

# *Wound Products Selection and Application Guide*

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Dressing Application Criteria

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## Wound Management Principles

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*To successfully manage a wound it is essential to understand the following*

### Physiology of the wound healing process

- a. Inflammatory phase
- b. Reconstruction phase
- c. Maturation phase

### Factors that inhibit wound healing

- d. Underlying disease: e.g. diabetes, cancer, renal disease, liver disease
- e. Nutritional status
- f. Medications that inhibit wound healing e.g. steroids
- g. Other treatments the patient may be undergoing e.g. radiotherapy.
- h. Age, obesity, smoking, alcohol

### Modes of healing

- i. Primary intention
- j. Delayed primary intention
- k. Secondary intention
- l. Surgical intervention i.e. Graft or Flap

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## Wound Assessment

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*When providing wound management remember to do the following*

### Consider factors that affect wound healing

#### Determine wound status

- a. Acute, sub-acute or chronic
- b. Exudate amount, type, colour and odour
- c. Surrounding Skin (is it dry, wet, cracked or inflamed)
- d. Pain
- e. Infection / inflammation
- f. Wound clinical appearance; granulating, sloughy, necrotic, epithelising, overgranulating


#### Determine wound aetiology

#### Determine goal of wound care

- g. To heal
- h. To prepare wound be for grafting/ closure
- i. To maintain
- j. To palliate



Remember when providing wound care **DO NO HARM**

If you are unsure ask! *Either an* **OWL**  *in your area or* **NP Wound Management RDPH**

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## Managing Different Wound Types

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### Necrotic Wounds

- Require hydration (☀check aetiology first)
- Use a **Hydrogel** dressing (☀do not use on gangrene toes)
- *Sharp debridement (Check aetiology **if no pulse do not perform sharp debridement**)*
- Surgical debridement may be necessary
- Score thick necrotic tissue if necessary
- If no signs of anaerobe infection use **film** or **hydrocolloid** to assist in faster rehydration

### ☀Never rehydrate dry Gangrene (black toes) (refer to page 8)

- Paint with **Betadine™** and leave it dry!
- Wet gangrene should be converted to dry gangrene by this process<sup>i</sup>

### Sloughy Wounds

- Need Autolytic Debridement
  - i. Low exudate use **Hydrogel**
  - ii. Moderate to high exudate use **Hypertonic saline** (caution with painful wounds)
  - iii. High exudate use **Calcium Alginate** or **Gel fibre**
- May need sharp debridement
  - i. Sharp debridement accelerates the healing process
  - ii. This stimulates the inflammatory response
- May need mechanical debridement (wet to dry)
  - i. Short term only. 3-5 days maximum
  - ii. Ensure appropriate analgesia is provided

### Heavily colonised wounds

(not actively infected)

Use Inadine™ or chemical wound products i.e. **Flaminal™** or **SO Hypochlorous Acid** or **PHMB**

- High exudate: **Flaminal Forte™** (gel with calcium alginate flakes)  
**AMD™ Foam** (polyurethane foam impregnated with **PHMB**)
- Low exudate: **Flaminal Hydro™**  
**Grandacyn™** or **Microdacyn™ gel**  
**Prontosan™ gel**  
**Inadine™**

If a high bioburden use **Grandacyn™ / Microdacyn™** or **Prontosan™** wash instead of saline.

**Betadine™ wash** can also be used, apply for 2 minutes then wash thoroughly with **saline** prior to dressing application, this technique is effective in reducing wound colonisation especially MRSA.

## Infected wounds

- Topical antimicrobial dressings i.e. **Silver** or **Cadexomer Iodine**
- **Acticoat™** is the dressing of choice for bite wounds / dirty traumatic wounds
- Use **Cadexomer iodine** on sloughy infected wounds, do not use **Acticoat** on thick slough
- Avoid occlusive dressings for anaerobic infections
  - High exudate:     **Acticoat mesh** and **calcium alginate** or **gel fibre**  
                              **Melgisorb AG™**  
                              **Exufibre AG™** or **Aquacel AG™**  
                              **Cadexomer iodine powder** (for small wounds only)
  - Low exudate:     **Acticoat™** sheet or mesh (requires ongoing moisture)  
                              **Cadexomer iodine ointment** (for small wounds only)



## Hot Tips

**Acticoat™** a broad-spectrum topical antimicrobial, which kills pathogens within 30 minutes of contact and also has an anti-inflammatory effect, but Does Not Debride sloughy wounds.

**Cadexomer Iodine** stimulates the inflammatory process as a result stimulates static wounds, reduces colonisation / bioburden of wounds and debrides sloughy wounds.

## Superficial wounds

- Need protection and maintain moist environment
- **Hydrocolloid, Film or Foam** can be used

## Bleeding wounds

- **Calcium Alginate**
- Use pressure and if extensive bleeding impregnated packs e.g. adrenaline or cocaine

## Exposed Bone or Tendon

- Keep hydrated monitor exudate levels to avoid maceration
- High exudate **Calcium Alginate** or **Gel fibre**
- Low exudate **Hydrogel**

## Skin tears and fragile skin

*(use atraumatic dressings)*

- **Mepitel™** remains intact for 14 days
- Change secondary dressing (usually **exudate manager**) PRN
- Do not use mepitel one beneath Mepilex boarder or Mepilex AG as it is the same product

## Granulating Wounds

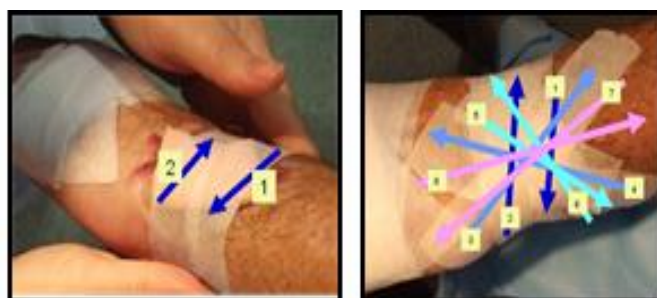
*(maintain status)*

- High exudate use **Calcium Alginate** or **Gel fibre**
- Low exudate use **Hydrogel**

## Overgranulation / Hypergranulation

(reduce / remove)

- **Pressure pad:** (see photo guide do multiple straps to gain effect)
  - Use **Gauze pad** strap this firmly in place with **Fixomull™**
  - **Fixomull™** cut down to the box to get **non-stretch weave!!**
  - Pull strap firmly in alternating directions to gain adequate pressure
- **Caustic stick / Silver nitrate stick:**
  - Apply paraffin to good skin
  - Treat overgranulation with **silver nitrate** stick
- **Surgical or sharp removal.**
  - Check if on anticoagulant therapy



### ★ Remember

- If it is **Wet** you want to control the exudate
- If it is **Dry** you want to hydrate it. **Caution make sure you know the aetiology**
- Remember the **Whole** person!!
- Be cost effective

### ★ If in doubt ask!

Use ward based **OWLS** they have completed extended training in wound & stomal therapy

Look for this badge → 

**OWLS** are liaison between ward based care and NP Wounds and Stomal Therapy CNC

RDPH NP Wound Management is available Mon to Fri 8 to 4pm

email [jennifer.byrnes@nt.gov.au](mailto:jennifer.byrnes@nt.gov.au).

Emailed of photographs can be used for consultation (with patients permission)

Please aim for clear photos with 1x close up and 1x wide shot of wound

Phone 0400547979 once emailed to ensure these have been received

Telehealth services are also available contact NP to arrange an appointment

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## Dry Gangrene Management

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❁ **ALERT!!!!** ❁ **ALERT!!!!** ❁ **ALERT!!!!** ❁

❁ **Never Rehydrate Dry Gangrene (black toes)**

- Paint with **Betadine™** and leave it dry!
- Wet gangrene should be converted to dry gangrene by this process
- **Do not attempt sharp debridement** on these wounds
- There is no blood flow, a small cut will lead to further wound deterioration
- Let the wound dry out, it will then demarcate and auto-amputate
- **Betadine™** will assist in drying out wound and provide a antimicrobial barrier against pathogens whilst it undergoes this process<sup>ii</sup>



**Auto amputation can be a painful process ensure adequate analgesia**

❁ This is the only wound type that goes against the moist wound management principles ❁  
Ensure you are aware of this aetiology when assessing wounds and planning care



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## TIME

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TIME is an acronym used for wound assessment<sup>iii</sup>

Products may be classed to fit into these categories as you go through this booklet

### **T** = **TISSUE VIABILITY**

**Assess** viability of tissue.

Remove any non-viable tissue by autolytic or conservative sharp debridement

**Aim** to have viable tissue for optimal wound healing.

### **I** = **INFLAMMATION AND / OR INFECTION**

**Assess** if inflammation or infection is present.

Signs include increased exudate, odour, redness, pain, oedema and heat.

Reduce bioburden by using antimicrobial dressings.

If systemic infection is present treat with antibiotics.

**Aim** to clear wound of bioburden, treat active infection and reduce chronic inflammation.

### **M** = **MOISTURE IMBALANCE**

**Assess** level of moisture in the wound.

A WET wound can lead to maceration and further wound breakdown.

A DRY wound slows the healing process by development of thick slough, eschar and necrotic tissue.

**Aim** to maintain a balanced moist wound environment by either absorbing, adding or maintaining exudate amount in wounds.

