

PRODUCT PICKER

Dressing Selection Guide



Clinical Situation		Local Wound Care	Care Considerations	Indicated Generic Products
TISSUE TYPE	<ul style="list-style-type: none"> Granulation Fibrin Slough Eschar 	Optimize wound bed: <ul style="list-style-type: none"> protection of granulation tissue removal of necrotic tissue 	<ul style="list-style-type: none"> Dressing selection based on type of tissue in the wound bed Dressings that promote autolysis may be indicated for necrotic wounds Necrotic wounds may need to be augmented with other forms of debridement 	Film Membranes
				Hydrogels
				Clear Acrylics
				Hydrocolloids
INFLAMMATION & INFECTION	<ul style="list-style-type: none"> Localized Spreading Systemic 	Provide Bacterial Balance	<ul style="list-style-type: none"> Management of some infected wounds may require oral or IV therapy as well as local antimicrobials Do not use occlusive dressings on infected wounds 	Hypertonic
				Antimicrobials
DRAINING WOUNDS	<ul style="list-style-type: none"> Nil (dry wounds) Lightly draining wounds Moderately draining wounds Heavily draining wounds 	Provide Moisture Balance: <ul style="list-style-type: none"> either add or remove moisture from wound environment 	<ul style="list-style-type: none"> Dressing selection based on amount of exudate Dry wounds require a dressing that adds moisture (if they are considered healable) Draining wounds require a dressing that absorbs moisture Peri-wound skin may require protection against maceration and/or dermatitis 	Film/membrane
				Hydrogel
				Clear acrylic
				Hydrocolloid
				Alginate
				Hydrofibre
				Foam
Composite				
NPWT				
PAINFUL WOUNDS	<ul style="list-style-type: none"> Pain at dressing change Pain between dressing changes 	Provide pain control.	<ul style="list-style-type: none"> Dressing selection will be dependent on type of pain patient is experiencing 	Low- or non-adherent
				Pain-control
ODOUR	<ul style="list-style-type: none"> Odorous wounds 	Provide odour control.	<ul style="list-style-type: none"> Odour may be caused by infection so ensure cause of odour has been determined 	Charcoal
DEEP WOUNDS	<ul style="list-style-type: none"> Cavity Undermining Sinus tracts Fistula 	Occupy dead space.	<ul style="list-style-type: none"> Dead space needs to be filled but not packed. Avoid using product that may break in deep wounds Excessive packing may cause tissue necrosis and/or cause further damage to the wound 	Hypertonic
				Alginate
				Hydrofibre
				Foam
				Composite
NPWT				
STALLED WOUNDS	<ul style="list-style-type: none"> Indolent Dormant 	Re-initiate healing	<ul style="list-style-type: none"> Wound must be optimized prior to use of biologic dressings: free of necrotic and infected tissue Cultural or ethical issues may affect usage 	Biologic

Caution

Dressing selection cannot be considered in isolation. Local wound care, including dressing selection, must be determined after a holistic patient assessment, including treating the cause and addressing patient-centred concerns.

Clinicians need to decide if the wound is:

- **Healable:** all causes and co-factors that may interfere with healing have been removed and healing is proceeding in a timely fashion.
- **Maintenance:** wound is healable but due to factors such as patient adherence, healing is not occurring.
- **Non-healing:** causes of the wound cannot be removed (e.g., malignancy).

Additional Resources

1. Sibbald RG, Orsted HL, Coutts PM, Keast DH. Best Practice Recommendations for Preparing the Wound Bed: Update 2006. *Wound Care Canada*. 2006;4(1):15-29.
2. Keast DH, Parslow N, Houghton PE, Norton L, Fraser C. Best Practice Recommendations for the Prevention and Treatment of Pressure Ulcers: Update 2006. *Wound Care Canada*. 2006;4(1):31-43.
3. Burrows C, Miller R, Townsend D, Bellefontaine R, MacKean G, Orsted HL, Keast DH. Best Practice Recommendations for the Prevention and Treatment of Venous Leg Ulcers: Update 2006. *Wound Care Canada*. 2006;4(1):45-55.
4. Orsted HL, Searles OD, Trowell H, Shapera L, Miller P, Rahman J. Best Practice Recommendations for the Prevention, Diagnosis and Treatment of Diabetic Foot Ulcers: Update 2006. *Wound Care Canada*. 2006;4(1):57-71.
5. Leblanc K, Christensen D, Orsted HL, Keast DH. Best Practice Recommendations for the Prevention and Treatment of Skin Tears. *Wound Care Canada*. 2008;6(1):14-30.

The articles above are available online at www.cawc.net.

