



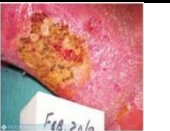


Community Care Wound/Skin Care Guideline

Photo	Vascular		Arterial		Diabetic		Skin Tear		Colonized / Infected Wounds	
										
Type	Vascular		Arterial		Diabetic		Skin Tear		Colonized / Infected Wounds	
Definition	<p>Ulcer- occurs as the result of impaired return venous blood from the tissues to the heart or chronic venous insufficiency</p> <p>Location of ulcers: between ankles and knees—most commonly found to the medial ankle</p> <p>Wound bed: dark red, may be covered with fibrinous slough</p> <p>Wound edges: poorly defined</p> <p>Other: edema is common, hyperpigmentation of surrounding tissue, feet warm with good pulses (typically)</p>		<p>Ulcer occurs as a result of severe tissue ischemia</p> <p>From Lower extremity arterial disease- inadequate blood flow to the tissue</p> <p>Location: tips of toes, pressure points, areas of trauma</p> <p>Wound bed: Pale or necrotic</p> <p>Wound edges: well defined</p> <p>Other: infection common but s/s muted, typically painful, typically associated with other indicators: ischemia, diminished or absent pulses, elevation pallor, and dependent rubor, thin fragile skin</p>		<p>Ulcer occurs as a result of impaired perfusion, susceptibility to infection, neuropathy, biochemical abnormalities, repeated or continuous trauma to a person with diabetes</p> <p>Location: plantar surface over metatarsal heads, areas of foot exposed to repetitive trauma</p> <p>Wound bed: typically red</p> <p>Wound edges: well defined, frequently associated with callous formation</p> <p>Other: Infection common but s/s muted, may or may not have coexisting ischemia</p>		<p>Tear is the result of trauma that results in the removal of the epidermis with or without the dermis (partial vs full thickness)</p> <p>Common risk factors: advanced age, compromised nutrition, history of previous skin tears, cognitive impairment, dependency, poor locomotion, and presence of ecchymosis</p>		<p>Colonized: Bacterial load is high enough that the host is losing control over wound environment – may not show critical signs of infection.</p> <p>Infected: Represents the invasion of bacteria into healthy tissue where they continue to proliferate and elicit a reaction from the host – will typically show signs of clinical infection.</p>	
Exudate	Dry to Scant	Moderate to Heavy	Dry to Scant	Moderate to Heavy	Dry to Scant	Moderate to Heavy	Dry to Scant	Moderate to Heavy	Dry to Scant	Moderate to Heavy
Dressings / Treatment	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser</p> <p>Debrisoft</p> <p>Apply</p> <ul style="list-style-type: none"> •Barrier wipe (Sureprep) to periwound skin • Calazime (weeping or denuded skin) •Skin repair cream (dry skin) or Nutrashield (dry/cracked skin) <p>Primary Dressing Options</p> <ul style="list-style-type: none"> • Hydrogel (Skintegrity) • Silver contact layer (Acticoat Flex 3) •Silver hydrogel (Silvasorb) •Silvadene •Foam (Hydrofera blue ready) with hydrogel beneath •Endoform (collagen) <p>Secondary Dressing Options</p> <ul style="list-style-type: none"> •Rolled Gauze •Silicone bordered foam (Optifoam Gentle) *Calcium alginate (maxorb extra) with gauze and tape or silicone border (optifoam gentle) <p>Compression</p> <ul style="list-style-type: none"> •Determined by vascular Status •Medigrip *3 or 4 layer Compression wrap (Three Flex) (four flex) •Unna-Z (zinc) or Unna-Z with Calamine 	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser</p> <p>Apply</p> <ul style="list-style-type: none"> •Barrier wipe (Sureprep) to periwound skin • Calazime (weeping or denuded skin) •Skin repair cream (dry skin) or Nutrashield (dry/cracked skin) <p>Primary Dressing Options</p> <ul style="list-style-type: none"> • Calcium alginate (Maxorb Extra) • Silver contact layer (Acticoat Flex 3) •Silver Alginate (Maxorb Extra AG) • Foam (Hydrofera blue classic or ready) <p>Secondary Dressing Options</p> <ul style="list-style-type: none"> •Rolled Gauze •ABD •Sorbex * Non adhesive foam (Optifoam Non Adhesive) *Calcium alginate (maxorb extra) with gauze and tape or silicone border (optifoam gentle) <p>Compression</p> <ul style="list-style-type: none"> •Determined by vascular Status •Medigrip *3 or 4 layer Compression wrap (Three Flex) (four flex) •Unna-Z (zinc) or Unna-Z with Calamine 	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser</p> <p>Debrisoft</p> <p>Apply</p> <p>Skin repair cream (dry skin) or Nutrashield (dry/cracked skin)</p> <p>Treatment</p> <p>NO dressing