☠ **Caution. Do not** add moisture to dry gangrene (page 8)

### **E** = **EDGE OF WOUND**

**Assess** the edge of the wound.

If wound edge does not advance in 2-4 weeks, reassessment of current wound therapy is required.

If edges are rolled or raised or undermining or dry crust is present wound closure may be compromised.

**Aim** to ensure edges of wound come together in a timely manner by addressing all components of **T I M** and addressing each of these sections.

## Assessing Foot and Leg Pulses

✿ ✿	<b>Venous</b> ✿	<b>Arterial</b> ✿	<b>Diabetic</b> ✿
<b>Legs</b>	<ul style="list-style-type: none"> <li>• Hair usually present</li> <li>• Dark staining in gator region (haemosiderin)</li> <li>• Skin is dry and flaky</li> <li>• Often has eczema / dermatitis</li> </ul>	<ul style="list-style-type: none"> <li>• Pale legs</li> <li>• Thin shiny skin</li> <li>• No hair on limb or toes</li> <li>• Leg pallor on elevation</li> <li>• Thickened nails</li> </ul>	<ul style="list-style-type: none"> <li>• Normal</li> <li>• Feet may be dry and flat due to neuropathy</li> </ul>
<b>Site</b>	<ul style="list-style-type: none"> <li>• Lower 3<sup>rd</sup> of leg</li> <li>• Usually above medial malleoli</li> </ul>	<ul style="list-style-type: none"> <li>• Distal areas toes and feet</li> <li>• In areas prone to trauma or friction shin, malleoli, heels, toes</li> </ul>	<ul style="list-style-type: none"> <li>• Soles of feet and in areas prone to friction, pressure and trauma</li> </ul>
<b>Size / shape</b>	<ul style="list-style-type: none"> <li>• Large, with ragged edges</li> <li>• Shallow base</li> </ul>	<ul style="list-style-type: none"> <li>• Punched out appearance</li> <li>• Deep with pale base</li> </ul>	<ul style="list-style-type: none"> <li>• Size and shape vary</li> <li>• May have callous build up at wound edges</li> </ul>
<b>Exudate</b>	<ul style="list-style-type: none"> <li>• Large amount</li> </ul>	<ul style="list-style-type: none"> <li>• Low exudate</li> </ul>	<ul style="list-style-type: none"> <li>• Varied</li> </ul>
<b>Wound bed</b>	<ul style="list-style-type: none"> <li>• Dark granulation tissue</li> <li>• May contain slough</li> </ul>	<ul style="list-style-type: none"> <li>• Pale granulation tissue</li> <li>• Dry slough or necrotic tissue</li> <li>• Prone to gangrene</li> </ul>	<ul style="list-style-type: none"> <li>• Often sloughy with infection or heavy colonisation</li> </ul>
<b>Oedema</b>	<ul style="list-style-type: none"> <li>• Oedematous legs</li> <li>• May have thin ankles with oedematous legs</li> </ul>	<ul style="list-style-type: none"> <li>• Localised to wound area</li> </ul>	<ul style="list-style-type: none"> <li>• Localised only</li> </ul>
<b>Pulses</b>	<ul style="list-style-type: none"> <li>• Present in all areas (femoral, popliteal, posterior tibial &amp; pedal)</li> <li>• ABI is 0.8 to 1.1</li> </ul>	<ul style="list-style-type: none"> <li>• Absent or weak</li> <li>• ABI is &lt;0.8</li> </ul>	<ul style="list-style-type: none"> <li>• Bounding</li> <li>• Usually present</li> <li>• ABI &gt;1.1 due to calcification of vessels</li> </ul>
<b>Pain</b>	<ul style="list-style-type: none"> <li>• Moderate, dull ache</li> <li>• Pain is relieved by elevating the limbs</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme pain</li> <li>• Pain is relieved by dangling the limb</li> <li>• Claudication (cramping) on mobilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormal sensation may be experienced if neuropathy is present</li> <li>• Often painless wounds</li> </ul>

✿ If a pulse is weak or absent **do not attempt sharp debridement**

✿ Sharp debridement on arterial wounds may lead to further wound deterioration.

✿ Some leg wounds will be a combination of venous and arterial deficiency.

✿ Compression should only be applied by trained staff to prevent complications.

✿ Never Compress Arterial wounds

**Do Not Apply Compression until aetiology is determined** or wound deterioration may occur

Take extra precaution when using DVT prophylaxis stockings

e.g .TEDS™ on limbs with compromised flow as pressure injury or skin tears may occur.

Ensure pressure off loading is performed especially in patients with compromised arterial flow or decreased sensation i.e. diabetics & renal patients.

# Acrylic Dressings

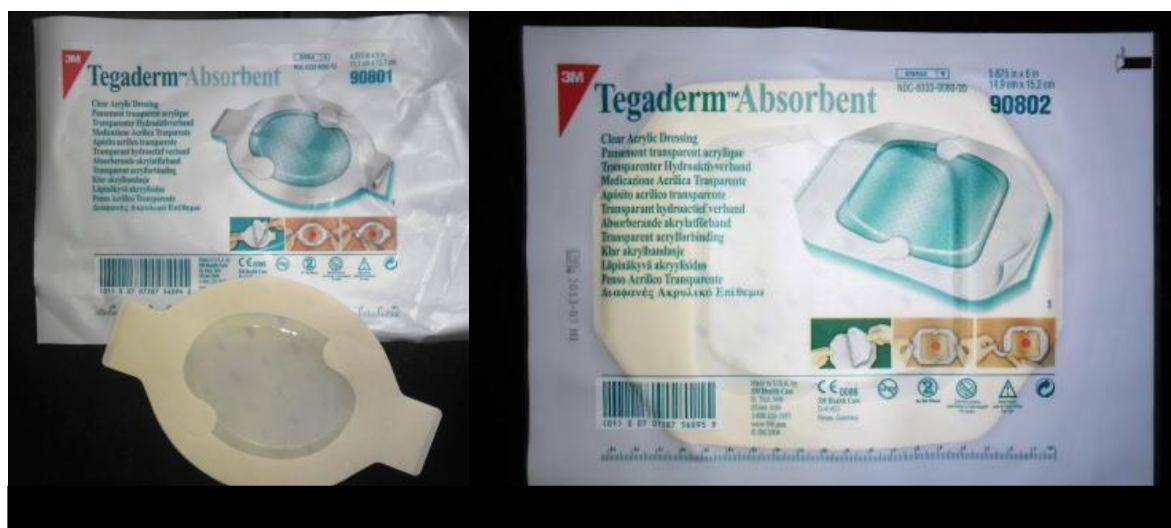
## **M = MOISTURE IMBALANCE**

**Generic Name:** Transparent adhesive acrylic dressing

**Trade Names:** Tegaderm Absorbent™

**Types:** Sheet

**Description:** A transparent adhesive acrylic dressing formed in a variety of shapes with the capacity for absorption of fluid



### **Indication:**

- For use on low to moderate exudate wounds
- For use over donor sites
- Can be primary or secondary dressing (calcium alginate beneath)
- Can be left intact for up to seven days (dependant on exudate amount)
- Primary role is to absorb exudate / moisture control

### **★ Hot Tips:**

- Wound can be viewed through dressing
- Creates a waterproof environment
- Acrylic pad must be bigger than the size of the wound
- Heavily exuding wounds may lead to maceration
  - i.e. may require more regular changes

# Alginates (for WET wounds)

**M = MOISTURE IMBALANCE**

Generic Name: Calcium Alginate

Trade Names: Algisite M™, Sorbsan™, Kaltostat™, Seasorb™, Melgisorb™ etc

Types: Sheet, Ribbon, Rope

Description: Calcium alginate is formed from seaweed



## Indication:

- For moderate to high exudate wounds
- Primary dressing for deep or shallow wounds
- For bleeding wounds (Has haemostatic ability)
- Forms a gel to promote a moist wound environment
- Debrides wet sloughy wounds
- Can be left intact up to seven days
- Can be used on bone / tendon (if moderate exudate)
- For use in either clean or dirty wounds
- Requires secondary dressing i.e. exudate manager or foam



## Hot Tips:

- If alginate is white and dry on removal there is not enough exudate, change to a hydrogel
- Cut to size of wound do not overlap onto intact skin
- Alginate forms a gel with exudate (i.e. no need to add hydrogel)
- Do not wet prior to application

## Caution:

- **Do not** place in sinuses where wound base cannot be seen
- When packing, apply lightly to allow space for alginate to absorb exudate

# Capillary Wicking Dressing

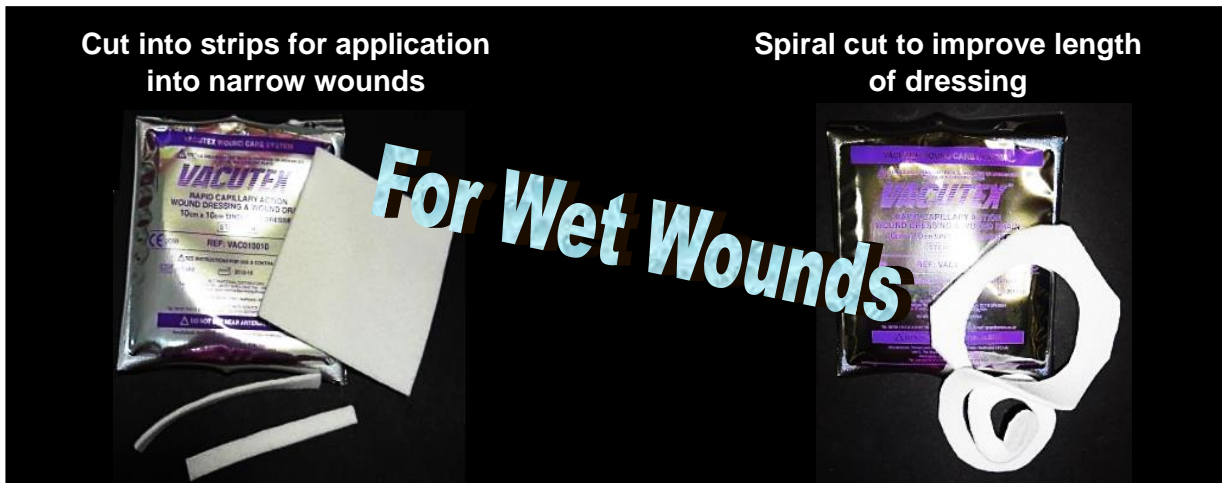
**M = MOISTURE IMBALANCE**

Generic Name: Capillary Wicking

Trade Names: Vacutex™

Types: Sheet or spiral

Description: Compressed cotton fibre with a capillary wicking action, creates the similar to topical negative pressure e.g. Vac™ without the need of a machine.



