Wound management dressing guide

Type of tissue in the wound	Therapeutic goal	Role of dressing	Treatment options		
			Wound bed preparation	Primary dressing	Secondary dressing
Necrotic, black, dry	Remove devitalized tissue Do not attempt debridement if vascular insufficiency suspected Keep dry and refer for vascular assessment	Hydration of wound bed Promote autolytic debridement	Surgical or mechanical debridement	Hydrogel Honey	Polyurethane film dressing
Sloughy, yellow, brown, black or grey Dry to low exudate	Remove slough Provide clean wound bed for granulation tissue	Rehydrate wound bed Control moisture balance Promote autolytic debridement	Surgical or mechanical debridement if appropriate Wound cleansing (consider antiseptic wound cleansing solution)	Hydrogel Honey	Polyurethane film dressing Low adherent (silicone) dressing
Sloughy, yellow, brown, black or grey Moderate to high exudate	Remove slough Provide clean wound bed for granulation tissue Exudate management	Absorb excess fluid Protect periwound skin to prevent maceration Promote autolytic debridement	Surgical or mechanical debridement if appropriate Wound cleansing (consider antiseptic wound cleansing solution) Consider barrier products	Absorbent dressing (alginate/CMC/foam) For deep wounds, use cavity strips, rope or ribbon versions	Retention bandage or polyurethane film dressing
Granulating, clean, red Dry to low exudate	 Promote granulation Provide healthy wound bed for epithelialization 	Maintain moisture balance Protect new tissue growth	■ Wound cleansing	Hydrogel Low adherent (silicone) dressing For deep wounds use cavity strips, rope or ribbon versions	Pad and/or retention bandage Avoid bandages that may cause occlusion and maceration Tapes should be used with caution due to allergy potential and secondary complications
Granulating, clean, red Moderate to high exudate Moderate to high exudate	Exudate management Provide healthy wound bed for epithelialization	Maintain moisture balance Protect new tissue growth	Wound cleansing Consider barrier products	Absorbent dressing (alginate/CMC/foam) Low adherent (silicone) dressing For deep wounds, use cavity strips, rope or ribbon versions	
Epithelializing, red, pink No to low exudate	■ Promote epithelialization and wound maturation (contraction)	Protect new tissue growth		Hydrocolloid (thin) Polyurethane film dressing Low adherent (silicone) dressing	
Infected Low to high exudate	Reduce bacterial load Exudate management Odor control	Antimicrobial action Moist wound healing Odor absorption	Wound cleansing (consider antiseptic wound cleansing solution) Consider barrier products	Antimicrobial dressing	

The purpose of this table is to provide guidance about appropriate dressings and should be used in conjunction with clinical judgement and local protocols. Where wounds contain mixed tissue types, it is important to consider the predominant factors affecting healing and address accordingly. Where infection is suspected, it is important to regularly inspect the wound and to change the dressing frequently. Wound dressings should be used in combination with appropriate wound bed preparation, systemic antibiotic therapy, pressure offloading, and diabetic control.

CMC: carboxymethyl cellulose.

Reproduced with permission from: McCardle J, Chadwick P, Edmonds M, et al. International Best Practice Guidelines: Wound Management in Diabetic Foot Ulcers. Wounds International, 2013. Copyright © 2013 Schofield Healthcare Media LTD. Available from: www.woundsinternational.com.

