









Product Selection Guide for Wound Care

| |  STAGE I |  STAGE II & PARTIAL THICKNESS WOUNDS |  STAGE III/IV & FULL THICKNESS WOUNDS |  SUSPECTED DEEP TISSUE INJURY |  UNSTAGEABLE/NECROTIC TISSUE |  DIABETIC OR ARTERIAL ULCER |  VENOUS LEG ULCER |  SKIN TEAR |
|--|---|--|--|--|---|---|--|---|
| ASSESS WOUND | Location, size, non-blanchable redness, pain, firm, soft, warm or cool | Location, size, tissue type, exudate amount and character, peri-wound skin. Assess for signs and symptoms of infection to include pain, erythema, edema, heat/warmth, increased and/or purulent drainage, foul odor and delayed healing. | Location, size, color, blood blister, pain, firm, mushy/boggy, warm or cool. | Location, size, tissue type, exudate amount and character, peri-wound skin. Assess for signs and symptoms of infection to include pain, erythema, edema, heat/warmth, increased and/or purulent drainage, foul odor and delayed healing. | | | | |
| ASSESS & ADDRESS CONTRIBUTING FACTORS | Pressure, Sensory Perception, Moisture, Incontinence, Mobility, Nutrition, Friction and Shear. | | | | Assess for appropriateness of debridement and refer to physician or nurse practitioner as needed. Debridement may be contraindicated in wounds with dry stable eschar compromised by poor circulation. | Pressure, ABI/Arterial Blood Flow, Glucose control | Uncontrolled edema | Trauma, thin, fragile, dry cracked skin |
| CLEANSE WOUND & PREPARE AND PROTECT PERI-WOUND SKIN | Gently cleanse during routine bathing and pat dry | Cleanse with Saline Wound Flush or Dermal Wound Cleanser and pat dry | Gently cleanse during routine bathing and pat dry | Cleanse with Saline Wound Flush or Dermal Wound Cleanser and pat dry | | | | |
| | If an adhesive dressing is used, consider applying a liquid barrier film to the peri-wound skin. If a non-adhesive dressing is used, consider applying THERA™ Dimethicone Body Shield or THERA™ Calazinc Body Shield to protect peri-wound skin from wound drainage. If the wound has signs and symptoms of infection consider using a MEDIHONEY® Dressing or Calcium Alginate with Antimicrobial Silver. | | | | | | | |
| APPLY PRIMARY & SECONDARY DRESSING AS NEEDED | Typically no dressing is required. Moisturize the skin by gently applying THERA™ Moisturizing Body Cream or THERA™ Moisturizing Body Shield. Do NOT massage the area. If a dressing is desired, Transparent Film or Thin Hydrocolloid Dressing may decrease friction and allow visualization of the area. | Minimal exudate: Cover with choice of Hydrogel, Hydrocolloid, or Hydrophilic Wound Dressing. If Hydrogel or Hydrophilic Wound Dressing is used, cover with an appropriate secondary dressing such as Island or Barrier Island Dressing. Moderate to Heavy amount of exudate: Apply Calcium Alginate Dressing and cover with appropriate secondary dressing such as an Island, Barrier Island or Adhesive Foam Dressing; or apply a Non-Adhesive Foam or Super Absorbent Dressing and secure with roll gauze or stretch net. | Minimal exudate: Cover with choice of Hydrogel, Hydrocolloid, MEDIHONEY® Gel, MEDIHONEY® Honeycolloid, or Hydrophilic Wound Dressing. If a non-adhesive primary dressing is used, cover with appropriate secondary dressing such as Island or Barrier Island Dressing. Moderate to Heavy amount of exudate: Apply Calcium Alginate, Calcium Alginate with Antimicrobial Silver, or MEDIHONEY® Alginate Dressing. Cover with appropriate secondary dressing such as Foam or Super Absorbent Dressing secured with roll gauze or stretch net. | Typically no dressing is required. Moisturize the skin by gently applying THERA™ Moisturizing Body Cream or THERA™ Moisturizing Body Shield. Do NOT massage the area. If a dressing is desired, Transparent Film Dressing may decrease friction and allow visualization of the