Wound Do's

Stage	0	1	2	3	4	Stasis	Ischemic
Relieve pressure	x	x	x	x	x	x	x
Avoid friction	x	x	x	x	x	x	x
Inspect daily	x	x	x	x	x	x	x[1]
Hydrocolloid [2]			x			x	x
Sharp debridement[3]				x	x		
Chemical debrider[4]				x	x	x	
Moist gauze/gel packing				x	x	x	
Absorbent dressings[5]				x	x		
"Wet-to-dry" [6]							

1. Unless 4-layer/Unna 3-5d 2. Occlusive, e.g. Duoderm 3. Crosshatch intact eschar, remove soft necrotic debris to bleeding tissue 4. e.g. collagenases Santyl, Accuzyme, Panafil 5. e.g. Ca.alginate, Aquacel 6. Contraindicated

Wound Don’ts

- Occlusive dressing (e.g. duoderm) on a 3, 4 or closed unstageable: creates anaerobic environment, prevents inspection.
- Sharply debride hard, dry eschar OR closed, fluid-filled blister on a heel.
- Topical iodine, Dakin’s, peroxide on any open wound.
- Silvadene or topical antibiotics on a granulating wound.
- Send wound swab cultures
- Systemic antibiotics without evidence of systemic infection (cellulitis, osteo, bacteremia)

Wound Consultation

- Skin/Ostomy RN St 0-2; 3-4 after sharp debridement.
- Advantage: Will inspect wound daily. Countersign her orders.
- General surgery:
  - Advantage: Debride large wounds
- Vascular surgery for ischemic wounds
  - Advantage: Will take patient for revascularization
- Ortho for wounds with visible bone
  - Advantage: Can get bone and deep tissue biopsy
- Plastics if a possible candidate for flap or skin grafting
- Derm for chronic stasis dermatitis
  - Advantage: Outpatient follow up if ambulatory
- PT for whirlpool, release of contractures, four layer & compression dressing for stasis ulcers, some sharp debridement
  - Dawn Piech 2-6891