## NON-DIABETIC BLACK NECROTIC WOUND

**AIM:** Rehydrate and loosen eschar by autolytic debridement. Surgical or mechanical removal is the most effective method of removal of necrotic material and should only be performed by a trained health professional. The alternative is autolytic debridement under hydrocolloid dressings, or rehydration with amorphous hydrogels with a film or low absorbent non-adherent dressing. Skin barrier wipe or zinc paste can be applied to protect the surrounding skin from becoming macerated and breaking down.

### LEGEND

- **HA:** Hydrocolloid Sheet e.g. Duoderm®, Comfeel™, Replicare Ultra™, Hydrocoll®
- **H:** Hydrocolloid Paste e.g. Duoderm Paste®, Replicare Ultra Paste®
- **F:** Hydrogel e.g. IntraSite gel™, Comfeel Purilon Gel™, Solosite™, DuoDERM Gel®, Solugel™, Flaminal Hydro and Forte™, Hydrogel Sheet e.g. Hydrosorb™, Nu-gel™
- **L:** Medicinal Honey e.g. Algivon Plus®, Algivon Plus Ribbon®
- **M:** Mechanical Debridement e.g. Scalpel, Scissors
- **S:** Foam Dressings Silicone e.g. Mepilex® and Mepilex Border, Allevyn™, Allevyn Gentle™, Allevyn Gentle Border™, Allevyn Life™

### YELLOW NECROTIC WOUND WITH HIGH EXUDATE

**AIM:** Remove slough and absorb exudate. Use hydroactive dressings, or alginate dressings covered by a foam dressing. Primary dressing examples: alginate; hydrofiber; or hydroactive. Secondary dressing examples: high absorbent non-adherent dressing; or foam. For deeper wounds, use an alginate alternative dressing. When the risk of infection is high, an antimicrobial dressing should be considered, for example silver dressings.

### YELLOW NECROTIC WOUND WITH LOW EXUDATE

**AIM:** Remove slough and absorb exudate. In particular use amorphous hydrogels, as they rehydrate, or hydrocolloid, to aid in the removal of slough. Amorphous hydrogels should be covered with a true foam, as some foam-like products will absorb the gel. Hydrocolloid paste should be covered by a foam or film dressing. Hydrocolloid dressings need no secondary dressing. Polysaccharide Iodine may also be used.

### CAVITY WOUND WITH HIGH EXUDATE

**AIM:** Absorb exudate, maintain moist environment and promote granulation. Use an alginate, or cavity foam dressing, or hydrofibre, or alternative cavity filler, or hydroactive dressing. Cover with a high absorbent non-adherent dressing or foam. A cavity should be packed loosely and the base of wound bed should be visible.

### EXUDATING WOUND WITH SLough AND CLINICAL SIGNS OF INFECTION

**AIM:** Clear infection, deslough and promote healing. Use systemic antibiotics together with either an alginate or alginate alternate dressing, or a polysaccharide iodine dressing, or an antibacterial fibre, or a silver dressing, or medicinal honey, or an amorphous hydrogel covered by a foam dressing.

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**NOTE:** This chart is intended for educational purposes only and should be used in conjunction with professional medical advice and guidance. Always consult with a healthcare professional for specific wound care advice.
The Department of Veterans’ Affairs Wound Identification and Dressing Selection Chart

SUPERFICIAL WOUND WITH CLINICAL SIGNS OF INFECTION

AIM: Clear infection, promote healing.
Use systemic antibiotics together with either an alginate or alginate alternate dressing, or a polysaccharide iodine dressing, or an antibacterial fibre, or a silver dressing, or medicinal honey, or an amorphous hydrogel covered by a foam dressing.

MALODOROUS WOUNDS

AIM: Clear infection, reduce odour, absorb exudate, protect.
Systemic antibiotics should be used only if clinical signs of infection are seen. Use an alginate with charcoal dressing, or a foam with charcoal dressing, or a polysaccharide iodine dressing, or a silver dressing, or medicinal honey. Consider a short course of topical metronidazole gel.

CAVITY WOUND WITH LOW EXUDATE

AIM: Hydrate to maintain moist environment, promote granulation.
The recommended products include a cavity foam in combination with an amorphous hydrogel, or an alginate dressing. A cavity should be packed loosely and base of wound bed should be visible.

SUPERFICIAL GRANULATING WOUND WITH HIGH EXUDATE

AIM: Maintain moist environment, absorb exudate, and promote epithelialisation.
Use alginate dressings, or hydroactive dressings, or foam dressings. Cover with a non-adherent high absorbent dressing. Alginate alternative dressing may also be used with a foam dressing.

SUPERFICIAL GRANULATING WOUND WITH LOW EXUDATE

AIM: Maintain moist environment and promote epithelialisation.
Use foam dressings, or film dressings, or island film dressings, or hydrocolloid dressing or paste covered with a non-adherent dressing, or tulle, or zinc paste bandage.

LEGEND

- Systemic Antibiotics (depanent on type of bacteria)
- Antibacterial Fibre e.g. Sorbact®
- Topical Antibiotic (use only if clinical signs of infection) e.g. Metronidazole Gel
- Tulle e.g. Adaptic™, Atrauman®, Cuticerin®, Silicone Tulle Mepitel®
- Shaped Cavity Foam Dressings e.g. Cavicare™ Allevyn Cavity Dressings™
- Film Dressings e.g. OpSite™, Tegaderm™ Mepitel Film, Opsite Gentle
- Odour Absorbing Dressings Alginate (contain charcoal) e.g. Carboflex™, Activated Charcoal Actisorb Plus™
- Island Film Dressings e.g. OpSite PostOp™, Cutifilm Plus™, Tegaderm plus pad™, Elastoplast Aqua Protect®
- Silver Dressings e.g. Acticoat™, Biatain Ag™, AquasiteAg®, Atrauman Ag®, Mepilex Ag
- Hydroactive Dressings e.g. Cutinova Hydro™, Biataine™, Tielle™, TenderWet Active®
- Polysaccharide Iodine e.g. Iodosorb™
- Povidone Iodine Solution e.g. Betadine™
- Hypertonic Saline e.g. Mesalt™, Curasalt™
### EPITHELIALISING

**AIM:** Maintain moist environment and protect and insulate. Use film dressings, or island film dressings, or hydrocolloid dressings, or tulle covered with a non-adherent dressing, or non-adherent dressings, or zinc paste bandage.

![Image of wound care products]

### SKIN TEARS

**AIM:** To rapidly heal fragile skin. Aim to achieve closure with elastic strips without tension on application. Apply a small amount of hydrogel to the peri wound and cover with a silicone foam dressing initially. Follow up with the application of a patch of zinc paste bandage. If the wound is bleeding, apply a haemostatic alginate for a short time. If there is loss of tissue, apply a silicone tulle first.

![Image of wound care products]

### NEUROPATHIC DIABETIC WOUND

**AIM:** Maintain moist environment and protect and off-load. Use a polynacarhide iodine, or silver dressing and a foam dressing and an off-loading device.

![Image of wound care products]

### ISCHAEMIC DIABETIC WOUND

**AIM:** To Prevent infection. NB: urgent referral if signs of infection. Aim to keep the ischaemic area dry with topical povidone iodine with foam for protection.

![Image of wound care products]

### HYPERGRANULATING WOUND

**AIM:** Control hypergranulation and exclude neoplasm. Hypergranulation can be reduced by applying hypertonic saline foam and compression. It is important to exclude neoplasia. If uncertain then biopsy.

![Image of wound care products]