## Indication:

- For moderate to high exudate wounds
- Capillary action similar to topical negative pressure
- Change dressing every 2 to 3 days
- Multiple layers will increase absorbency capacity
- Change when top layer is soaked
- Requires a secondary dressing (foam or exudate manager)

## ★ Hot Tips:

- Use sharp scissors for cutting
- Can be used as flat sheet add extra layers if deep wound
- Use strips for sinuses (acts like a straw)
- Use spiral cut for deep sinuses
- Fenestrate dressing (cut slits in dressing) for over elbows or knees for flexibility

## Caution:

- Do not place on healthy skin, as it will cause maceration
- Do not leave for longer than 3 days as adhesion to wound bed may occur
- Do not use on bleeding wounds (it will accelerate bleeding)
- Mepitel one™ can be used beneath vacutex™ to reduce adhesion

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# Chemical Dressing *Type 1 Flaminal™*

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**I = INFECTION / INFLAMMATION**

## Type 1

Generic Name: Enzyme alginogels®

Trade Names: Flaminal Forte™, Flaminal Hydro™

Types: Gel

Description: An enzymatic gel matrix, which absorbs and breaks down the micro-organisms wall. It consists of glucose oxidase and lactoperoxidase enzymes.



### Indication:

- For wounds that are heavily colonised or have a heavy bioburden
- Effective on MRSA, VRE, E.coli and pseudomonas
- Gel structure maintains a moist wound environment
- Gel provides debridement agent
- Can be left intact up to seven days

### Flaminal Forte™

- Contains alginate fibres in gel giving it a higher absorbency capacity
- For use on moderate exudate wounds with heavy bacterial burden

### Flaminal Hydro™

- Is a gel so absorbency capacity is low
- For use on low to no exudate wounds with heavy bacterial burden



**Hot Tip:** The Flaminal™ range is designed as single patient use tubes.

Apply patient label to tube once opened, it can be kept with patient until expiry date if tube is clean, sealed well and not contaminated.

# Chemical Dressing Type 2 Granudacyn™ / Microdacyn™

## I = INFECTION / INFLAMMATION

### Type 2

**Generic Name:** Super Oxidised Hypochlorous Acid (HOCL)

**Trade Names:** Granudacyn™ or Microdacyn™

**Types:** Wash or Gel

**Description:** A fast acting broad spectrum antimicrobial which is effectively reduces wound bioburden within 5 minutes, is non cytotoxic.



### **Indication:**

- For wounds with heavy bioburden
- Effective on Gram+ and Gram- bacteria, MRSA, VRSA, VRE, viruses, fungi and spores
- Hypotonic nature of the HOCL causes osmosis and cell rupture
- Loosens wound debris, removes biofilm
- Requires minimum soaking time of 5 minutes
- Reduces wound malodour
- Gel is used for dry wounds to loosen debris and reduce bioburden
- Gel should be used 3<sup>rd</sup> daily

### **Hot Tips:**

- Wash or gel can be used to loosen off adhered dressing material and clots
- Gel can be impregnated into gauze for larger wounds/ cavities
- Wash can be kept for 8 weeks after opening (if not contaminated)
- Gel can be kept for 12 weeks after opening (if not contaminated)
- Safe for use in peritoneal lavage
- Safe for use on CNS tissue, cartilage and bones, cavities and fistulas
- Can be used in conjunction with topical negative pressure therapy for washes / lavage

# Chemical Dressing *Type 3 PHMB / Prontosan™*

**I = INFECTION / INFLAMMATION**

## Type 3

Generic Name: PHMB Polyhexamethylene Biguanide

Trade Names: Prontosan™ wash, Prontosan™ gel, AMD foam

Types: Wash, Gel, Foam

Description: A broad spectrum antimicrobial wash or gel which reduces wound bioburden



## Indication:

- For wounds with heavy bioburden especially MRSA, VRE & Candida
- PHMB kills bacteria by interrupting the cells electrical balance
- Prontosan™ has a betaine surfactant loosens/removes the wounds biofilm
- Prontosan™ wash requires 15 - 20 mins soak to be effective
- AMD foam is applied directly to wound base to reduce bioburden



## Hot Tips:

- Gel should be used 3<sup>rd</sup> daily and a minimum of daily
- Gel can be impregnated into gauze for larger wounds/ cavities
- Avoid excess prontosan™ on periwound skin, it may cause skin irritation
- Wash can be kept for 8 weeks after opening (if not contaminated)
- Do not use on pregnant women
- Do not use intraocularly, middle/ inner ear or in joint cavities
- Not suitable for peritoneal lavage



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# Exudate Managers

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## **M** = MOISTURE IMBALANCE

**Generic name:** Exudate managers

**Trade Names:** Zetuvit™, Mesorb™, Mextra™, Absorb™ etc

**Types:** Soft pads various sizes

**Description:** Highly absorbent pad with a low shear contact layer and a fluid repellent backing with a central cellulose pulp to absorb exudate.



### Indication:

- For wounds heavily exuding wounds
- Can be used as primary or secondary dressing
- Absorbs fluid amounts greater than 6 x a standard combine
- Recommended as secondary dressing over mepitel if moderate to high exudate



### Hot Tips:

- Mesorb™ apply white side to wound
- Zetuvit™ apply white side to wound
- Secure with either tape around the edges or retention stocking\* (see page 32)
- Cannot be cut as the dressing will fall apart
- Becomes heavy when dressing is soaked with exudate
- Can be made waterproof by covering entire dressing with film dressing (see next page)
- Suitable for use under compression bandages

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# Films

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## **M = MOISTURE IMBALANCE**

**Generic Name:** Semipermeable adhesive film dressing

**Trade Names:** Opsite™, Tegaderm™, Bioclusive™, Nikoderm™ etc

**Types:** Sheets, Spray, Island dressing with incorporated pad

**Description:** A thin membrane of polyurethane with an acrylic adhesive, it is semipermeable allowing moisture to pass through via evaporation (MVTR) but is impermeable to micro-organisms



### **Indication:**

- For low to no exudate wounds
- Provides protection and creates moist environment
- Can be used to create a waterproof dressing, e.g. over a exudate managers (page 17)
- Not for use on infected wounds



### **Hot Tips:**

- Use barrier film wipe prior to application to for increased adhesion
- Use barrier wipe to edge of film reduce lifting of dressing edges
- IV films allow more moisture and gas exchange to occur
- **DO NOT** use IV films for sealing of topical negative pressure dressings (TNP page 38) as these films are porous they cannot maintain the seal required

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# Fixation Sheets

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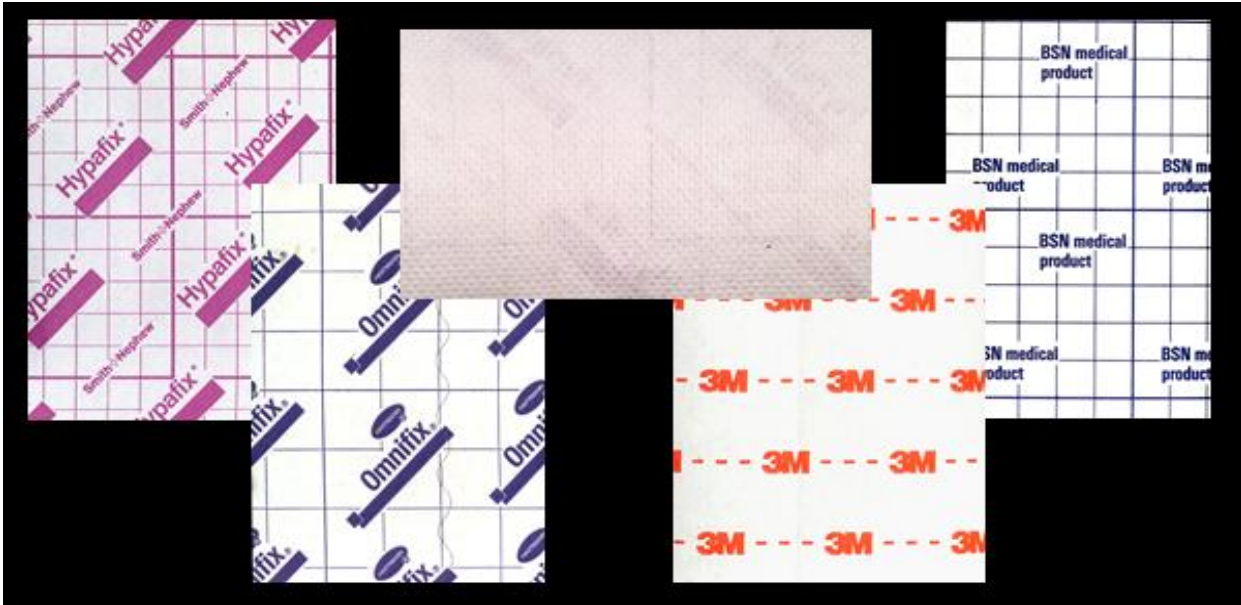
## ADHESIVE TAPE

**Generic Name:** Polyacrylate Fixation Tape

**Trade Names:** Fixomull™, Hypafix™, Mefix™, Omnifix™ etc

**Types:** Sheets in roll of various widths

**Description:** A non-woven polyester with a polyacrylate adhesive tape, designed to hold dressings insitu. It is not recognised as a primary dressing!