Product Categories	Product Descriptions	Usage Considerations	Available Products
Antimicrobial	<ul style="list-style-type: none"> Sheets, gels or paste Silver compounds or cadexomer iodine 	<ul style="list-style-type: none"> Broad spectrum topical antimicrobial to reduce localized bacteria They do not replace systemic antibiotics for deeper tissue infections Not to be used if known hypersensitivities to any product components 	
Biologic	<ul style="list-style-type: none"> May be gels, wafers or in sheets 	<ul style="list-style-type: none"> Skill required for patient selection and application of this therapy. Should not be used on wounds with infection/ sinus tract, excessive exudate, or on those known to have sensitivity to any of the products components Cultural or ethical issues may affect usage 	
Calcium alginate	<ul style="list-style-type: none"> Sheets or fibrous ropes of calcium sodium alginate (seaweed derivative) Has hemostatic capabilities 	<ul style="list-style-type: none"> Used on exudating wounds Bioreabsorbable Requires a secondary dressing Should not be used on dry wounds Low tensile strength – avoid packing into narrow deep sinuses 	
Charcoal	<ul style="list-style-type: none"> Contains odour absorbent charcoal within product Some include a layer of silver 	<ul style="list-style-type: none"> These products mask the odour but do not treat the cause. Ensure that dressing edges are sealed to control odour. Some charcoal products are inactivated by moisture and should not be used as a contact layer 	
Clear Acrylic	<ul style="list-style-type: none"> Transparent film contact layer and clear, acrylic polymer pad, topped with breathable, waterproof film 	<ul style="list-style-type: none"> Enables clinicians to monitor small to moderately exuding wounds without changing the dressing Supports autolytic debridement Extended wear time Do not cut acrylic pad 	
Composite dressing	<ul style="list-style-type: none"> Multilayered, combination dressings to increase absorbency. Some are appropriate for autolysis 	<ul style="list-style-type: none"> Use with wounds that have moderate to large amounts of exudate Protect peri-wound skin from maceration 	
Films/membranes	<ul style="list-style-type: none"> Semi-permeable, polyurethane adhesive sheet Moisture vapour transmission rate (MVTR) varies from film to film Impermeable to liquid and bacterial infiltration 	<ul style="list-style-type: none"> Can help reduce friction to susceptible skin (e.g. heels) Use for donor sites or partial thickness wound Can be combined with hydrofibres or alginates to create island dressings Should not be used on draining or infected wounds 	
Foams	<ul style="list-style-type: none"> Non-adherent or adherent polyurethane May have occlusive properties dependent on the outer layer Some have other properties such as low tack, antimicrobial or pain control 	<ul style="list-style-type: none"> Used on moderate or heavily exudating wounds Foams with silver may be indicated for use on infected wounds Occlusive foams without silver should not be used on infected wounds 	
Hydrocolloid	<ul style="list-style-type: none"> May contain gelatin, sodium carboxymethylcellulose and pectin Sheet dressings are occlusive with polyurethane outer layer, forming a barrier against infection. Varied thickness and shapes Characteristic odour may accompany dressing change and should not be confused with infection 	<ul style="list-style-type: none"> Moisture-retentive dressing, contributes to autolytic debridement. Observe peri-wound skin for maceration Creates occlusive barrier against bacterial invasion Caution when used on fragile skin Should not be used on heavily draining or infected wounds 	
Hydrogel	<ul style="list-style-type: none"> Polymers with high water content Available in gels, solid sheets or embedded into gauze. 	<ul style="list-style-type: none"> Adds moisture, absorbs a small amount of exudate and prevents drying of the wound bed. Peri-wound skin may need protection from maceration May require a secondary dressing Solid sheets should not be used on infected wounds 	
Hydrophilic fibre	<ul style="list-style-type: none"> Sheet or packing strip of sodium carboxymethylcellulose Converts to a solid gel when activated by moisture Supports autolytic debridement 	<ul style="list-style-type: none"> Best for moderate amounts of exudate Low tensile strength – avoid packing into narrow deep sinuses where breakage could happen Should not be used on dry wounds 	
Hypertonic	<ul style="list-style-type: none"> Gauze ribbon or gauze wafer or gel impregnated with salt concentrate 	<ul style="list-style-type: none"> Can be used on wounds that have moderate to large drainage May require a secondary dressing Used for wounds with necrotic tissue. May be painful on sensitive tissue Gauze dressings should not be used on dry wounds 	
Negative pressure wound therapy (NPWT)	<ul style="list-style-type: none"> Consists of wound dressing (foam or gauze), vacuum pump, canister and tubing Applies localized negative pressure to the surface and margins of the wound and assists in removing fluids from the wound. Some contains antimicrobial 	<ul style="list-style-type: none"> Skilled required for patient selection for this therapy: do not use if: non-enteric and unexplored fistulas, necrotic tissue with eschar present, osteomyelitis (untreated), malignancy in the wound. Do not place device over exposed blood vessels or organs. 	
Non-adherent synthetic	<ul style="list-style-type: none"> Porous sheets of dressings with low adherence to tissue Serve as a contact layer that allows the transfer of exudate to secondary dressing May be composed of silicone, medicated or non-medicated tulle 	<ul style="list-style-type: none"> Facilitates application of topical preparations Use with wounds that are painful or friable May require a secondary dressing 	
Pain-control dressing	<ul style="list-style-type: none"> Foam dressings with a continuous release of ibuprofen Foam dressing with low tack for easier removal 	<ul style="list-style-type: none"> Indicated for the treatment of painful exudating wounds Not to be used with known hypersensitivities to any of the product components Do not exceed recommended dose 	