

## Wound Dressing Guide:

This table is to be used with clinical judgement and local protocols. Where mixed wound tissue types, consider main factors affecting healing and treat these. Where infection is suspected it is important to regularly look at the wound and change the dressings frequently. Wound dressings should be used together with local wound management services including diabetes control, medical treatment and pressure off-loading.

Wound dressing guide for the management of diabetic foot wounds<sup>1</sup>

Wound tissue	Therapeutic goal	Role of dressing	Treatment options		
			Wound bed preparation	Primary Dressing	Secondary dressing
Necrotic, black, dry	<ul style="list-style-type: none"> <li>Remove dead tissue.</li> <li>Do NOT attempt debridement if insufficient blood flow suspected.</li> <li>Keep dry and refer for vascular assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Hydration of wound bed</li> <li>Autolytic debridement</li> </ul>	<ul style="list-style-type: none"> <li>Sharp debridement</li> </ul>	<ul style="list-style-type: none"> <li>Hydrogel</li> <li>Medi-Honey</li> <li>Betadine</li> </ul>	<ul style="list-style-type: none"> <li>Non adherent dressing</li> </ul>
Sloughy, yellow, brown, black or grey <i>Dry to low exudate</i>	<ul style="list-style-type: none"> <li>Remove slough</li> <li>Provide clean wound bed for granulation tissue.</li> </ul>	<ul style="list-style-type: none"> <li>Rehydrate wound bed</li> <li>Control moisture balance</li> <li>Promote self-debridement</li> </ul>	<ul style="list-style-type: none"> <li>Sharp debridement</li> <li>Wound cleansing (consider antiseptic wound cleansing solution)</li> </ul>	<ul style="list-style-type: none"> <li>Hydrogel</li> <li>Medi-Honey</li> <li>Inadine</li> <li>Betadine</li> </ul>	<ul style="list-style-type: none"> <li>Non adherent dressing</li> </ul>
Sloughy, yellow, brown, black or grey <i>Moderate to high exudate</i>	<ul style="list-style-type: none"> <li>Remove slough</li> <li>Provide clean wound bed for granulation tissue</li> <li>Manage exudate.</li> </ul>	<ul style="list-style-type: none"> <li>Absorb excess fluid</li> <li>Protect surrounding skin to prevent maceration</li> <li>Promote self-debridement</li> </ul>	<ul style="list-style-type: none"> <li>Sharp debridement</li> <li>Wound cleansing (consider antiseptic wound cleansing solution)</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Honey</li> <li>Inadine</li> <li>Betadine</li> </ul>	<ul style="list-style-type: none"> <li>Absorbent dressing (combine/ foam/ alginate)</li> <li>Retention bandage</li> </ul>

<sup>1</sup> International Best Practice Guidelines: Wound Management in Diabetic Foot Ulcers. 2013, Wounds International.

Wound tissue	Therapeutic goal	Role of dressing	Treatment options	Wound tissue	Therapeutic goal
Granulating, clean, red <i>Dry to low exudate</i>	<ul style="list-style-type: none"> <li>Promote granulation</li> <li>Provide healthy wound bed for epithelisation.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain moisture balance</li> <li>Protect new tissue growth.</li> </ul>	<ul style="list-style-type: none"> <li>Wound cleaning</li> </ul>	<ul style="list-style-type: none"> <li>Hydrogel</li> <li>Non adherent dressing</li> </ul>	<ul style="list-style-type: none"> <li>Pad and or retention bandage.</li> <li>Avoid bandages that may cause occlusion and maceration.</li> </ul>
Granulating, clean, red <i>Moderate to high exudate</i>	<ul style="list-style-type: none"> <li>Exudate management</li> <li>Provide healthy wound bed for epithelisation.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain moisture balance</li> <li>Protect new tissue growth.</li> </ul>	<ul style="list-style-type: none"> <li>Wound cleaning</li> <li>Consider barrier products.</li> </ul>	<ul style="list-style-type: none"> <li>Absorbent dressing (combine/ foam/ alginate)</li> <li>For deep wounds consider alginate.</li> </ul>	
Epithelising, red, pink <i>No to low exudate</i>	<ul style="list-style-type: none"> <li>Promote epithelialisation</li> </ul>	<ul style="list-style-type: none"> <li>Protect new tissue growth</li> </ul>	<ul style="list-style-type: none"> <li>Clean epithelial tissue</li> </ul>	<ul style="list-style-type: none"> <li>Low adherent dressing</li> </ul>	
Infected <i>Low to high exudate</i>	<ul style="list-style-type: none"> <li>Reduce bacteria</li> <li>Exudate management</li> <li>Odour control.</li> </ul>	<ul style="list-style-type: none"> <li>Antimicrobial action</li> <li>Moist wound healing</li> <li>Odour absorption.</li> </ul>	<ul style="list-style-type: none"> <li>Wound cleansing</li> <li>Consider antiseptic wound cleansing solution</li> <li>Consider barrier products.</li> </ul>	<ul style="list-style-type: none"> <li>Antimicrobial dressing (E.g. Inadine, betadine, Medi-honey)</li> </ul>	

Adapted from: Wounds International 2013, 'Best practice guidelines: International Best Practice Guidelines: Wound Management in Diabetic Foot Ulcers', *Wounds International*, <[www.woundsinternational.com](http://www.woundsinternational.com)>.