### Indication:

- For fixation of dressings over wounds
- Conforms to body contours aids in holding dressings insitu
- **DO NOT** use directly on a wound bed or new burn



### Hot Tips:

- One way stretch good for strapping in reducing overgranulation tissue ( 📌 See page 7)
- Use adhesive remover to aid removal
- If no adhesive remover apply oil, wrap in cling wrap for 4 hrs then remove gently (will require washing of periwound skin post removal)
- Use Mepitel one™ under fixation sheet for graft fixation
- When securing foams, only tape around edges of dressing (see next page)
- **Do Not** use on fragile skin, use retention stockings\* (see page 32) to hold dressings place without the need for adhesives

### Caution:

- This tape is not licensed as a primary dressing by the TGA (Carville 2012)

# Foams

**M = MOISTURE IMBALANCE**

**Generic Name:** Polyurethane Foam

**Trade Names:** Allevyn™, Biatain™, Lyofoam™ etc

**Types:** Sheet

**Description:** Polyurethane foam with or without an adhesive backing, it absorbs and dispels exudate via evaporation and has a moisture repellent backing.



## Indication:

- For moderate to high exudate wounds
- Can be used as a primary or secondary dressing
- Provides thermal insulation of the wound base
- Option of adhesive or non-adhesive
- Can be left intact for up to 7 days



## Hot Tips:

- Requires changing when strike thru reaches edge of dressing
- Can be used as a protective dressing over superficial low exudate wounds
- Do not completely cover foams with tape e.g. fixomull™, hypafix™ as this will reduce the absorbency capacity of the foam, tape the edges only

# Gel Fibres

## M = MOISTURE IMBALANCE

**Generic Name:** Soft gelling fibre dressing

**Trade Names:** Aquacel™, Durafiber™, Exufiber™ etc

**Types:** Sheets and packing ribbon

**Description:** Highly absorbent soft fibre that when wet forms a gel at the wound base, unlike calcium alginates it holds tensile strength, it reduces the risk of peri-wound maceration by pulling fluid into the dressing and away from the wound edges.



### Indication:

- For moderate to high exudate wounds
- For management of peri-wound maceration
- Autolytic debridement of heavily exuding wounds
- ONLY if moderate to high exudate is safe for use on bone and tendon

### ⊘ Contraindications:

- Must not be used on low exudate wounds
- Gel fibres can adhere to wound and be difficult to remove if exudate is low



### Hot Tips:

- Can overlap onto intact skin will not cause maceration
- Holds its shape on removal
- Does Not have haemostatic properties
  - ⦿ Use calcium alginate for wound bleeding (page 12)

# Hydrocolloids

**M = MOISTURE IMBALANCE**

Generic Name: Hydrocolloid

Trade Names: Comfeel™, Duoderm™ etc.

Types: Sheet, Paste and Powder

Description: A mix of pectin, gelatine and carboxymethylcellulose combination with or without calcium alginate cross linking fibres or other products.



Indication:

- For low to no exudate wounds
- For shallow wounds only

## ⊘ Contraindications

- Not for use over exposed bone or tendon
- Not for use on infected wounds
- Not for use as a secondary dressing



Hot Tips:

- Do Not cut to size of wound
- Must have 2cm overlap onto good skin or leakage will occur
- Can be left on for seven days, but must be changed if leaking
- In dry / necrotic tissue apply a thin layer of hydrogel to wound base prior to applying the hydrocolloid to improve rehydration
- Leave intact if dressing centre is white (*gel has formed*)
- Change when white area turns brown (*gel has been absorbed*)

# Hydrogels

**M = MOISTURE IMBALANCE**

Generic Name: Hydrogel

Trade Names: Solosite™, Intrasite™, Solugel™, Hydrosorb™ etc

Types: Gel, Impregnated Gauze, Sheet

Description: Glycerin amorphous based gel with large amounts of water and small amounts of carboxymethylcellulose glycol.



## Indication:

- For low to no exudate wounds
- Use for autolytic debridement of **dry** slough and necrotic tissue
- Can be used over exposed bone or tendon
- Deep wounds use intrasite conformable™ or gel soaked gauze to hold gel in wound
- For shallow dry wounds either
  - Gel and secondary dressing
  - Hydrogel sheet (Hydrosorb™)
- All gel can be left intact for up to seven days

## ★ Hot Tips:

- Do not use on wet wounds as maceration will occur
- Gel Sheet requires 2cm overlap onto intact skin
- Gel tubes are single patient use apply patient label once opened, discard after 7 days

## REMEMBER!!!

✿ **Never Rehydrate Dry Gangrene (black toes)** (Page 8)

- Paint with **Betadine™** and leave it dry!
- Wet gangrene should be converted to dry gangrene by this process

# Hypertonic Saline

## T = TISSUE VIABILITY

**Generic Name:** Hypertonic Saline Gauze

**Trade Names:** Mesalt™, Curasalt™ etc

**Types:** Impregnated gauze sheets or ribbon

**Description:** Gauze delivery system impregnated with hypertonic saline



### Indication:

- For cleaning thick slough and debris from wound bed
- Will clean wounds with heavy bioburden
- Can be left intact up to 3 days
- For moderate to heavy exudate wounds
- Requires a secondary dressing (foam or exudate manager)

### ⊘ Contraindications:

- Do not use on dry wounds
- Do not use over exposed bone or tendon

### ★ Hot Tips

- Dressing must be cut to wound size
- Do not apply on healthy skin (will cause maceration)
- Can be painful, avoid use in painful wounds



# Iodine Cadexomer

**I = INFECTION / INFLAMMATION**

**Generic Name:** Cadexomer Iodine

**Trade Names:** Iodosorb™

**Types:** Ointment, Powder or Paste

**Description:** Iodine based starch polymer that contains 0.9% iodine, provides a broad spectrum antimicrobial effect.



**Indication:**

- For wounds that are infected or heavily colonised
- Effective on MRSA and pseudomonas
- Forms a gel at wound base to provide autolytic debridement
- Use for autolytic debridement of sloughy colonised or infected wounds
- Reduces wound malodour
- Requires a secondary dressing (foam or exudate manager)
- Stimulates static wounds
- Change third daily

**⊘ Contraindications:**

- Patients sensitive to iodine
- Patients with hyperthyroidism or Graves' disease
- Children under the age of 12yrs
- Pregnant or lactating women

**★ Hot Tips:**

- Ensure residual dressing is removed prior to reapplication
- Residual iodosorb™ appears as a light yellow / white gel in the wound base

On application

ACTIVE

On Removal

FINISHED

# Iodine PVP-I

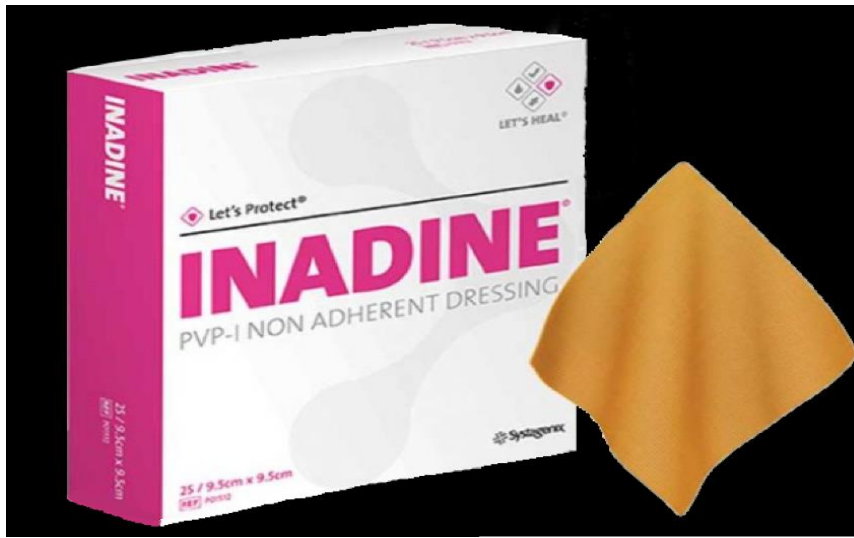
**I = INFECTION / INFLAMMATION**

**Generic Name:** PVP-I Povidone Iodine ointment.

**Trade Names:** Inadine™

**Types:** Impregnated non adherent gauze

**Description:** A non-adherent viscose knitted fabric impregnated with polyethylene glycol containing 10% Povidone Iodine; giving 1% available iodine creating a broad spectrum antimicrobial effect



