

# Wound Dressing

## Choosing the Right Dressing

# Benefits of using the correct Drsg

- Helps create the optimal wound environment
- Increases healing rates
- Reduces pain
- Decreases infection rates
- Cost effective Care

# Function of Dressing

## When using the right one

- Remove excess exudate
- Provide barrier against bacteria and particulate matter
- Allow gaseous exchange
- Provide thermal regulation
- Create a moist wound environment

# Function of Dressing

- “To date, research and clinical experience have identified that in a moist environment exudate controls infection, provides the reparative cells and nutrients and creates the best environment for healing”

# Inappropriate Dressing Selection

- Compromised periwound integrity
  - Maceration
  - Contact dermatitis
  - Tape tears
- Delayed wound healing
  - Wound bed injury
  - Hypergranulation
  - Dehydration
- Ineffective cost of care
- Increased pain
- Increased risks for infection

# Macerated Wound



# Appropriate Wound Healing



# Reasons to Apply a Dressing

- Not all wounds need a dressing
  - Wounds that are not draining and located in an area that would cause more damage by applying a dressing
    - Example buttock wounds and applying a hydrocolloid when extra protective cream would be better.
      - Will cause pressure from rolled dressing, esp if pt moves or the family moves patient without using draw sheet.
      - Dressing will have to be remove regularly related to becoming soiled. This causes skin tears.
  - The cost of Dressings, esp is not needed.



# Reason to Apply a Dressing

- To produce rapid and cosmetically acceptable healing.
- To help with odor
- To reduce Pain
- To prevent or combat infection
- To contain exudate
- To cause minimum distress or disturbance to the patient
- To hide or cover a wound for cosmetic reasons
- A combination of two or more of the above.

# Dressing Selection process

- Bases on the following factors: 1. Wound bed description, 2. Presence of infection, 3. Amount of exudate production.
  - Wound Bed Description
    - Necrotic Wounds- wounds with black eschar
    - Wounds with Slough-wounds with yellow slough
    - Granulating Wounds-wounds with healthy red tissue
    - Wounds that are Epithealizing-wound almost healed
- **Remember Not Just One Dressing will work on All patients or All wounds.**

# Necrotic Tissue

- Black eschar is dead, unhealthy tissue-needs to be debrided and removed.
  - Sharp
    - Can only be done by MD
  - Mechanical
    - Wet to Dry dressing (though not advised)
    - Physical therapy
  - Chemical
    - Santyl –need moisture and bacteria to work
    - Tender Wet-uses ringers lactate to debride

# Necrotic Tissue

- Autolytic
  - Placement of hydro gel with hydrocolloid to cause the body to aid in the breakdown of the dead tissues by re-hydration of the tissue
  - Can also use opt site or any dressing that would help to the body to breakdown the dead tissue.

# Wounds with Yellow Slough

- Is a complex mixture of fibrin, protein, exudate, white cells and bacteria
- Needs to be removed to for the wound to heal
- There are several types of dressings that will aid in the cleaning up of the wounds
  - Hydrocolloids-to cause autolysis
  - Medihoney, Aquacel, Santyl, Hydroferablue, are a few examples of debriders
  - Can use foams to help manage the fluid or ABD's

# Wounds with Yellow Slough

- As wounds start cleaning up, will have increased amount of drainage
- Need to manage that drainage with Ca Alginate, Foam, ABD. These dressing absorb at different rates.
- Cal Alginate-sea weed is good for absorbing and will maintain a moist wound environment.
- Foam-pull extra fluid away from the wound bed and tissue surrounding
- Abd-do asorb some drainage, but does not have the wicking power of foam.

# Granulating Wounds

- Healing wounds and need to maintain moist wound environment, that will not promote infection.
- Need to be aware of amount of exudate
- Depth of the wound and will need to be sure fills the wound bed.
- Longer leave dressing in place
  - Increased healing
  - Decreased cost
  - Decrease the opening of the wound to chance of infection by introduction of bacteria

# Infected Wounds

- Need to be treated at time with antibiotics and/or use of dressing that will fight infection
  - Silver Dressing
  - Hydrofera Blue
  - Medihoney
  - Iodine containing dressings



# Types of Dressings

- Hyrogels-Dry partial thickness or full thickness wounds, with minimally draining wounds. Can also be used with Santyl, Promogran and Prisma-as a hydration dressing. Change every day to 3 days
- Hydrocolloids-Promotes autolytic debridement, creates a moist wound environment. Change 3 to 5 days
- Transparent Films-a Secondary/tertiary anchoring dressing. Change 4 to 7 days
- Ca Alginate-Natural seaweed polysaccharide, highly absorbent, biodegradable, does some autolytic debridement, can be use for moderate to heavily exudating wounds. Change 2 to 3 days

# Types of Dressing Continued

- Collagens- Minimal to moderate drainage wounds. Change 2 to 3 days
  - Promogran-just collagen
  - Prisma-collagen and silver (antimicrobial)
- Foam-Moderate to heavily exudating wounds as a secondary dressing. Change 2 to 4 days
- Composite-multilayer product, can be use as primary and secondary covering (Aquacel, Covaderm Adhesive)
  - Product depends on wound characteristics and tend to be expensive. Depending on type change 3 times a week
- Antimicrobials-Fights infection Change depends on the dressing being used.

# Types of Dressings

- Comfort Dressing
  - Non-Adherent Contact Layers
  - Carbon Dressings
- Growth Factors
  - Recombinant-Regranex
  - Autologous-Platelet Releasate
- Skin Grafts Manufactured
  - Apligraf
  - Dermagraft

# Summary

- This is just a few of the many of the dressing out there, and many more are coming out everyday.
- No one dressing is appropriate for all wounds. One wound or person, may react well to a dressing, that could cause another to become worse. Dressings, like everything in life, is not one fits all. We are humans, and our bodies react differently each time and to each thing. Perfume that smells good on you, will smell horrible on me.

# Summary

- In the white paper, “Wet to Dry Dressings –Hang out to Dry.”-daily dressings are not only costly in dressing and nursing hours, but also decrease good healing of the wound. In talking about the use of gauze dressings-
  - They may actually add to **patient discomfort, impede healing, and increase the risk of infection:**
  - They may incur more labor for the clinician or caregiver:  
and
  - They may incur more costs for the healthcare system
- Wounds need that coverage time to heal correctly.

# The End

