

Wound Dressing Guidelines

Wound Care Clinic
UW Medicine | VALLEY MEDICAL CENTER

1. Decide what sort of wound you are treating:

Diabetic ulcer: Open sore that often occurs on the plantar aspect of foot. Often starts as a blister. Most often in patients with decreased sensation. Prioritize: OFFLOADING

Venous ulcer: Irregular shaped and painful ulcer on lower extremities and ankles. Usually accompany hemosiderin staining and edema. Drain moderate to large amounts. Prioritize: COMPRESSION

Arterial ulcer: Regular shaped, punched out appearance, and painful. Usually on lower legs, top of foot, or toes. Late draining and bleeding than other ulcers. Prioritize: ABI AND VASCULAR CONSULT

2. Decide how deep the wound is:

Partial thickness: Extends into the epidermis and dermis

Full thickness: Extends through the dermis into subcutaneous or beyond into muscle, bone or tendon

3. Follow the instructions and care guidance chart below:

- Please take photos of all wounds before referral to Wound Care.
- Chronic wounds: Order ABIs for all significant chronic wounds (> 3 weeks duration) if not done in last 6 months.
- Venous disease: With evidence of venous disease, encourage compression and elevation using Comprilan bandage/stocking, Tubigrip, or elastic bandage).
- Diabetic wounds: Take pressure off plantar diabetic wounds with appropriate footwear if available. If not, try to keep non-weight bearing.
- All dressings should be changed at least once a day. Wet-to-dry dressings should be changed twice a day. If there is no improvement in one week, refer to the Wound Clinic. If you have questions, contact Linnea Briggs, ARNP or Nichole Shoemaker, RN via Epic or Veeva.

Diabetic Ulcer		Venous Ulcer		Arterial Ulcer	
Full Thickness	Partial Thickness	Full Thickness	Partial Thickness	Wet Wound Base	Dry Wound Base
Wet Wounds 1) Wet to dry with NS or Dakins if wound appears infected. Cover with gauze or ABD pad and tape. 2) Apply alginate or Aquasorb to wound base and cover with ABD pads. 3) Apply IODOSORB and cover with roll gauze. Dry Wounds 1) Apply Silvadene, mupirocin or Aquaphor and Xeroform. If wound is exchar, please crosshatch before applying any ointments. Cover with Tegaderm, or gauze and tape. OFFLOAD	Wet Wounds 1) Choose one of the following: Xeroform, Silvadene, Betadine, or alginate. Cover with gauze and roll gauze. Secure with tape. Dry Wounds 1) Apply mupirocin, Silvadene, mupirocin spread on Xeroform, or zinc oxide. Choose one of these mentioned above and apply to wound. Then cover wound with gauze and tape or Tegaderm. OFFLOAD	Wet Wounds 1) Apply Xeroform and cover with ABD pads and roll gauze. 2) Apply zinc oxide cream around wound and cover with ABD pads and roll gauze. 3) Apply Silvadene and cover with ABD pads and roll gauze. 4) Apply Alginate or Aquasorb to wound base and cover with ABD pads and roll gauze. 5) Apply compression.	Wet Wounds 1) Choose one of the following: Xeroform moistened with Aquaphor or Silvadene. Cover with gauze or ABD and secure with roll gauze and tape. Dry Wounds 1) Apply mupirocin, Silvadene, mupirocin spread on Xeroform, or zinc oxide. Choose one if these mentioned and apply to wound then cover wound with gauze and tape or Tegaderm.	Wet Wounds 1) Apply IODOSORB. 2) Apply damp Betadine wet to dry and change 1 - 2x daily. 3) Apply Xeroform. Choose one of the above and cover with gauze and roll gauze. Dry Wounds 1) Keep dry by painting with Betadine and leaving open to air.	Dry Wounds 1) Keep dry by painting with Betadine and leaving open to air.

Products listed above are available through Central Supply

Tubigrip is a temporary tube sock used for mild compression
Xeroform is a non-adherent wound dressing with mild antimicrobial properties.

Iodosorb is a sterile antimicrobial dressing formulation of Cadexomer iodine. Cleans it by absorbing fluids, removing exudate, slough and debris and forming a gel over the wound surface

Wound Care Guidelines For Nurses

Sebastian Probst

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the author's name.

Wound Care Guidelines For Nurses:

The Enigmatic Realm of **Wound Care Guidelines For Nurses**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing lacking extraordinary. Within the captivating pages of **Wound Care Guidelines For Nurses** a literary masterpiece penned by a renowned author, readers set about a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting affect the hearts and minds of those who partake in its reading experience.

<http://www.frostbox.com/public/virtual-library/Documents/Summer%20Program%20Template.pdf>

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