## Indication:

- Provides broad spectrum antimicrobial coverage for colonised wounds and MRSA
- Reduces wound malodour
- Requires a secondary dressing (foam or exudate manager)

## ⊘ Contraindications:

- Patients sensitive to iodine
- Patients with hyperthyroidism or Graves' disease
- Children under the age of 12yrs
- Pregnant or lactating women



## Hot Tips:

- Dressing becomes white as iodine is absorbed
- Change when dressing is white as per colour change indicator above (usually second daily or longer)

# Impregnated Gauze

## PROTECTION / INTERFACE

**Generic Name:** Impregnated Gauzes

**Trade Names:** Non medicated Jelonet™, Atrauman™, Cuticerin™, Sofmesh™ etc  
Medicated Bactigras™, Inadine™ etc

**Types:** Gauze consistency with various impregnations

**Description:** Gauze or cotton, woven or non-woven with an oil or paraffin base, gauze may or may not contain medication.



### Indication:

- For preventing dressings adhering to wound base
- Holding a primary dressings insitu
- Fixation of graft tissue
- May be used as an interface in topical negative pressure dressings (VAC)
- Use Jelonet™/Softmesh™ as transport dressing for burns patients in community  
*(This is a cost effective option, as dressings are removed for assessment once in ED)*

### ★ Hot Tips:

- Woven cotton dressings (Jelonet™ / Sofmesh™) can shed fibres into wound base, remove any remaining fibres at each dressing change
- For maggot infestation of cavities, use triple layer of the dressing to create occlusive environment to suffocate them
- Irrigate out maggots at next dressing change
- Bactigras™ is a woven cotton mesh impregnated with chlorhexidine
- Inadine™ is a fine weave gauze impregnated with iodine

# Island Dressings CLOTH Backing (Non-waterproof)

## PROTECTION

**Generic Name:** Cloth Island dressing

**Trade Names:** Primapore™, Cutiplast™, Compose™, Mepore™ etc.

**Types:** Adhesive pads of varying sizes

**Description:** A low absorbent non adherent layer with a non-waterproof cloth adhesive.



### Indication:

- For low to no exudate
- Minimal absorbency capacity
- Must be changed once wet or if strike thru occurs
- For protection of wounds healing by primary intention i.e. (dry suture lines)
- Protection over dry gangrene

### ★ Hot Tips:

- A wet dressings requires changing immediately
- Once wet (i.e. exudate or showering) bacteria can travel into the wound making the dressing a portal for infection
- Cloth backing **does not** maintain a moist environment
- Not for use on moderate to high exudate wounds, due to low absorbency ability

# Island Dressings FILM Backing (Waterproof)

**M = MOISTURE IMBALANCE**

**Generic Name:** FILM Island dressing

**Trade Names:** AsGuard film™, Opsite post op™, Tegaderm+pad™ etc

**Types:** Adhesive pads of varying sizes

**Description:** A low absorbent layer no adherent layer with an adhesive backing of semi breathable film.



**Indication:**

- For low to no exudate
- Has minimal absorbency capacity
- Maintains a moist environment
- For protection of wounds healing by primary intention i.e. (dry suture lines)

 **Hot Tips:**

- Use over a hydrogel to rehydrate necrotic / dry tissue
- Prevents bacteria entering the wound thru the dressing
- Can be left for 7 days prior to changing if not leaking
- Film backing maintains wound moisture balance
- Use barrier film wipe prior to application to for increased adhesion
- Use barrier wipe to edge of film reduce lifting of dressing edges

# Non Adherent Dressings (NAD)

## PROTECTION / INTERFACE

**Generic Name:** Non adherent dry or film coated dressing

**Trade Names:** Telfa™, Interpose™, Melolin™ etc

**Types:** Non-adhesive pads of varying sizes

**Description:** Non adherent wound contact layer with thin polyester film bonded to a cotton or acrylic pad, is the same as the contact layer of island dressings.



### Indication:

- For low to no exudate
- Has minimal absorbency capacity
- Must be changed once wet or if strike thru occurs
- For wounds healing by primary intention or shallow low exudate wounds

### ★ Hot Tips:

- Can be made waterproof by using film as the secondary adhesive layer
- A wet dressings requires changing immediately
- Once wet (i.e. exudate or showering) bacteria can travel into the wound making the dressing a portal for infection
- Does not donate moisture or maintain a moist environment
- Not for use on moderate to high exudate wounds, due to low absorbency ability

# Odour Absorbing Dressings

**Generic Name:** Odour absorbing dressing

**Trade Names:** Carboflex™, Carbonet™, Vliwaktiv™, Kaltocarb™ etc

**Types:** Sheets

**Description:** Combined dressing with activated charcoal that absorbs exudate and odour.



## Indication:

- For malodorous / offensive wounds
- Absorbs exudate whilst the carbon eliminates odour
- For low to moderate wounds
- Dressings with calcium alginate\*(see page 12) as contact layer can be applied directly to wound base e.g. Carboxflex™ and Kaltocarb™
- Calcium alginate dressings are for bleeding wounds or oozing wounds

## ★ Hot Tip:

- Do not cut to size as dressing may shed or disintegrate
- Apply as secondary dressing to manage odour in fungating tumours

# Retention Stockings

## DRESSING FIXATION

**Generic Name:** Retention stocking / tubular retention bandage

**Trade Names:** Tubifast™, Tensofast™ etc

**Types:** Tubular sock

**Description:** Light weight tubular sock, which does not cause any compression or constriction. It comes as a two way stretch cotton tubular bandage roll of various sizes.



### Indication:

- Holds dressings in place without the need of bandages or adhesive tapes
- Use over dressing such as non-adhesive foams or exudate managers
- Does not apply restriction or compression to limbs
- Retains dressings insitu on fragile skin without adhesives



### Hot Tips:

- Coloured line indicates size of retention stocking
- See side of box for recommended size application to each body part
- Red x-small arms and legs
- Green small arms and legs
- Blue for normal sized leg and arms
- Yellow for larger legs and normal size thighs
- Purple and brown X large sizes for XX large legs and / or torso use
- Use instead of bandages (more cost effective)
- Reduces the risk of pressure injuries due to overtight gauze bandages



## I = INFECTION / INFLAMMATION

**Generic Name:** Hydrophobic interactive dressing

**Trade Names:** Sorbact™

**Types:** Gauze, ribbon, compress, swab, gel impregnated, foam or island dressing

**Description:** A hydrophobic acetate cotton, coated in dialkylcarbamoylchloride (DACC). When DACC is added to a moist environment this binds microorganisms to the dressing surface, which reduces the overall bacterial load of the wound.



**Indication:**

- For use on wounds that are heavily colonised or have a heavy bioburden
- Use to prevent active infection occurring
- Cleans non-viable tissue from wounds
- For reduction of wound bioburden



**Hot tips:**

- Change dressing twice weekly or sooner if high exudate
- Change daily when treating fungal infections
- Use gel option for low exudate wounds to ensure enough moisture is present for DACC to become active in binding microorganisms
- Must be in contact with wound base to be effective

# Silicone Atraumatic Dressing

## FOR FRAGILE WOUNDS AND SKIN TEAR MANAGEMENT

Generic Name: Silicone

Trade Names: Mepitel one™, Mepilex™, Mepilex boarder™, Mepilex transfer™

Types: Sheet, Foam, Mesh

Description: A silicone dressing that prevents trauma (skin stripping) on dressing removal, the silicone gently adheres to intact skin without causing trauma on removal.

MEPILEX



### Indication:

- For wounds with fragile skin to minimise tissue trauma on removal
  - e.g. skin tears, fungating tumors, sites prone to bleeding
- Mepitel one™ requires a secondary dressing, usually exudate manager (see page 17)
- Mepilex foam can be left 3 - 5 days depending on exudate
- Mepilex transfer requires a secondary dressing to absorb exudate (exudate manager)
- Apply all Mepilex products adhesive side down



### Hot Tips: **Mepitel is not a daily dressing!!**

- **Mepitel One:** must be left intact, change secondary outer dressing PRN.
  - is changed every 7 - 14 days as long as pores are not clogged
- **Mepilex Foam:** change when foam is soaked or weekly
- Use a 2cm overlap onto intact skin to maintain adhesion of silicone dressings
- Do Not use mepitel one beneath mepilex (this doubles up on the mesh layer), the mepilex range has mepitel one as the contact layer.
- Mepitel One™ can be used as an interface in Topical Negative Therapy (TNP page 38)
- It is important to know the difference between;

**Mepilex™ and Mepilex TRANSFER™ and Mepilex AG™ and Mepilex TRANSFER AG™**

# Silver Foams

## I = INFECTION / INFLAMMATION

Generic Name: Silver impregnated foams

Trade Names: Mepilex AG™, Mepilex TRANSFER AG™ and Allevyn AG™

MEPILEX AG

Types: Foam impregnated with silver

Description: Assists in prevention / management of the wounds bacterial burden



### Indication:

- For use on wounds that are heavily colonised or have a heavy bioburden
- Use to prevent active infection occurring
- Mepilex AG™ has silicone atraumatic adhesive
- Mepilex TRANSFER AG™ has silicone atraumatic adhesive, which pulls fluid away from wound and requires a secondary dressing to cover (i.e. exudate manager)
- Allevyn AG™ is either an adhesive and non-adhesive foam



### Hot Tips:

- Foams must be in contact with wound base (used as a primary dressing only)
- Do not use any dressing beneath silver foams (i.e. hydrogel, alginate etc.)
- Can be left intact for up to 7 days
- Must to overlap onto healthy skin do not cut to size of wound
- Foams are not the best option for active infection (use silver sheet instead)
- Reserve silvers for when heavily colonised or infected, use standard foams (page 20) if no signs of heavy bioburden or active infection
- It is important to know the difference between;  
Mepilex AG™ and Mepilex TRANSFER AG™ and Mepilex™ and Mepilex TRANSFER™

# Silver Sheets

## I = INFECTION / INFLAMMATION

**Generic Name:** Nanocrystalline Silver

**Trade Names:** Acticoat™, Acticoat Flex™

**Types:** Sheet, Mesh

**Description:** A dressing coated with nanocrystalline silver particles which enhances bactericidal effect and reduction of inflammation.



