






Wound Type	Objectives of management	Low to Medium Exuding Wounds + / ++	Wounds with high exudate +++	Heavily contaminated / infected wounds +,,+,+++
<p>Surgical Wound</p> 	<p>Maintain a clean environment over suture margin. Sutures will have served to close the wound and wound margins support healing beneath. The cover dressing should protect from cross contamination over 24 to 48 hours. Protect surrounding skin from leakage of exudate where drains are in place.</p>	<p>Dry dressing eg. Primapore</p> <p>or</p> <p>Film island dressing eg. Leukomed T Plus</p>	<p>Foam dressing eg. Allevyn, Advazorb</p> <p>Protect surrounding skin from excoriation using barrier cream or spray. eg. Cavilon</p>	<p>If infected or dirty treat as necrotic/sloughy</p> <p>Consider open management perform culture and sensitivity</p>
<p>Necrotic</p> 	<p>Dead and devitalised tissue should be debrided and the wound lavaged thoroughly. Saline or balanced Electrolyte solution at a volume of 100mls per 1cm wound as a minimum. Dressings should assist in reducing physical and microbial bioburden. Changes may be daily to every 2 days initially.</p>	<p>Surgical Debridement OR Wet to dry dressing</p> <p>For gentler mechanical debridement: Debriding pad (eg Debrisoft)</p>	<p>Surgical Debridement OR Wet to dry dressing</p> <p>For gentler mechanical debridement: Debriding Pad (eg Debrisoft)</p> <p>For autolytic debridement: Medical Grade Manuka Honey</p>	
<p>Sloughy</p> 	<p>Soft debris and slough should be gently removed. The wound will be in the inflammatory phase and debridement will encourage movement to proliferative phase. If the wound is stuck in this phase for more than 1 week there will be a factor inhibiting proliferation. (See 12 Factors).</p>	<p>For autolytic debridement: Medical Grade Manuka Honey</p> <p>Secondary dressing: Foam</p>	<p>Secondary dressing: Foam or Super-Absorbent dressing: eg. Flivasorb, Eclypse</p> <p>Protect surrounding skin from excoriation using barrier cream or spray. eg. Cavilon</p>	
<p>Granulating</p> 	<p>Maintaining a moist environment promotes better wound contraction tissue from trauma and damage. Dressings should be changed as infrequently as is practical to preserve new tissue growth and wound contraction; typically between 3 and 5 days assuming bandaging is appropriate.</p>	<p>Primary dressing: Hydrogel or Hydrogel Sheet</p> <p>Secondary dressing: Foam dressing</p>	<p>(Option only likely in association with fistular or local draining tract)</p> <p>Foam or Super Absorbent dressing</p>	
<p>Epithelialising</p> 	<p>Maintain a clean, moist wound bed to support optimal epithelial migration. Limit interference with the wound bed in the same way as with granulation tissue. A healed wound bed will be fragile for some months to come and only 80% as strong as normal skin. Client education and a plan for protection in the coming months will be paramount for success.</p>	<p>For scar management Consider gentle massage with emolient creams: eg. Aqueous cream</p>	<p>Protect surrounding skin from excoriation using barrier cream or spray. eg. Cavilon</p>	