

Wound Dressing Selection Guide

For specific products available in the Non-insured Health Benefits for First Nations and Inuit formulary, please [click here](#).

Clinical Situation	Wound Care Goals	Care Considerations	Suggested Generic Products: Write in available brands names	
TISSUE TYPE	<ul style="list-style-type: none"> •Epithelium or granulation 	In a HEALING wound: <ul style="list-style-type: none"> •Protect healing wound •Promote moisture balance 	<ul style="list-style-type: none"> •Select a dressing or dressing combination that can remain in place as long as possible and maintain an appropriate moisture balance 	<ul style="list-style-type: none"> •Acrylic: •Calcium alginate: •Film/membrane: •Foam: •Gauze (daily dressing changes only): •Gelling fibre: •Hydrocolloid: •Hydrogel: •Non-adherent synthetic contact layer:
		In a NON-HEALING wound, the above goals PLUS: <ul style="list-style-type: none"> •Stimulate healing in a non-healing or stalled wound 	<ul style="list-style-type: none"> •Select a dressing that can remain in place as long as possible and maintain an appropriate moisture balance 	<ul style="list-style-type: none"> •Acrylic: •Film/membrane: •Foam: •Gauze (daily dressing changes only): •Hydrocolloid:
			If granular tissue is friable (inflamed): <ul style="list-style-type: none"> •Treat the cause of the inflammation •Consider selecting a primary dressing with anti-inflammatory actions 	<ul style="list-style-type: none"> •Biologic dressings with protease inhibition: •Calcium alginate: •Silver compounds: •Ibuprofen-impregnated dressings:
			If the wound is not inflamed: <ul style="list-style-type: none"> •Consider a pro-inflammatory primary dressing to 'kick start' healing 	<ul style="list-style-type: none"> •Iodine compounds: •Honey:

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TISSUE TYPE <i>cont'd.</i>	•Slough or eschar	In a HEALING wound: •Debride necrotic tissue (except for dry stable eschar on heels) •Prevent infection •Promote moisture balance	<ul style="list-style-type: none"> •Select a dressing or dressing combination that supports autolytic debridement and can absorb excess exudate •If hard eschar is present, consult a health-care professional who has the authority (and knowledge/skills) to perform sharp debridement 	<ul style="list-style-type: none"> •Acrylic: •Calcium alginate: •Film/membrane: •Foam: •Gauze (woven – for mechanical debridement): •Gelling fibre: •Hydrocolloid: •Hydrogel: •Hydrophilic dressing: •Hypertonic: 	
		In a NON-HEALABLE wound: •Dry and stabilize necrotic tissue •Prevent infection	For wounds with slough or eschar: <ul style="list-style-type: none"> •Consider painting with an antimicrobial/antiseptic solution •Choose a dressing or dressing combination that keeps the wound clean, dry and free of infection or leave the wound open to air (if appropriate) 	<ul style="list-style-type: none"> •Gauze (loose, non-woven) ± chlorhexidine derivative: •Non-adherent synthetic contact layer ± iodine compound: 	
EXUDATE AMOUNT	<ul style="list-style-type: none"> •None •Scant •Small •Moderate •Large 	In a HEALING wound: •Promote moisture balance	If the wound is too dry select dressings that: <ul style="list-style-type: none"> •Add moisture •Require less frequent dressing changes •Prevent trauma when removed 	<ul style="list-style-type: none"> •Acrylic: •Film/membrane: •Hydrocolloid: •Hydrogel: •Hydrophilic dressing: •Non-adherent synthetic contact layers: 	
		In a NON-HEALABLE wound: •Dry out the wound		If the wound is too wet select dressings that: <ul style="list-style-type: none"> •Absorbs moisture •Are indicated for more frequent dressing changes •Protect the periwound tissue from moisture drainage 	<ul style="list-style-type: none"> •Calcium alginate*: •Foam*: •Gauze (daily dressing changes or non-healable wounds):
				Identify why exudate has increased: Infection or trauma?	<ul style="list-style-type: none"> •Gelling fibre*: •Hypertonic*:
* Not to be used on non-healable wounds					