### Indication:

- For use on actively infected wounds, or with high bioburden or high risk of infection
- Effective on MRSA, Psuedo, VRE, Gram -ve, Gram +ve Bacilli Viruses, Spores and Fungi
- Bactericidal, kills pathogens within 30 minutes of contact
- Has an anti-inflammatory effect
- Can be covered with damp gauze and Fixomull™ and wet when showering
- Does not require regular wetting if moderate wound exudate is present
- Must be kept moist to remain active

### ★ Hot Tips:

- Is a 3<sup>rd</sup> daily dressing, a double layer of Acticoat™ sheet can last for 7 days
- Is safe to overlap onto healthy skin
- In low exudate use hydrogel on wound the apply Acticoat™ and cover with foam
- High exudate wounds with a cavity,
  - line the wound with Acticoat flex™
  - fill cavity with alginate or gel fibre
  - cover with secondary dressing (foam or exudate manager)
- SHEET:- Apply dark blue side down, If painful apply sheet silver side down
- Acticoat™ must be wet with water not saline
- **Do Not** use on wounds with thick slough, use cadexomer iodine™ \* (see page 25)
- Flex can be used as contact layer for (TNP) dressings if infection is present (see page 38)

# Silver Impregnated Dressings

**I = INFECTION / INFLAMMATION**

**Generic Name:** Ionic silver

**Trade Names:** Melgisorb AG™, Aquacel AG™, Flamzine™ (SSD) etc

**Types:** Alginates, gel fibres or creams impregnated with silver

**Description:** Assists in prevention and management of the wounds bacterial burden



## Indication:

- For use on wounds that are **heavily colonised** or have a **heavy bioburden**
- Use to prevent active infection occurring
- Melgisorb AG™ is a calcium alginate for bleeding contaminated wounds
- Gel fibres (Exufibre AG™ or Durafiber AG™) for heavy exudating contaminated wounds
- Flamazine™ for management of acute burns injury, prevention of infection

## Hot Tips

- Flamzine™ (SSD) cream requires daily application with secondary dressing
- Avoid SSD cream on healthy skin as it can lead to maceration
- SSD cream may be used for primary burns management if Acticoat™ is not available (*Liaise with Burns Nurse for best dressing option*)
- Reserve silvers for when wounds are heavily colonised or infected, use standard alginates and gel fibres if no signs of heavy bioburden or active infection

(i.e. Aquacel™ over Aquacel AG™ or Exufibre™ over Exufibre AG™)

(*Aquacel™ and Exufibre™ are gel fibres see page 21*)

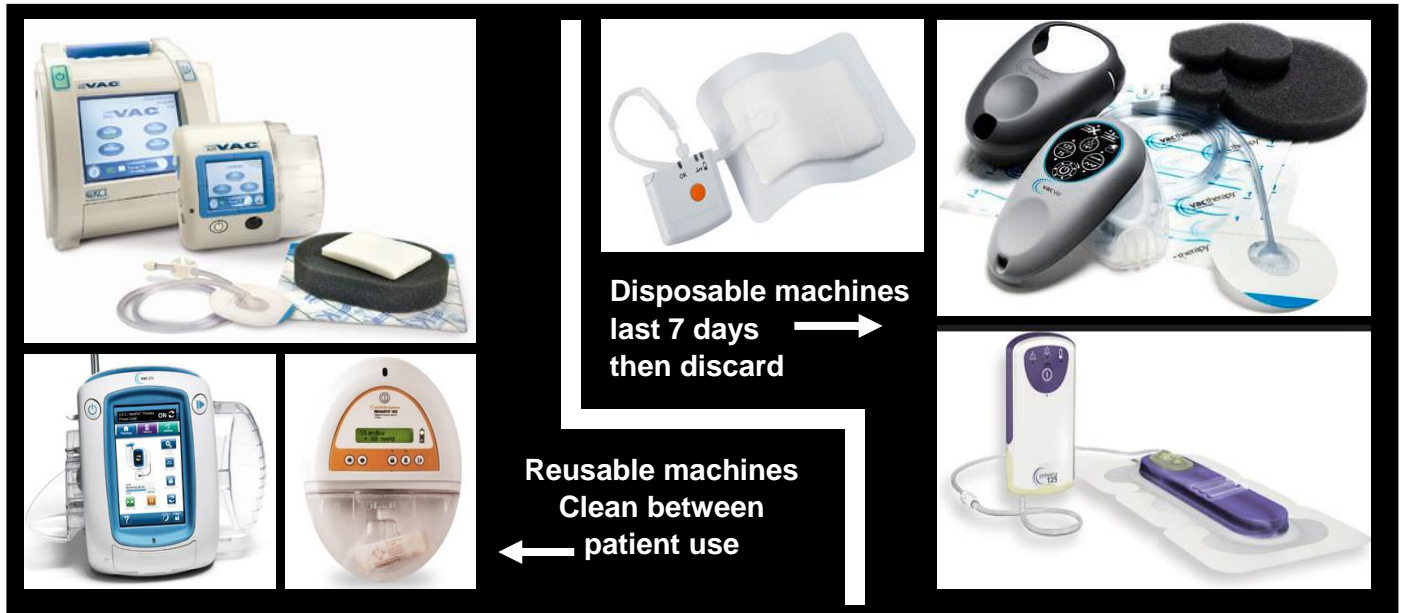
# Topical Negative Pressure (TNP)

**Generic Name:** Topical Negative Wound Pressure Therapy, TNP

**Trade Names:** VAC™, Renasys™, PICO™, Preveena™, Vac Via™, Snap™ etc

**Types:** Machines of various sizes, reusable or disposable

**Description:** Promotes blood flow, reduces oedema, stimulates new tissue growth and assists in wound contraction.



## Indication:

- Use to stimulate growth of new granulation tissue
- For low to high exudate wounds,
- use on clean or infected wounds (infected use silver interface Acticoat flex™ p36)
- For fixation of grafts (mepitel is used as interface for graft protection p34)
- For acceleration of closure of wounds with large deficits
- Management of large high exudate wounds

## ⊘ Contraindications:

- Do not use black foam on intact skin as tissue damage will occur
- Do not use on actively bleeding wounds
- Use with caution in patients on anticoagulant therapy



## Hot Tips:

- Use white foam or kerlex gauze for painful wounds or exposed bone/ tendon
- Mepitel can be used as interface if using black foam
- Non sting™ barrier wipes assist in gaining seal
- The hole for suction pad must be size of a 50c piece
- Change dressing every 3<sup>rd</sup> to 4<sup>th</sup> day, for graft fixation leave intact 5 days
- Does not debride thick slough or non-viable tissue
- Do Not use IV films for sealing TNP dressings as it will be ineffective

# Tubular Bandages

## COMPRESSION

**Generic Name:** Tubular bandages

**Trade Names:** Tubigrip™, Tensogrip™ etc

**Types:** Tubular bandage

**Description:** A tubular bandage with elastic fibres which conforms to limbs whilst providing supportive level of compression (approx.10mmHg).



### Indication:

- For light compression of limbs
- Multiple layers are used to increase compression level
- For assistance in reduction of oedema of limbs
- For support of limbs following strains and sprains
- For use on grafts post fixation and scar management compression

### ⊘ Contraindications:

- **Do not use** on patients with fragile skin the elasticity can cause skin tears to occur, use retention stocking instead (see page 32)
- **Do not use** on patients with **arterial disease / insufficiency** (see page 10)

### ★ Hot Tips:

- In patients with ***diagnosed*** venous insufficiency, multi layered modified system can be used to gain 26-30mmHg of compression
- A modified three layer system (see page 40) is used for venous compression
- When using tubular bandages on legs the foot must be incorporated to prevent swelling below the bandage i.e. ***Above Toes to below Knee***

# Tubular Bandages for Compression

## Not trained to apply compression therapy?

A single layer of tubular bandage exerts 8-10mmHg

When using the modified multi-layer tubular bandage as alternative to compression bandaging the following process should be attended.

