Gentell® 2013 Wound Management Algorithm

Assess Resident Condition >>>	1. Review Clinical Test Results	2. Nutritional Status	3. Support Surface & Pressure Relief	4. Assess Wound & Drainage	5. Identify Underlying Cause

A. Dry to Minimal Drainage	B. Moderate Drainage	C. Heavy Drainage	Additional Wound Info
Cleanse with ***Gentell*** Wound Cleanser	Cleanse with ***Gentell*** Wound Cleanser	Cleanse with ***Gentell*** Wound Cleanser	**1. Select Appropriate Debridement:** • Surgical • Chemical • Autolytic • Mechanical • Enzymatic • Sharp
Hydrate Wound Bed	**Absorb & Contain Drainage**	**Absorb & Contain Drainage**	**2. Assess Surrounding Skin:** • Moisturize • Protect from Incontinence • Control Edema
Gentell Hydrogel Tube or Spray **OR** Hydrogel Saturated Gauze **OR** Collagen Dressing Cover with ***Gentell*** Bordered Gauze **OR** Moisture-Resistant ***Gentell*** Comfortell Dressing **ALTERNATIVE:** Cover with ***Gentell*** Dermatell Hydrocolloid* (change every 3 to 5 days) **OR** ***Gentell*** MVP Transparent (change every 3-5 days)	***Gentell*** Calcium Alginate Dressing or Collagen Dressing Cover with ***Gentell*** Bordered Gauze **OR** Moisture-Resistant ***Gentell*** Comfortell Dressing Cover with ***Gentell*** Lo Profile Foam (change daily)	***Gentell*** Calcium Alginate Dressing Cover with ***Gentell*** Lo Profile Foam (change daily)	**3. Wound Environment:** • Contain Exudate • Fill Bed Space • Protect & Insulate

Infected/Colonized Wounds: Apply Hydrogel Ag† Tube, Hydrogel Ag† Saturated Gauze or Calcium Alginate Ag (silver)

*If wound is infected, do not use occlusive dressings such as Hydrocolloids.
†Hydrogel Ag contains sulfur.

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Staging

Stage 1

Non-blanchable erythema (redness) of intact skin, the heralding lesion of skin ulceration. For darker skin, discoloration, 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 such as a tendon of joint capsule. Undermining and sinus tracts may also be associated with Stage 4 pressure ulcers.

Prevention

1. Provide good skin care

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

2. Provide adequate nutrition

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 trocanters 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

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