

Gentell Wound Management Algorithm

Assess Medical Physical Status	Review Lab Work	Nutrition Support	Pressure Reduction	Location - Measure & Stage Wound	Identify Causative Factor Pressure Shear Friction Maceration (Incontinence) Assess Necrotic Tissue Select Appropriate Debridement Surgical Mechanical (Wet to Dry Saline) Chemical Autolytic Assess Fever Edema Infection <small>*Do not use occlusive dressings if wound is infected; ie: Hydrocolloid Dressings</small>
Assess Drainage					
Dry ↔ Minimal	Moderate			Heavy	
Cleanse Wound Gentell Wound Cleanser	Cleanse Wound Gentell Wound Cleanser			Cleanse Wound Gentell Wound Cleanser	
Hydration ↕	Absorb & Contain ↕			Absorb & Contain ↕	
Gentell Hydrogel Tube or Spray Ag (silver) ↕ Gentell Comfortell Dressing (change every day)	Gentell Hydrogel Saturated Dressing ↕ Gentell Bordered Gauze Dressing (Change every day)	Gentell Dermatell* Hydrocolloid Dressing (change every 3 days to 7 days) ↕ Gentell MVP Transparent Dressing	Gentell Calcium Alginate Dressings ↕ Gentell Bordered Gauze Dressings (change every day)	Gentell Calcium Alginate Dressings ↕ Heavy with strike through ↕ Gentell Lo Profile Foam Plus Dressings (Change every day)	

Staging

Stage 1

Non-blanchable erythema of intact skin, the heralding lesion of skin ulceration. In individuals with darker skin, discoloration of the skin, warmth, edema, induration or hardness may also be indicators.

Stage 2

Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.

Stage 3

Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining to adjacent tissue.

Stage 4

Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone or supporting structures (e.g. a tendon of joint capsule.) Undermining and sinus tracts also may be associated with Stage 4 pressure ulcers.

Prevention

1. Provide good skin care

- a. Cleanse skin daily and apply skin emollients
- b. Perineal care after each episode of incontinence
- c. Apply moisture barrier (ie, **Gentell** Shield & Protect) daily and after each episode of incontinence
- d. Turn sheets to lift and position patients

2. Provide adequate nutrition

- a. Collaborate with a nutritionist and physician regarding:
 1. Supplemental feedings
 2. Tube feedings
 3. Parenteral Nutrition
 4. Vitamin and mineral supplements

3. Provide pressure relief

- a. Reposition immobilized patients every two hours and PRN
- b. Avoid positioning immobile patients directly on trochanters and other bony structures
- c. Use positions and devices to relieve pressure to heels and to prevent direct contact with another surface
- d. Pressure-relieving beds, mattresses and overlays as necessary