

Wound Product Resource

This is intended to be used as a resource for wound product selection. It is not a comprehensive list of all products available, nor does it align with any specific manufacturer. Always follow facility policies and manufacturer's instructions. All dressings and wound products utilized require a physician's order to apply.

The goals of wound care are important to consider in selecting a wound dressing, because different wound dressings have different methods of action. Selecting the right wound dressing for a specific pressure injury requires a comprehensive evaluation of the pressure injury, the individual, and the environment each time the wound dressing is changed. Wound dressings for pressure injuries are designed to:

- Improve wound healing time
- Absorb blood and tissue exudate
- Minimize pain
- Protect the wound and surrounding skin and tissue
- Absorb and control malodor
- Reduce injury to peri-wound skin (dressing should prevent maceration to peri-wound and adhesive injuries)
- Promote autolytic debridement (remove necrotic tissue without surgical intervention)
 - Autolytic debridement is a natural process in which enzymes located in the wound break down necrotic tissue

Wound healing is optimized when the wound bed is kept moist. Wounds are generally no longer left "open to air". Thorough wound assessments enable the provider to determine the most appropriate treatment. Adding moisture to a wound bed that is too dry versus applying a dressing to absorb moderate to heavy drainage involve two very different types of products. Some products provide an occlusive or semi-occlusive seal and promote autolytic debridement of a wound while others provide enzymatic debridement. Careful consideration must be given to the goals of care to ensure the appropriate advanced wound product is ordered.

Prior to application of any dressing, wounds should be cleansed with a cleanser that assists in maintaining the skin's natural acid mantle. Normal saline, facility-approved wound cleansers, and tap water are acceptable cleansers. Avoid the use of skin cleansers formulated for incontinence care and soap.

Always apply a protectant barrier to peri-wound after cleansing and prior to application of a dressing. Common products used are skin barrier spray, skin prep wipes, gentian violet, and barrier cream. Refer to your facility's formulary for available products.

Use moist gauze dressings to maintain an appropriately moist wound environment when advanced wound dressings are not an option.

- Avoid the use of wet-to-dry gauze dressings. Vigilance is required in maintaining moisture of the dressing and wound bed when using moist gauze dressings.
 - Monitor the wound and peri-wound skin for maceration.
 - Consider using impregnated forms of gauze dressings to prevent evaporation of moisture.
 - Use loosely woven gauze for highly exuding pressure injuries and use more tightly woven gauze for pressure injuries with minimal drainage.
 - When filling cavities of deeper pressure injuries, loosely fill (rather than tightly pack) the dead space with saline moistened gauze to avoid creating pressure on the wound bed.
 - Use a single gauze strip/roll to fill deep wounds. Do not use multiple gauze dressings because retained gauze in the wound bed can serve as a source of infection.

Source: National Pressure Ulcer Advisory Panel(2019) Prevention Treatment of Pressure Ulcers/Injuries: The International Guideline. [International Guideline](#)

Advanced Wound Care Products

Category	Actions	Do	Don't	Cover Dressing
Alignates	Highly absorbent Facilitates autolytic debridement	Apply to full or partial thickness wounds. Can be used to fill dead space in deep wounds with heavy drainage.	Apply to third degree burns or wounds with minimal to no drainage Do not moisten prior to application	Yes
Collagen	Stimulates new tissue development	Apply to: <ul style="list-style-type: none"> • Partial/full thickness wounds • Tunneling wounds • Granulating wounds • Skin grafts and donor sites • Wounds with minimal to heavy drainage 	Apply to third degree burns	Yes

Advanced Wound Care Products

Category	Actions	Do	Don't	Cover Dressing
Foams	<p>Holds drainage away from wound bed</p> <p>Moist, thermal insulated wound environment</p>	<p>Apply to:</p> <ul style="list-style-type: none"> Partial/full thickness wounds Granulating wounds Wounds with moderate to heavy drainage 	<p>Apply to third degree burns, dry eschar, and sinus tract/tunnel</p>	<p>Adhesive foams do not require secondary dressing, other forms may require a method to secure</p>
Hydrocolloids	<p>Occlusive (nothing in and nothing out)</p> <p>Provide moist healing environment and promote autolytic wound debridement</p>	<p>Apply to:</p> <ul style="list-style-type: none"> Non-infected partial thickness wound with scant to moderate drainage Granulating wound bed Dry wound bed Newly healed wound to prevent reopening 	<p>Apply to third degree burns, infected wounds, and wounds with heavy exudate or fragile surrounding skin</p>	<p>No</p>
Hydrogels	<p>Donates moisture to wound</p> <p>Provides moist healing environment</p> <p>Promotes epithelization, granulation, and autolytic debridement</p>	<p>Useful in softening eschar. Apply to:</p> <ul style="list-style-type: none"> Dry or slightly moist wounds Partial and full thickness wounds Granulating, eschar, or slough Abrasions and minor burns 	<p>Apply to third degree burn and wound with moderate to heavy drainage</p>	<p>Yes</p>

Wound Care Education Institute (2016) Skin and Wound Management.