area. | Minimal exudate: Cover with choice of Hydrogel, MEDIHONEY® Gel, MEDIHONEY® Honeycolloid, or Hydrophilic Wound Dressing. Cover with appropriate secondary dressing such as Island or Barrier Island Dressing. Moderate to Heavy amount of exudate: Apply Calcium Alginate, Calcium Alginate with Antimicrobial Silver, MEDIHONEY® Gel or MEDIHONEY® Alginate Dressing. Cover with appropriate secondary dressing such as Adhesive Foam or Barrier Island Dressing; or cover with Non-Adhesive Foam or Super Absorbent Dressing secured with roll gauze. | Minimal exudate: Cover with choice of Hydrogel, Hydrocolloid, MEDIHONEY® Gel, MEDIHONEY® Honeycolloid, or Hydrophilic Wound Dressing. Cover with appropriate secondary dressing such as Island, Barrier Island or Non-Adherent Dressing secured with roll gauze. Moderate to Heavy amount of exudate: Apply Calcium Alginate, Calcium Alginate with Antimicrobial Silver, MEDIHONEY® Gel or MEDIHONEY® Alginate Dressing. Cover with an appropriate secondary dressing such as Barrier Island Dressing; or cover with Non-Adhesive Foam or Super Absorbent Dressing secured with roll gauze. | Minimal exudate: Cover with choice of Hydrogel, Hydrocolloid, MEDIHONEY® Gel, MEDIHONEY® Honeycolloid, or Hydrophilic Wound Dressing. If a non-adhesive primary dressing is used, cover with appropriate secondary dressing such as Island Dressing; or cover with a Non-Adherent Dressing and roll gauze. Moderate to Heavy amount of exudate: Apply Calcium Alginate, Calcium Alginate with Antimicrobial Silver or MEDIHONEY® Alginate Dressing. Cover with appropriate secondary dressing such as Non-Adhesive Foam or Super Absorbent Dressing and secure with roll gauze. | If skin flap is present and viable, consider approximating using a skin closure strip and covering with non-adherent contact layer such as an oil emulsion dressing or a Non-Adhesive Foam Dressing. Skin flap not present: Minimal Exudate: Cover with Hydrogel Sheet Dressing and secure with roll gauze or stretch net; or apply Hydrophilic Wound Dressing followed by oil emulsion dressing secured with roll gauze. Moderate to Heavy amount of exudate: Apply Calcium Alginate or Non-Adherent Foam Dressing and secure with roll gauze or stretch net. |
| CONSIDERATIONS | If patient incontinence is an issue, protect entire affected area with THERA™ Dimethicone Body Shield in lieu of dressing. Avoid the use of adhesive dressings if surrounding skin is fragile. | If patient incontinence is an issue, consider a protective dressing over the wound and protect surrounding area with THERA™ Dimethicone Body Shield or Calazinc Body Shield. Avoid the use of adhesive dressings if surrounding skin is fragile. Use roll gauze, stretch net or place a taping surface on peri-wound skin such as a hydrocolloid. | | Difficult to detect in those with dark skin tones. Evolution may include a blister over a dark wound bed, and the wound may further evolve and become covered by eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment. | If patient incontinence is an issue, consider a protective dressing over the wound and protect surrounding area with THERA™ Dimethicone Body Shield or Calazinc Body Shield. Avoid the use of adhesive dressings if surrounding skin is fragile. Use roll gauze, stretch net or place a taping surface on peri-wound skin such as a hydrocolloid. | | Compression therapy is the mainstay treatment for chronic venous insufficiency. It is essential to assess arterial flow prior to implementing compression therapy; refer for vascular consult as needed. Unna Boots and Four-Layer Compression Dressings are commonly used to treat venous leg ulcers. | Avoid the use of adhesive dressings if skin is fragile. Use roll gauze or stretch net to secure dressing. |

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