







Quick Reference Guide – Wound Dressing Selection (Page 1)







What you need to know: Dressing selection is only one part of the wound treatment plan and overall care plan. Wound etiology specific guidelines and guideline summaries (found at www.clwk.ca) provide details to support care planning.
What you need to do: 1. Cleanse wound and periwound skin. **Do not** cleanse wounds with 100% dry eschar. 2. Complete wound assessment. 3. Select the appropriate dressing based on goal of wound care, wound assessment findings and predominant wound bed tissue type (use table below). 4. Refer to product information sheets (found at www.clwk.ca) for key points, indications, precautions, contraindications and directions for use for wound care products. 5. Consider having a health care professional with wound care knowledge and experience (e.g. RN, wound champion, NSWOC, Wound Clinician, MD, NP) review the wound treatment plan. 6. Refer to Guideline: [Wound Dressing Selection for Children and Adults](#).

Wound Appearance						
Wound Bed	Granulation Tissue: Firm, moist, pink/red, pebbled tissue. This is evidence of normal wound healing.	Non-Granulating Tissue: Moist, red/pink, non-pebbled tissue. Present in non-healing wounds. Caused by bioburden, infection, poor perfusion etc.	Slough: Wet or dry. Yellow, grey, green or brown dead tissue. Firmly or loosely attached.	Eschar ABOVE Knee: Dry/leathery or soft/boggy. Black or brown dead tissue.	Eschar BELOW Knee: Dry/leathery or soft/boggy. Black or brown dead tissue.	Foreign Body or Underlying Structures: Visible bone, tendon, screws, sutures, hernia mesh
Treatment Goals	Manage exudate Maintain moisture	Manage exudate	Manage exudate. Promote moist wound healing.	Manage exudate	Promote a dry wound bed.	Protect exposed structures. Maintain moisture (especially for tendon and bone).
Recommendations for Shallow Wounds (depth less than 1 cm):	Mepilex Border	Bactigras / Inadine / UrgoTul AG + Cover Dressing	ABOVE Knee: Intrasite Gel / TRIAD + Mepilex Border BELOW Knee: Bactigras / Inadine / UrgoTul AG + Mepore, ABD pad, or Mesorb	Intrasite Gel + Mepilex Border	If dry: Paint with Iodine 10% or Chlorhexidine 2% (for iodine allergy). If soft/boggy: Paint with Iodine 10% or Chlorhexidine 2%. + Bactigras / Inadine + ABD pad / Mesorb / Mepore *Do not use Mepilex Dressings	Protect exposed structures with: Adaptic / Jelonet / Mepitel + Cover Dressing
Recommendations for Wounds with Depth (more than 1 cm), undermining, or Sinus/Tunnels: Fill dead space with Wound Filler	PHMB (AMD) Gauze ribbon + Cover Dressing	PHMB (AMD) Gauze ribbon + Cover Dressing	PHMB (AMD) Gauze ribbon + Cover Dressing	N/A		Protect exposed structures with: Adaptic / Jelonet / Mepitel Fill dead space: PHMB (AMD) ribbon / Kerlix gauze + Cover Dressing
Recommendations for Wounds with S&S of infection: Use antimicrobial dressings appropriate to maintain moisture balance, fill dead space and notify MRP.	Shallow Wounds: Bactigras / Inadine / UrgoTul AG + Cover Dressing Wounds with depth: PHMB (AMD) Gauze ribbon + Cover Dressing	Shallow Wounds: Bactigras / Inadine / UrgoTul AG + Cover Dressing Wounds with depth: PHMB (AMD) Gauze ribbon + Cover Dressing	Shallow Wounds: Bactigras / Inadine / UrgoTul AG + Cover Dressing Wounds with depth: PHMB (AMD) Gauze ribbon + Cover Dressing	Paint with Iodine 10% or Chlorhexidine 2% (for iodine allergy). + Bactigras / Inadine + ABD pad / Mesorb / Mepore		Bactigras / UrgoTul + Cover dressing

● ● ● **Cover dressing:** Unless directed otherwise above, based on wound size and amount of wound exudate choose from alternate cover dressings (**in order of absorbency**)

