

Wound Dressings

Do all wounds need to be Covered?

NO

- 1) A stage 1 pressure ulcer
- 2) A first degree burn
- 3) Wounds caused by trauma which do not require surgical closure
- 4) After IM injections or arterial site

When is a dressing indicated?

- They are medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure.
- They are medically necessary when debridement of a wound is needed.

Using dressing to treat Symptoms

Pain: Dressings will “bathe” nerve endings.

Odour: Indication of Gram negative bacteria. Carbon dressing reduce Odour

Bleeding: Fungating wounds bleed easily. Some dressings have Haemostatic properties which initiates the clotting cascade

Exudate: Dressing maintain moist environment at the wound bed while removing excess exudate

An increase of Exudate signify

- 1) Wound Infection
- 2) Wound Type (Venous / arterial)
- 3) Hydrostatic Pressure

How are Surgical Dressings divided?

Two Types

- 1) Primary Dressings
- 2) Secondary Dressings

Primary Wound Dressing:

- 1) Hydrogel Dressing
- 2) Hydrocolloids
- 3) Gauze impregnated
- 4) Gauze non impregnated
- 5) Composite Dressings
- 6) Wound Fillers
- 7) Alginate dressings
- 8) Foam Dressings

Secondary Dressing:

- 1) Tape
- 2) Elastic Bandage
- 3) Transparent Film Dressings
- 4) Gauze Dressing
- 5) Carbon Dressing

Hydrogel Dressing:

- Come in two forms Sheets and gels
- Sheets can be used for shallow wounds such as burns, fungating lesions, low exuding wounds.
- Gels are suitable for cavities and are effective for dislodging and debriding
- Due to high water content, rehydration of hard eschar and necrotic wounds

Foams:

- Non adherent Dressing and can absorb large amounts of exudate and can be used as a secondary dressing.
- Can absorb several times their own weight and accumulates the exudate at the back of the dressing.

Hydrocolloids:

- Encourage autolysis to debride wounds that are sloughy and necrotic. Can also reduce pain in wounds.
- Encourage also angiogenesis in acute wounds

Alginates:

- Encourage the clotting cascade within a bleeding wound.
- Encourages wound healing and are best used in moderate to highly exuding wounds.

Film Dressing:

- Semi permeable play an important role both as primary and secondary dressing
- These dressing are conformable and resistant to shear and tear.
- Films will prevent Bacterial colonisation but do not absorb exudate.
- Vapour permeable and allow fluid to evaporate while keeping the wound moist

Dressing Selection

- **Moisture** : A moist wound environment will accelerate epidermal migration and dermal repair
- **Highly Absorptive**: Excess exudate can macerate healthy tissue surrounding the wound
- **Impermeable to bacteria**: “Strike Through” of exudate allows passage for bacteria into and out of the wound
- **Free of contaminants**: Foreign bodies can act as foci for infection
- **Non - adherent**: Adherent dressing may cause trauma to new tissue. Capillaries can grow through gauze and will be torn when gauze is removed.

Antiseptics and disinfectants

- **Silver Sulphadiazine**: For odorous wounds colonised or infected by Gram negative bacterial.
- **Iodine**: There is no proven resistance yet it is rapidly deactivated by pus and have limited use as anti-microbial
- **Hypochlorites** : No longer used.
- **Hydrogen Peroxide**: Weak antiseptic which breaks down on contact with wound to liberate oxygen and water. In cavity wound there is a danger of liberating oxygen as air emboli into the bloodstream.

What is best dressing for any Wound?

The Nurse!!



Conclusion

- Holistic assessment.
- Choice is skill acquired through education and experience.
- Be aware of current dressings