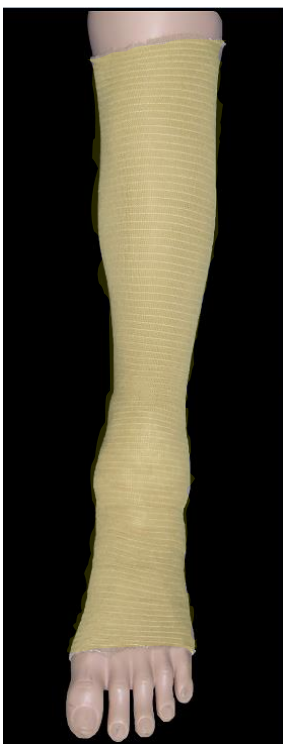
- Select size as per manufacturer's instructions
- 1st layer apply Toe to knee (8 -10 mmHg)
- 2nd layer apply Toe to mid-calf (16 - 20mmHg)
- 3rd layer apply Toe to above ankle (26 -30mmHg)
- The top layer/s can be removed if discomfort occurs<sup>iv</sup>

**Normal compression level for Venous Leg Ulcer compression is 30-40mmHg**

### ★ Hot Tips:

- Should only be used on patients with diagnosed venous congestion
- Can be applied over dressings
- Ensure no wrinkles or folds in the tubular bandage
- Do not fold up excess, trim to correct length
- Must finish at least 2 fingers below knee crease

Layer 1



Toe to below knee

Layer 2



Toes to mid calf

Layer 3



Toes to above ankle

3 Layers side view



Above toe to below knee



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# Zinc Bandages

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## PROTECTION

**Generic Name:** Zinc Impregnated Bandages

**Trade Names:** Viscopaste™, Steripaste™, Zip Zoc™ etc

**Types:** Flat bandage or Tubular bandage

**Description:** Bandages impregnated with zinc plus or minus preservatives, other additives which may include paraffin or Icthammol.



### Indication:

- For legs with vascular dermatitis / eczema
- Limbs with multiple small leaking lesions with periwound skin irritation
- Dressing is designed to remain intact for 7 days
- Can be used under compression bandages
- Small patches can be used on wounds as a primary dressing



### Hot Tips:

- Zip Zoc™ being a tubular bandage is easiest to use no specialised bandage technique required
- Flat bandages must be applied in a pleated overlap fashion (*from toe to knee*)
  - or use strips of bandage vertically up the limb
- **Do not** apply flat bandages in spiral technique as limb constriction may occur
- Patch testing is recommend in patients that may have sensitivities to preservatives

## I = INFECTION / INFLAMMATION

**Generic Name:** Activated carbon cloth

**Trade Names:** Zorflex™

**Types:** Flat Sheet

**Description:** An antimicrobial dressing using carbon as the active ingredient to reduce bioburden of the wound. Has antifungal, antiviral and antimicrobial actions



### Indication:

- For wounds with heavily colonised / heavy bioburden
- Can be used as a contact layer
- Reduces malodour
- Reduces pain
- Can be used under compression bandages
- For fungating tumours (odour, pain and bioburden reduction)
- For activation of static wounds
- Dressing can be left intact for up to seven days



### Hot Tips:

- Must be in direct contact with wound base
- Can be used as a contact layer under topical negative pressure therapy
- Requires a secondary dressing for exudate management / protection
- Changing dressings
  - inspect zorflex™ on secondary dressing change if earlier than seven days
  - if zorflex™ is wet and shiny it requires replacing
  - if zorflex appears neither wet or dry leave it intact until day seven
  - Any residual zorflex within the wound can remain until day seven
- On day seven remove all zorflex™ and reapply

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# Glossary

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<b>ABI</b>	Ankle brachial Index, a test used to determine arterial and venous blood flow of lower limbs
<b>Antimicrobial</b>	An agent that prevents the growth of harmful microbes in the wound environment
<b>Autolytic</b>	A process where with the provision of moist environment non-viable tissue is broken down in the wound bed
<b>Bacterial Burden</b>	The amount of bacteria on the wound bed, large numbers may delay wound healing
<b>Bactericidal</b>	An agent that has the ability to kill bacteria
<b>Bioburden</b>	The amount of micro-organisms on the wound bed, large numbers may delay wound healing
<b>Biofilm</b>	A polysaccharide matrix that houses multiple micro-organisms within its protective barrier, it can coat the wound base and penetrate into deeper tissue. It is impermeable to antibiotics and most antimicrobial dressings.
<b>Claudication</b>	Pain experienced usually in the calf region when walking, occurs in patients with compromised arterial flow to lower limbs, pain is eased by resting
<b>Colonisation</b>	Where one or more species of micro-organisms populate the wound base in large numbers. These may delay wound healing but are not causing an active infection
<b>Contamination</b>	Presence of unwanted micro-organisms in either the wound or wound product
<b>Debride / Debridement</b>	Removal of non-viable/ dead tissue from the wound base
<b>Epithelial</b>	The last layer of cells deposited in the wound healing cascade, where wounds are at the final stage of healing
<b>Epithelising</b>	Regeneration of epithelial cells to gain wound closure
<b>Eschar</b>	Necrotic or devitalised (dead) tissue in the wound
<b>Exudate</b>	Fluid produced by the wound
<b>Gangrene</b>	Death of healthy tissue leading to necrosis usually due to poor arterial supply to limbs, can lead to bacterial invasion and subsequent putrefaction
<b>Granulation</b>	Growth of connective tissue and blood vessels
<b>Haemostatic</b>	An agent that assists in haemostasis by stemming bleeding

<b>Haemosiderin</b>	Brown staining in the lower third of the legs due to leakage of red blood cells into surrounding tissue, the breakdown of these cells leads to deposits of iron in the surrounding tissue causing it to stain
<b>Infection</b>	Where pathogens invade the wound and local and systemic signs indicate that an invasion has occurred, this can include tissue destruction, increased exudate, pain, heat and odour
<b>Inflammation</b>	A localised chemical response to harmful stimuli in the body, it is characterised by a vascular response where increased blood flow / redness is seen in affected area.
<b>Maceration</b>	When tissue is exposed to excess moisture it appears wet, white, wrinkly and mobile, it causes the skin to soften and lose its tensile strength which increases the risk of skin damage
<b>Malleoli</b>	A bony prominence found on either side of the ankle joint
<b>Malodour</b>	A distinctive unpleasant odour
<b>MVTR</b>	Moisture vapour transfer rate, relating to the ability of a dressing to provide gaseous exchange and evaporate moisture
<b>Nanocrystalline</b>	A small particle that is equal to or smaller than 100 nanometers
<b>Necrotic</b>	Dead tissue and cells
<b>Neuropathy</b>	Function of nerves (motor, sensory, and autonomic) are altered resulting in altered sensation of the area
<b>Non-viable</b>	Not alive, dead, non-functional
<b>Overgranulation / Hypergranulation</b>	Where granulation tissue rises above normal skin level margins, excess growth of granulation tissue, tissue is pink and moist.
<b>Pallor</b>	Paleness of skin, lighter colour than normal
<b>Peri-wound</b>	Tissue that surround the wound margins
<b>Primary dressing</b>	The dressing that will be in contact with the wound base
<b>Prophylaxis</b>	An agent used to prevent or defend against something occurring
<b>Secondary dressing</b>	Covers a primary dressing it does not come in contact with the open wound base
<b>Semipermeable</b>	Only permits certain molecules to pass through its surface
<b>Sinus / Sinuses</b>	A cavity or channel where the base may or may not be visible
<b>Slough / Sloughy</b>	Non-viable tissue found in the wound yellow to brown in colour
<b>Viability</b>	If tissue is alive (i.e. granulation tissue) it is able to heal it is viable

# For further information

Please refer to below publications for further information

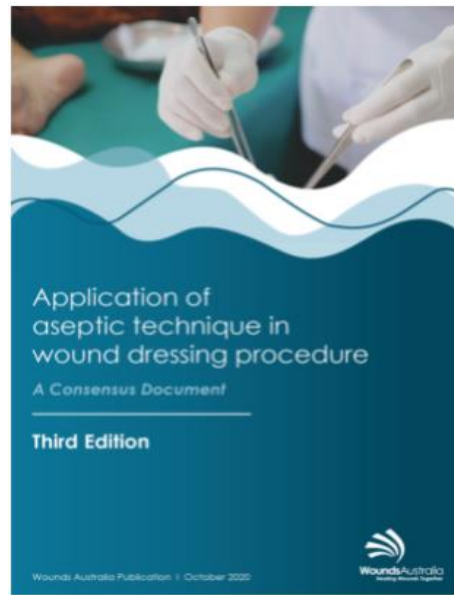
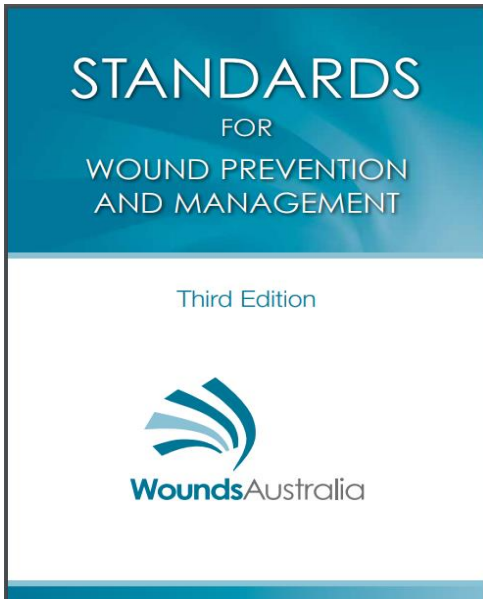
## Wounds Australia - CONSENSUS DOCUMENTS<sup>VVI</sup>

