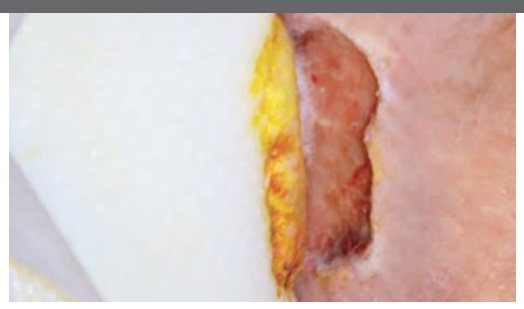
Practical Guide to Dressing Selection

For on-going chronic wound management make sure to undertake a full holistic assessment to address underlying conditions. Always work in a clean environment and aim to involve the patient and their caregivers.

Remove and check dressing



Does the dressing match the shape and depth of the wound?

Shape – A dressing with vertical absorption will not spread the wound fluid beyond the size of the wound, to help protect the surrounding skin.

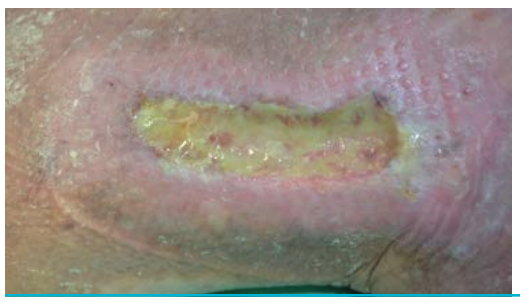
Depth – Aim to prevent exudate pooling by selecting a dressing that maintains close contact with the wound bed.

Wound bed preparation

Healthy exudate

Signs – Healthy exudate (also called serous) is typically clear of color, thin or watery in consistency, and present in low to moderate amounts.

Treatment – At each dressing change, use saline or a wound cleanser such as Sea-Clens®to irrigate the wound, and gently pat dry before applying a dressing.



Suspected biofilm or infection

Signs – Thicker exudate (also called purulent) that is milky, yellow, green or brown, can be a sign of infection, especially in higher amounts and with a strong odor.

Treatment – In addition to irrigation, gentle physical debridement of the wound bed is recommended by using gauze or a pad with gentle circular motion in the wound bed.

Necrotic tissue such as slough or eschar

Signs – Dead or necrotic tissue (also called devitalized) often looks like thick slough or hard eschar (similar to a scab), and ranges from grey/white to yellow slough to black eschar.

Treatment – Refer to the dressing options below to help soften and absorb the necrotic tissue, but persistent slough or eschar may have to be referred for sharp or surgical debridement.

Important – Do not attempt to debride hard black eschar on the foot (below the ankle) or on diabetic patients without consulting a wound specialist.

Wound measurement

Dimensions – Measure the length and width of the wound bed and compare to previous measurements to see if the wound is healing.

Depth – Measure the depth of the wound at the deepest point and make a mental note to manage any depth when selecting a dressing.

Undermining – Check to see if there is any exposed wound bed underneath the skin by using a sterile probe, and document by imagining a clock on the wound bed and noting the hour to indicate where the wound is undermined (e.g. undermining at 8 o'clock).

Periwound skin

Macerated skin

Signs – When the surrounding skin (also called periwound) has been exposed to exudate, it could become macerated, looking soggy or soft and appearing white in color.

Treatment – Maceration can be prevented by using dressings that absorb wound fluid vertically, without spreading across. For skin that is already macerated, use a protective barrier film before applying the dressing.

Dry or flaky skin

Signs – Dry skin can be red, flaky or itchy (also called pruritus), sometimes with fine lines or cracks.

Treatment – Rehydrate the skin by using a moisture barrier cream, but make sure the cream has been completely absorbed before applying a dressing.

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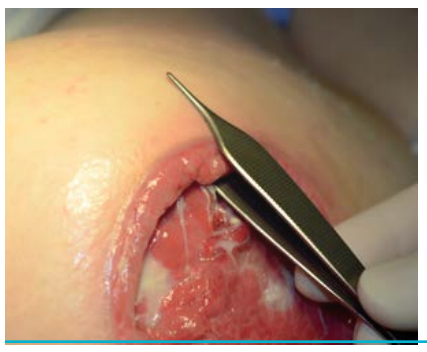
Dressing Selection

	Primary dressing	Secondary dressing
 **Suspected biofilm/infection** **Treatment** – Clean the wound bed with irrigation and gentle physical debridement. Treat with antimicrobial silver dressing. Systemic infections often cause fever-like symptoms and should be referred to a specialist immediately.	 **Biatain® Alginate Ag** Absorbs exudate and bacteria and contains antimicrobial silver	 **Biatain® Silicone Foam Dressing** Keeps Biatain Alginate Ag in place and offers additional absorption
 **Slough or eschar** **Treatment** – Thick slough or black eschar could be softened by adding moisture (e.g. hydrogel + secondary dressing). Persistent slough or eschar may need referral for sharp debridement.	 **Triad® Hydrophilic Wound Dressing** Alternative to hydrogel or collagenese ointment. Creates a moist environment to help soften slough or eschar and absorbs wound exudate and broken-down tissue	**No secondary dressing is required,** but gauze could be used to prevent brushing off
 **Dry wounds (any depth)** **Treatment** – For dry wounds with no wound fluid the primary goal is to add moisture to the wound bed to help the wound healing process.	 **Woun'Dres® Collagen Hydrogel** Rehydrates dry wounds and create a moist environment	 **Biatain Silicone Foam Dressing** Keeps Woun'Dres Collagen Hydrogel in place and helps to distribute it evenly
 **Tunnelling or undermining** **Treatment** – Dress any exposed wound bed underneath the skin with a primary filler dressing to fill any gaps and absorb excess exudate.	 **Biatain® Alginate** Primary filler dressing to manage cavities and undermining	 **Biatain Silicone Foam Dressing** Keeps Biatain Alginate in place and offers additional absorption
 **Wounds with depth** **Treatment** – Prevent exudate pooling in the wound bed by using a primary filler dressing to manage wounds with depth.	 **Biatain Alginate** Creates close contact with the wound bed to prevent pooling	 **Biatain Silicone Foam Dressing** Keeps Biatain Alginate in place and offers additional absorption
 **Superficial wounds** **Treatment** – Partial-thickness wounds or wound with minimal depth can often be managed by a silicone foam dressing.	 **Biatain Silicone Foam Dressing** Conforms to the wound bed to prevent any small gaps, and absorbs wound fluid vertically without spreading across onto surrounding skin	**No secondary dressing is required,** Biatain Silicone Foam Dressing acts as a primary and secondary dressing in one
 **Difficult-to-dress** **Treatment** – Aim to keep all wounds covered to create a moist wound healing environment, even in difficult areas such as gluteal cleft, wounds near incontinence, wounds with macerated skin.	 **Triad Hydrophilic Wound Dressing** Sterile coating for wet wounds or wet skin, or for difficult-to-dress areas. Keeps wounds covered and absorbs medium levels of wound fluid	**No secondary dressing is required,** but gauze could be used to prevent brushing off
 **Prevention or stage 1** **Treatment** – Foam dressing to help manage pressure, shear/friction, and moisture on the skin – in combination with your local prevention protocol.	 **Biatain Silicone Foam Dressing** Helps to address risk factors by redistributing pressure, reducing friction and shear, and managing microclimate	**No secondary dressing is required**

Ostomy Care / Continence Care / Wound & Skin Care / Interventional Urology

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Intended as educational resource only. Consult product instructions before use and always follow clinical judgment and local protocols.