1. Mepore 2. Mepilex, Border 3. Abdominal Pads or 4. Mesorb

Quick Reference Guide – Wound Dressing Selection (Page 2)

What you need to know: Dressing selection is only <u>one</u> part of the wound treatment plan and overall care plan. Wound etiology specific guidelines and guideline summaries (found at www.clwk.ca) provide details to support care planning. What you need to do: 1. Cleanse wound and periwound skin. Do not cleanse wounds with 100% dry eschar. 2. Complete wound assessment. 3. Select the appropriate dressing based on goal of wound care, wound assessment findings and predominant wound bed tissue type (use table below). 4. Refer to product information sheets (found at www.clwk.ca) for key points, indications, precautions, contraindications and directions for use for wound care products. 5. Consider having a health care professional with wound care knowledge and experience (e.g. RN, wound champion, NSWOC, Wound Clinician, MD, NP) review the wound treatment plan. 6. Refer to Guideline: Wound Dressing Selection for Children and Adults .						
Wound Appearance						
Wound Bed	Hypergranulation: Beefy, bright red overgrowth of granular tissue. Friable. Associated with bioburden/localized infection and/or excess moisture.	Superficial Pink/Red: Partial thickness wound. Pink or red tissue.	Epithelializing Tissue: New pink epithelial tissue over all or part of wound bed.	Cancerous Wounds: Tumour that invades the skin. May present as ulcerations or nodular lesions (fungating) on the skin.	Blister: Accumulation of fluid (clear, serous, blood or pus) separating dermis from epidermis. Caused by friction, shear and/or infection.	Cellulitis: Bacterial skin infection. Often leads to blisters, erythema, edema and large to copious amounts of exudate.
Treatment Goals	Manage exudate/moisture Manage bioburden/infection.	Maintain moisture balance	Maintain moisture balance.	Manage bleeding/exudate Manage odour.	Maintain intact blisters. Promote moist wound healing with ruptured blisters.	Manage infection. Manage exudate. Refer to MRP
Recommendations for Shallow Wounds (depth less than 1 cm):	Bactigras / Inadine / Urgotul + Cover dressing <i>*Do not use Mepilex dressings</i>	Adaptic / Jelonet / Mepitel + Cover dressing	Adaptic / Jelonet / Mepitel + Cover dressing	Non-Adherent Layer: Adaptic / Jelonet / Mepitel + Cover dressing Odour: Bactigras / Inadine / UrgoTul AG + <u>Actisorb</u> (PRN) + Cover dressing For very malodorous wounds: Flagyl powder applied qDressing change. <i>*Must be ordered by MRP.</i> Minor Bleeding Kaltostat + Cover dressing <i>*If major bleeding contact MRP</i>	If blister is related to burn, frost bite or pressure injury, over a joint, or on a weight bearing surface notify MRP or NSWOC/Wound Clinician.	Bactigras / Inadine / UrgoTul AG + Cover dressing
Recommendations for Wounds with Depth (more than 1 cm), undermining, or Sinus/Tunnels: Fill dead space with Wound Filler	PHMB (AMD) Gauze ribbon + Cover dressing <i>*Do not use Mepilex dressings</i>	N/A	N/A		Intact Blisters: Adaptic / Mepitel / Jelonet + Cover dressing. <i>*Keep intact. Do not aspirate fluid</i>	PHMB (AMD) ribbon / Kerlix gauze + Cover dressing
Recommendations for Wounds with S&S of infection: Use antimicrobial dressings appropriate to maintain moisture balance, fill dead space and notify MRP.	Bactigras / Inadine / UrgoTul AG + Cover dressing <i>*Do not use Mepilex dressings</i>	Bactigras / Inadine / UrgoTul AG + Cover Dressing	N/A		Non-Intact Blisters: Apply dressing based on wound appearance (see page 1)	Bactigras / Inadine / UrgoTul AG + Cover dressing
<div>◆◆◆ Cover dressing: Unless directed otherwise above, based on wound size and amount of wound exudate choose from alternate cover dressings, (in order of absorbency) such as</div> <div>1. Mepore 2. Mepilex, Border 3. Abdominal Pads or 4. Mesorb</div>						