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EXUDATE TYPE	•Serous	•Absorb exudate	•Identify cause of exudate unless it is an initial response to injury	•Foams: •Gauze: •Gelling fibres:
	•Sero-sanguineous	•Stop small bleeding •Absorb exudate	•Treat the underlying cause of the bleeding (if possible) (e.g., trauma, infection)	•Calcium alginate: •Absorbable hemostatic agents: •Non-adherent synthetic contact layers (as prevention):
	•Purulent	•Minimize odour •Treat infection •Absorb exudate	•Treat the underlying cause of the purulent drainage (e.g., infection) and control odour (if possible)	•Charcoal: •Antimicrobial agents •Gentian violet/methylene blue: •Honey: •Iodine (povidone and cadexomer): •Polyhexamethylene biguanide (PHMB): •Silver:
PERIWOUND TISSUE	•Macerated or excoriated	•Dry the periwound tissue •Protect periwound from further damage	•Select products to directly protect the periwound skin and provide a barrier to the adhesive, exudate or trauma •If excoriation is present select products that will provide a healing environment and prevent further damage •Select more absorptive wound dressings and increase dressing change frequencies to prevent further damage	•Films/membranes: •Hydrocolloids: •Hydrophilic dressing:
LOCALIZED, SPREADING OR SYSTEMIC INFECTION	•Reduce bacterial burden	•Treat the cause of the infection (if possible) •Select a topical antimicrobial primary dressing •Select a secondary dressing that can remain in place as long as possible and maintain an appropriate moisture balance •Spreading or systemic infections require systemic antimicrobial therapy in addition to topical treatment	•Antimicrobial agents •Gentian violet/methylene blue: •Honey: •Iodine (povidone and cadexomer): •PHMB: •Silver: •Hypertonic dressings:	

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WOUND PAIN	<ul style="list-style-type: none"> Minimize or eliminate wound-related pain 	<ul style="list-style-type: none"> Treat the cause of the pain (if possible) Choose primary dressings that prevent dressing adherence to the wound bed or dressings that prevent periwound maceration 	<ul style="list-style-type: none"> Foam dressing with continuous release of ibuprofen:
			<ul style="list-style-type: none"> Hydrogel:
			<ul style="list-style-type: none"> Non-adherent synthetic contact layer:
WOUND WITH DEPTH, UNDERMINING OR TUNNELS	<ul style="list-style-type: none"> Fill the dead space 	<ul style="list-style-type: none"> Packing must be firm enough to prevent premature bridging of granulation tissue at the base, yet not so firm that it causes pressure damage 	<ul style="list-style-type: none"> Calcium alginate (not recommended for tunneling wounds):
			<ul style="list-style-type: none"> Specialized foam dressings (e.g., foam dressings that are indicated for use as a wound filler):
			<ul style="list-style-type: none"> Gauze:
			<ul style="list-style-type: none"> Gelling fibre:
			<ul style="list-style-type: none"> Hypertonic gauze ribbon:

Definitions:

- Healing wound:** Causes and co-factors that can interfere with healing have been removed. Wound healing occurs in a predictable fashion. Wound may be acute or chronic.
- Non-healing wound:** Wound has healing potential, but causes and co-factors that can interfere with healing have not yet been removed.
- Non-healable wound:** Causes and co-factors that can interfere with healing cannot be removed (e.g., in cases of terminal disease or end-of-life care).
- Primary dressing:** Comes directly in contact with the wound bed.
- Secondary dressing:** Covers a primary dressing – not all secondary dressings support thermal insulation and contain exudate.

- Contact layer:** Thin, single layer dressings that are designed to protect fragile tissue in the wound base.
- Occlusive dressing:** Seals a wound from the outside environment and does not allow moisture evaporation.
- Semi-occlusive dressing:** Allows some oxygen into the dressing and allows some moisture to evaporate.
- Moisture vapour transmission rate (MVTR):** The amount of moisture that can evaporate through the dressing.