion to wound. Moist environment aids healing. | Does not absorb exudate. Requires secondary dressing. May induce allergy or delay healing when impregnated. | Burns. Wounds healing by secondary intention. | Allergy |
| Non adherent -dry - thin perforated plastic film coating attached to absorbent pad | Melolin, Melolite, Tricose | Low wound adherence. May absorb light exudate. | Not suitable in high exudate. Can dry out and stick to wound. May require secondary dressing. | Wounds with moderate exudate. | Dry wounds (may cause tissue dehydration) |
| Fixation sheet - porous polyester fabric with adhesive backing | Fixomull, Hypafix, Mefix | Can be used directly on wound site. Conforms to body contours, good pain relief and controls edema, Remains permeable allowing exudate to escape and be washed and dried off wound.Dressing changes can be left for 5-7 days. | Dressing needs washing with soap and water, pat-dried twice daily. Requires application of oil prior to removal - ideally soaked in oil and wrapped in cling film overnight. | Wounds with mild exudate, not needing frequent review. | Infected wounds allergy to adhesives |
| Calcium Alginate, Natural polysaccharide from seaweed | Kaltostat | Forms gel on wound and hence moist environment. Reduces pain. Can pack cavities.Absorbent in exudative wounds. Promotes hemostasis. Low allergenic. | May require secondary dressing. Not recommended in anaerobic infections. Gel can be confused with slough or pus in wound. | Moderately or highly exudative wounds. Need for hemostasis | Dry wounds or hard eschar |
| Foam dressings - polyurethane foam dressing with adhesive layer incorporated | PolyMem | Moist, highly absorbent and protective. | Set size of foam may be limited by wound size. | Wounds with mild to moderate exudate. | Dry wounds, wounds that need frequent review |
| Hydrocolloid dressings - polyurethane film coated with adhesive mass | Duoderm | Retains moisture, painless removal. | Avoid on high exudate wounds | Burns (small), Abrasions | Dry wounds, infection |
| Paper adhesive tapes - adhesive tape may be applied directly to healing laceration | Micropore | Non allergenic. Provides wound support. | Non absorbent | Small wounds | Exudative or large wounds |

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