









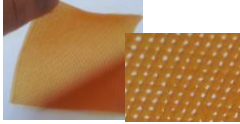
Dressing Wounds

Dressings by wound type

- **Granulating wound (red)** – dressings that keep wound warm and moist allowing tissue growth and absorb exudate (e.g. hydrocolloid, alginate, foam)
- **Epithelialising wound (pink)** – dressings that keep wound warm and moist allowing tissue growth (e.g. low-adherent tulle/textile, hydrocolloid, semi-permeable film)
- **Partial-thickness burns** – as above; for simple burns, low-adherent impregnated tulle gauze (e.g. Jelonet layers with secondary dressing) – review in 1-2 days
- **Necrotic/sloughy** – dressing that debrides dead tissue, retains moisture and absorbs exudate (e.g. hydrocolloid, hydrogels) – review in 3-4 days
- **Highly exudative wound** – absorbent dressing (e.g. fibrous hydrocolloid, alginate) – review in 3-4 days
- **Infected wound** – dressing that inhibit bacteria and absorb exudate (e.g. antimicrobial dressings) – review in 1-2 days
- **Cavity** – allow to granulate from bottom up (e.g. hydrogel, foam)
- **Venous ulcer** – low adherent tulle/textile
- **Temporary dressing for large open wound** – saline soaked large non-adherent absorbent dressings with thick sterile absorbent pads above (secure with bandages)
- **Closed wound** – non-adherent absorbent dressing secured with bandages/dressing fixing tape, or large plaster

Dressing layers

1. PRIMARY DRESSING = **dressing in contact with wound**
2. SECONDARY DRESSING = **sterile absorbent pad** (i.e. 'non-adherent absorbent dressing' e.g. Telfa/Melolite, or simple gauze) – *required if primary dressing is not absorbent*
3. SECURING LAYER = **something to secure dressing** in place (i.e. dressing fixing tape e.g. Hypafix, or bandages) – *required if dressing is not secure or does not fully protect the wound from contamination*

Types of Dressings Available – most common dressings (in bold) are pictured				
Dressing class	Some examples	Definition	Key properties	Wound types
Simple				
 Simple gauze	Simple gauze	Basic cotton-woven gauze	<ul style="list-style-type: none"> • Stick to wound and disrupt it when removed • Can be soaked with saline or betadine etc • 'Wet-to-dry' to debride dirty wounds, or 'wet-to-wet' to moisten 	Rarely used as primary dressing – mainly used as secondary dressing inner layer
 Non-adherent absorbent pad dressing	<ul style="list-style-type: none"> • Telfa • Melolite 	Absorbent pad which will not adhere to wound	<ul style="list-style-type: none"> • Moderately absorbent 	Closed wounds e.g. post-stitches Used as secondary dressing inner layer
 Low-adherent impregnated tulle gauze <i>(changed every 2-3 days)</i>	<ul style="list-style-type: none"> • Jelonet • Atrauman • Bactigras • Paraneet 	Non-adherent moist single gauze layer impregnated with paraffin or equivalent	<ul style="list-style-type: none"> • Cheap • Allow exudates to pass through (don't absorb any) • Very low adherence to wound 	Simple superficial wounds healing by secondary intention (with low exudates) Burns (use multiple layers) *Require secondary dressing
 Semi-permeable adhesive films <i>(changed every 5-7 days)</i>	<ul style="list-style-type: none"> • Hydrofilm • Tegaderm • Bioclusive • Mefilm 	Plastic film coated with hypoallergenic adhesive	<ul style="list-style-type: none"> • Transparent primary wound cover • Creates moist wound environment by only being permeable to air and vapour • Adheres to healthy skin, not wound • No ability to absorb exudate • Flexible therefore good for moving skin e.g. joints 	Simple flat shallow wounds with low exudate or epithelialising wound
Moistening				
 Hydrocolloids <i>(changed every 3-5 days)</i>	<u>Hydrocolloid sheets</u> <ul style="list-style-type: none"> • Alione • CombiDERM • Combifeel <u>Hydrocolloid fibres</u> <ul style="list-style-type: none"> • Aquacel 	<u>Hydrocolloid sheets</u> Adhesive colloid coated film on plaster that absorbs exudate and swells <u>Hydrocolloid fibres</u> Non-woven sheet converts to a gel sheet on contact with exudate	<ul style="list-style-type: none"> • Film completely impermeable so can rehydrate dry skin for re-epithelisation • Colloid forms gel on wound surface promotes healing • Comfortable • Hydrocolloid fibres can absorb a lot of exudate 	Dry wounds only <u>Hydrocolloid sheets</u> Flat shallow or cavity wounds with low/medium exudate Clean, granulating or necrotic wounds Minor burns, pressure sores, ulcers <u>Hydrocolloid fibres</u> Any medium to high exudate wounds *Require secondary dressing
 Hydrogels <i>(changed every 1-3 days)</i>	<ul style="list-style-type: none"> • Aquaform • Intrasite 	Polymer matrix gel liquid containing up to 96% water squeezed on to wound	<ul style="list-style-type: none"> • Can donate water molecules to the wound to maintain moist wound • Absorb some exudate • Promote wound debridement by rehydration of dead tissue 	Standard management for sloughy or necrotic wounds Shallow low to medium exudate wounds *Require secondary dressing
Absorbent				
 Foam dressings <i>(changed every 5-7 days)</i>	<u>Adhesive sheets</u> <ul style="list-style-type: none"> • Allevyn adhesive • Biatain adhesive <u>Non-adherent sheets</u> <ul style="list-style-type: none"> • Allevyn • Liofoam <u>Cavity foams</u> <ul style="list-style-type: none"> • Cavi-care • Allevyn cavity 	Polyurethane or silicone foam pad with or without adhesive plaster. Some 'cavity foams' are liquids poured in that contain foam chips to fill cavities	<ul style="list-style-type: none"> • Very absorbent • Provide cushioning • Maintain moist environment but not used for wound debridement 	<u>Regular foams</u> Flat shallow wounds ± control of exudate <u>Cavity foams</u> Cavities with medium/high exudates *Require secondary dressing
 Alginates <i>(changed every 2-7 days)</i>	<ul style="list-style-type: none"> • Kaltostat • Algisite • Algosteril 	Dressings made from alginic acid salts (from seaweed) that swell and form a gel with exudate	<ul style="list-style-type: none"> • Can absorb 15-20x their weight in fluid • Trap bacteria • Gel creates moist environment • Should not sit on peri-wound skin • Encourage haemostasis 	Any highly exudating wound Venus ulcers, severe pressure ulcers Can pack cavities Bleeding wounds *Require secondary dressing
Debriding				
 Antimicrobial dressings <i>(changed every day)</i>	<u>Silver</u> <ul style="list-style-type: none"> • Acticoat • Arglaes • Avance <u>Iodine</u> <ul style="list-style-type: none"> • Inadine • Iodoflex 	Dressings may be impregnated with antimicrobials such as: <ul style="list-style-type: none"> • Silver • Iodine – absorb exudate while iodine is slowly released 	<ul style="list-style-type: none"> • Debride wounds 	<ul style="list-style-type: none"> • Dirty/colonised/locally infected wounds • Silver may be used on burns *Require secondary dressing