needed, apply betadine to site daily</p> <p>Pressure relief (Heelmedix) boots</p>	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser</p> <p>Apply</p> <ul style="list-style-type: none"> •Barrier wipe (Sureprep) to periwound skin • Calazime (weeping or denuded skin) •Skin repair cream (dry skin) or Nutrashield (dry/cracked skin) <p>Primary Dressing Options</p> <ul style="list-style-type: none"> • Calcium alginate (Maxorb Extra) •Silver contact layer (Acticoat Flex 3) •Silver Alginate (Maxorb Extra AG) •Endoform (collagen) <p>Secondary Dressing Options</p> <ul style="list-style-type: none"> •ABD •Sorbex *Non adhesive foam (Optifoam Non Adhesive) * silicone border (optifoam gentle) *Hydrofera blue classic or ready 	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser</p> <p>Debrisoft</p> <p>Apply</p> <ul style="list-style-type: none"> • Barrier wipe (sureprep) to peri wound skin <p>Primary dressing Options</p> <ul style="list-style-type: none"> • hydrogel (skintegrity) • Silver Hydrodgel (Silvasorb) • silvadene • collagen (endoform) • iodisorb •Santyl (if using only use NS to cleanse) •Endoform (collagen) <p>Secondary dressings</p> <ul style="list-style-type: none"> * rolled gauze * oil emulsion dressing and gauze changed daily (skin barrier to peri wound skin) with any of the hydrogels *silicone border (optifoam gentle) • medigrip (determined by vascular status) • elastic net 	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser</p> <p>Apply</p> <ul style="list-style-type: none"> •Barrier wipe (Sureprep) to periwound skin •Nutrashield (dry/cracked) or Skin repair cream (dry) • Z-Guard (weeping or denuded skin) <p>Primary Dressing</p> <ul style="list-style-type: none"> • Calcium alginate (Maxorb Extra) •Silver contact layer (Acticoat Flex 3) •Silver Alginate (Maxorb Extra AG) <p>Secondary Dressing</p> <ul style="list-style-type: none"> •Rolled Gauze •ABD •Sorbex •Foam (Optifoam Non Adhesive) * silicone border (optifoam gentle) * medigrip (determined by vascular status) * elastic net *Hydrofera Blue Ready classic or ready 	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser, approximate edges</p> <p>Primary Dressing Options</p> <ul style="list-style-type: none"> • Hydrogel (Skintegrity) •tegaderm absorbent •Silicone border foam (Optifoam Gentle) •Silver hydrogel (Silvasorb) •Endoform (collagen) <p>Secondary dressings</p> <ul style="list-style-type: none"> * oil emulsion dressing and gauze changed daily (skin barrier to peri wound skin) with any of the hydrogels 	<p>Cleanse</p> <p>Irrigate wound with Skintegrity Wound cleanser, approximate edges</p> <p>Treatment</p> <p>silicone border (optifoam gentle) change Q 3 days Or Tegaderm Absorbent weekly</p>	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser</p> <p>Debrisoft</p> <p>Primary dressing options</p> <ul style="list-style-type: none"> •Silver hydrogel (Silvasorb) •Silvadene •Santyl (if using only use NS to cleanse) • Hydrofera blue ready with hydrogel beneath •Dakin's (bleach) impregnated gauze •Acetic Acid (vinegar) impregnated gauze •Acetic Acid (vinegar) impregnated gauze <p>Secondary Dressing options</p> <ul style="list-style-type: none"> •Gauze and tape •ABD •Sorbex *Foam (Optifoam non adhesive) *Hydrofera Blue classic or ready 	<p>Cleanse</p> <p>Irrigate wound with NS or Wound cleanser,</p> <p>Primary Dressing options!</p> <ul style="list-style-type: none"> •Maxorb Extra Ag (silver calcium alginate) •Arglaes Powder (silver powder) •Dakin's (bleach) impregnated gauze •Acetic Acid (vinegar) impregnated gauze •Secondary dressing options •Gauze and tape •ABD •Sorbex *Foam (Optifoam non adhesive) *Hydrofera Blue classic or ready
<p>Additional Consults</p> <p>Consult CCI WOC nurse if no improvement</p> <p>PT Consult for offloading as needed</p> <p>Nutritional Consult (for all PACE diabetic wounds)</p> <p>External Consults to be ordered as appropriate by CCI PC</p>	<p>* - can also be used as a primary dressing</p>									
<p>• RNCM to Alert PC of skin condition; PC and RN collaborate for treatment orders</p> <p>• RNCM to follow wound care policy & guideline for visit frequency/documentation</p> <p>• If no improvement with dressing selection in two weeks reevaluate and change dressing selection type</p>										
<p>Created: May 2012 JA</p> <p>Last Revised: September 2017 JA</p>										

Reviewed: 09.07.2017 J.Annen Created 05.2012

Department: Clinical Services

Owner: Director of Clinical Services

Author: Jessica Annen, RN, Wound Care Coordinator