

WOUND DRESSING CATEGORIES

Category	Description	Indications	Disadvantages	Reminders
Calcium Alginates	Non-woven mass of calcium-sodium alginate fibers that form moisture retentive gel on contact with wound fluid; non occlusive, derived from brown seaweed – rope or flat dressing form Requires secondary dressing cover	<ul style="list-style-type: none"> • Partial to full thickness wounds with moderate to heavy exudates • Autolytic debridement of yellow slough in deep wounds with uneven wound beds • Odor control 	<ul style="list-style-type: none"> • Are not recommended for wounds with light exudate or dry eschar • If wound bed dry, the dressing will not form gel and may adhere to granulation tissue causing trauma 	<ul style="list-style-type: none"> • Irrigate wound between dressing changes • Do not use in dry wound • It is inappropriate to moisten this product before using or to use with hydrogel.
Gauze	Absorbent, 100% meshed cotton fabric, available in pads, strips, and rolls, of either tightly or loosely woven material. Used as primary and secondary dressing.	<ul style="list-style-type: none"> • Superficial and cavity wounds • Wounds with moderate to heavy drainage • Filler for packing dead space in large wounds • Mechanical debridement of slough – (wet to dry) 	<ul style="list-style-type: none"> • Some products may shed, leaving lint in wound bed • Permeable to moisture and bacteria leading to risk of contamination 	<ul style="list-style-type: none"> • If wound becomes too dry, removal will cause trauma to wound bed
Hydrocolloids	Occlusive wafer dressing, containing hydrophilic colloidal particles (pectin, gelatin, elastomers) in an adhesive compound laminated onto a flexible water resistant outer layer Used as secondary dressing.	<ul style="list-style-type: none"> • Autolytic debridement of minimal to moderate amount of slough/necrosis • Prevent secondary infection from contamination • Maintain moist wound surface • Provide limited to moderate absorption 	<ul style="list-style-type: none"> • Occlusive properties can promote infection in high risk patients (anaerobic infection) • May dislodge with shearing or friction • Dislodges with heavy exudates • May tear fragile surrounding skin when removed • Unpleasant odor upon removal 	<ul style="list-style-type: none"> • Should not be used on infected wounds. • Change every 3 – 5 days • Do not use with fungal lesions, herpetic lesions, wounds with deep tunnels, tracts and undermining • Apply wafer 1-2 inches larger than wound • May secure edges with tape
Hydrogels	Semipermeable hydrophilic polymers composed primarily of water or glycerin; available in gel, sheets, or impregnated gauze form Requires a secondary dressing	<ul style="list-style-type: none"> • Support autolytic debridement due to moisturizing effects • Maintain moist wound surface • Pain relief in radiation-damaged tissue and superficial burns 	<ul style="list-style-type: none"> • Not indicated for heavily draining wounds • May contribute to periwound maceration • Not indicated for management of chickenpox and shingles lesions, and 3rd degree burns. 	<ul style="list-style-type: none"> • Sheet form is most appropriate for partial thickness wounds, should be cut to fit the wound, change every other day. • Gel form frequency is once or twice a day. • Do not use sheet form if wound is clinically infected

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Transparent Films	Adhesive, transparent polyurethane and polyethylene films, semi permeable membrane dressing that is waterproof yet permit oxygen and water vapor to cross the barrier while remaining impermeable to bacteria and contaminants Used as secondary dressing.	<ul style="list-style-type: none"> • Supports autolytic debridement • Maintain moist wound surface • Provides protection from friction, shear, microbes and chemicals • Allow visualization of wound • Used as cover dressing 	<ul style="list-style-type: none"> • Does not adhere well in moist areas • The adhesive may cause stripping of surrounding skin • Not recommended for exudative wounds • Contributes to peri-wound maceration • Contraindicated with infected wounds 	<ul style="list-style-type: none"> • Need approximately 2 inch border of intact skin • Skin must be clean and dry, some manufacturers recommend defatting skin with alcohol and then using sealant prior to application • Frequency change is every 3 days • A build up of exudates is indicative of autolytic debridement and a normal occurrence, change if exudate is beyond wound borders.

TOPICAL OINTMENTS

Product Description	Reminders
Antibiotic Ointment - Chemical agents that eliminate living organisms pathogenic to the host; broad-spectrum antibacterials are useful for mixed infections (frequently more than one pathogen is present and quick identification is difficult) Avoid long-term usage of antibacterials, to prevent the development of resistance. Check for allergies. Bacitracin – effective against gram positive cocci and bacilli, Gentamicin - effective against gram negative organisms including E.Coli, and Pseudomonas, Bactroban – effective against staph aureus, MRSA, beta hemolytic streptococcus, Neomycin Sulfate – effective against most gram-negative organisms except Pseudomonas, Polymyxin B – effective against Pseudomonas and other aerobic gram negative bacilli, Neosporin/Triple A – is a combination of Polymyxin B, Bacitracin Zinc, and Neomycin sulfate, and Polysporin – is a combination of Polymyxin B and Bacitracin Zinc.	<ul style="list-style-type: none"> • Requires secondary dressing • Should not be used in deep cavity wounds
Medihoney - Promotes a moist environment conducive to healing; Highly absorbent, for excellent exudate management; Cleanses and debrides due to its high osmolarity; Helps to lower the wound pH, for an optimal wound healing environment Non-toxic, natural, and safe	<ul style="list-style-type: none"> • Available in alginate, colloid, and tube
Polysporin Powder – antibacterial powder containing Polymyxin B sulfate and zinc Bacitracin, effective against gram-positive cocci and bacilli, Neisseria, Haemophilus influenza, Pseudomonas and other aerobic gram-negative bacilli but not against proteus and serratia species.	<ul style="list-style-type: none"> • Sensitization can occur after long term usage.
Silvadene Ointment - Silver Sulfadiazine; has broad spectrum antibacterial spectrum including staphylococcus aureus, E. coli, Pseudomonas aeruginosa, Proteus mirabilis, candida albicans	<ul style="list-style-type: none"> • available by prescription only • Hepatic and renal impairment
Santyl Ointment - A proteolytic enzyme that debrides necrotic tissue from wounds without destroying healthy granulation tissue; use once a day; collagen specific; manufactured by Smith & Nephew	<ul style="list-style-type: none"> • available by prescription only.
Xenaderm Ointment – topical ointment containing balasam peru, trypsin, and castor oil. Balsam peru is a capillary bed stimulant with a mild bactericidal action, trypsin assists in debridement of necrotic tissue, and castor oil reduces premature epithelial desiccation. Utilized twice daily & prn for treatment of stage 2 wounds, denuded or excoriated tissue, works as a moisture barrier/protective coating of skin. Used with or without a secondary dressing.	<ul style="list-style-type: none"> • Do not apply to fresh arterial clots • a temporary stinging may occur at application