### APPLICATION OF ASEPTIC TECHNIQUE IN WOUND DRESSING PROCEDURE 3RD EDITION 2020

<http://www.woundsaustralia.com.au/publications/publications.php#aseptic>

### STANDARDS FOR WOUND PREVENTION AND MANAGEMENT 3RD EDITION 2016

<http://www.woundsaustralia.com.au/2016/standards-for-wound-prevention-and-management-2016.pdf>



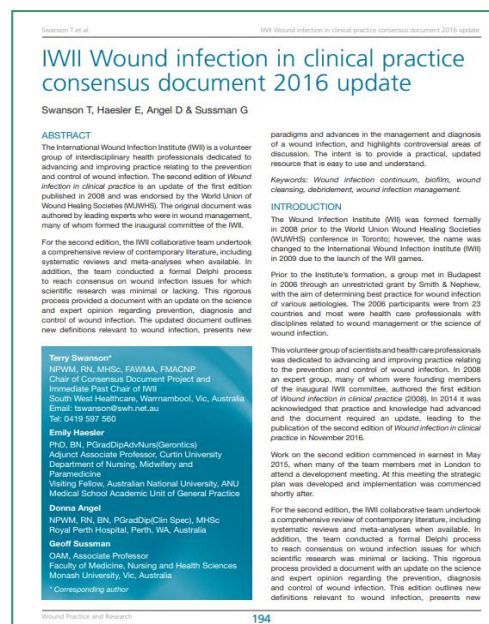
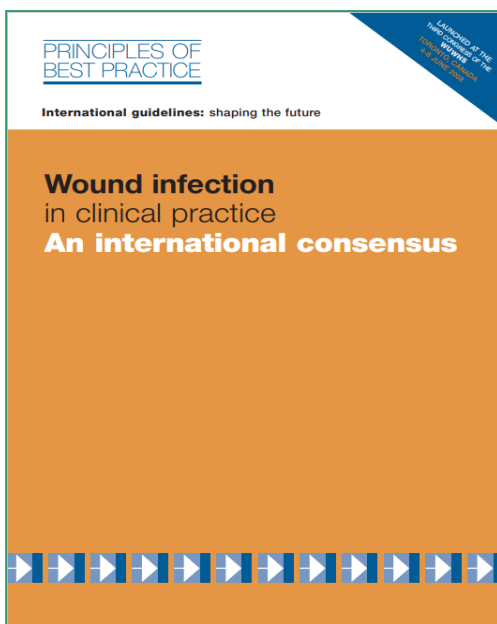
## International Wound Infection Institute (IWII) - CONSENSUS DOCUMENTS

### CONSENSUS DOCUMENT 2008

[https://woundinfection-institute.com/wp-content/uploads/2021/06/wound\\_inf\\_english.pdf](https://woundinfection-institute.com/wp-content/uploads/2021/06/wound_inf_english.pdf)

### CONSENSUS DOCUMENT UPDATE 2016

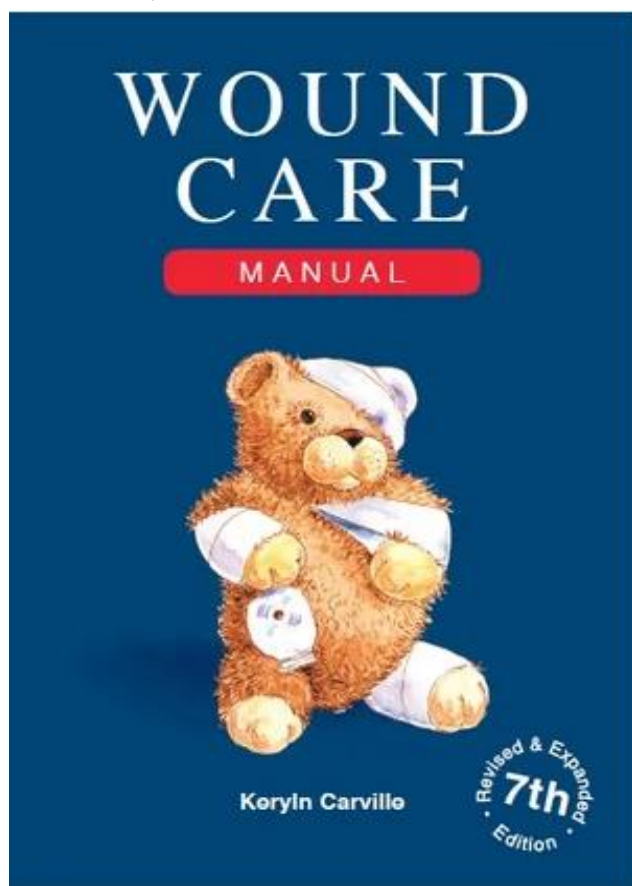
<https://journals.cambridge.org.au/application/files/3415/8572/2553/swanson.pdf>



*Reference books for further information*

Available for loan at RDH medical library or for purchase online

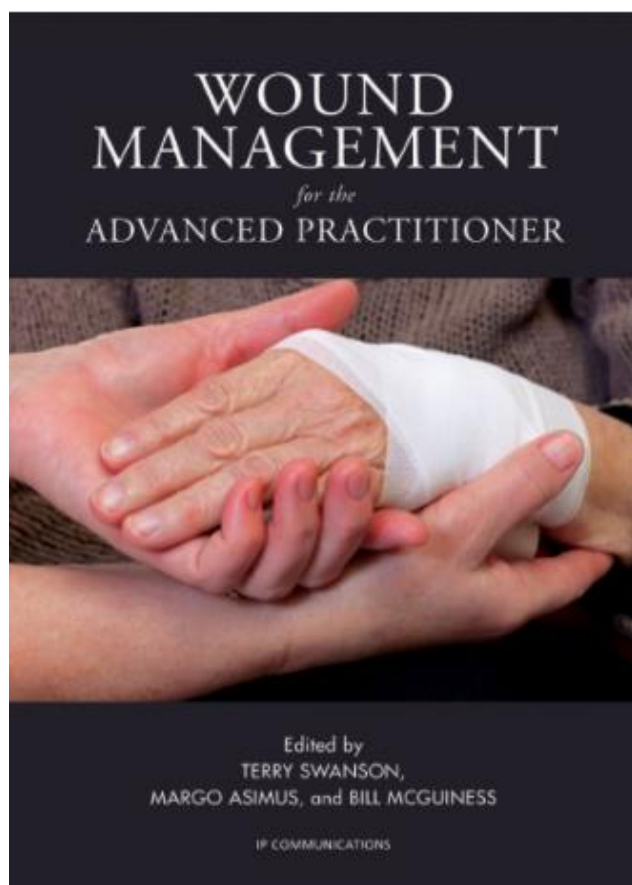
Carville.K, <sup>vii</sup>



This manual has a comprehensive listing of products and indications. It expands on information that has been provided in this booklet.

It is written by one of the leading experts in the wound care field in Australia  
Dr Keryln Carville

Swanson.T, Asimus.M, McGuinness.B <sup>viii</sup>



This manual has a comprehensive listing of products and indications. It expands on information that has been provided in this booklet and goes into more depth in relation to complex wound management.

It is written by leading experts in the field of wound management throughout Australia and includes Nurse Practitioners, Doctors and Podiatrists.

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McCulloch.J.M & Kloth.L.C (2010) Wound Healing Evidence Based Management. F.A. Davis Company, 1915 Arch Street. Philadelphia, PA. USA.

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<sup>i</sup> Edmonds,M.E, Foster,A.V.M & Sanders,L.J. (2008) A Practical Manual of Diabetic Foot Care. Blackwell publishing inc., Main St, Malden, Massachusetts, USA.

<sup>ii</sup> Edmonds,M.E, Foster,A.V.M & Sanders,L.J. (2008) A Practical Manual of Diabetic Foot Care. Blackwell publishing inc., Main St, Malden, Massachusetts, USA.

<sup>iii</sup> Flether.J. (2007) Wound Assessment and the TIME framework. *British Journal of Nursing, Vol 16, No 8.*

<sup>iv</sup> Weller.C.D, Evans.S.M, Staples.M.P, Aldons.P., McNeil.J.J.(2012) Randomised clinical trial of three - layer tubular bandaging system for venous leg ulcers. *Journal of the Wound Healing Society, Wound Repair and Regeneration P:1-8.*

<sup>v</sup> Wounds Australia (2016) Standards for Wound Prevention and Management. 3rd edition. Cambridge Media: Osborne Park, WA.

<sup>vi</sup> Wounds Australia (2020) Application of aseptic technique in wound dressing procedure A consensus document Cambridge Media: Osborne Park, WA.

<sup>vii</sup> Carville,K.,(2012) Wound Care Manual Silver Chain Foundation (incorporated) Osborne Park Western Australia

<sup>viii</sup> Swanson.T., Asimus.M., McGuiness.B.,(2014) Wound Management for the advanced practitioner. IP Communications Pty Ltd, Melbourne Vic.