Wound Management Algorithm

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We make it better

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. Light Exudate	B. Moderate Exudate	C. Heavy Exudate	Additional Wound Info
Cleanse with: **Gentell** Wound Cleanser **Hydrate Wound Bed** **Apply to the wound bed:** **Gentell** Hydrogel Tube or Hydrogel Saturated Gauze *OR* **Gentell** Collagen Dressing or Collagen Particles **Cover with:** **Gentell** Bordered Gauze *ALTERNATIVE:* Cover with **Gentell** Dermatell Hydrocolloid*(change every 3 to 5 days)	**Cleanse with:** **Gentell** Wound Cleanser **Absorb & Contain Exudate** **Apply to the wound bed:** **Gentell** Calcium Alginate Dressing *OR* **Gentell** Collagen Dressing or Collagen Particles **Cover with:** **Gentell** Super Absorbent Dressing *OR* **Gentell** Lo Profile Foam *OR* **Gentell** Silicone Foam *OR* **Gentell** Waterproof Foam *OR* **Gentell** Comfortell Dressing	**Cleanse with:** **Gentell** Wound Cleanser **Absorb & Contain Exudate** **Apply to the wound bed:** **Gentell** Calcium Alginate Dressing **Cover with:** **Gentell** Super Absorbent Dressing *OR* **Gentell** Lo Profile Foam *OR* **Gentell** Silicone Foam *OR* **Gentell** Waterproof Foam	**1. Select Appropriate Debridement:** • Surgical • Chemical • Autolytic • Mechanical • Sharp **2. Assess Surrounding Skin:** • Moisturize • Protect from Incontinence • Control Edema **3. Wound Environment:** • Contain Exudate • Fill Bed Space • Protect & Insulate

Infected/Colonized Wounds:
Apply Hydrogel Ag Tube, Hydrogel Ag Saturated Gauze, Calcium Alginate Ag (Silver), Adhesive Silver Foam or Honey (Gauze & Alginate)
*If wound is infected, do not use occlusive dressings such as Hydrocolloids.

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Staging

Stage 1

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel.

Stage 3

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds.

Stage 4

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur.

Prevention

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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:

a. Supplemental feedings

b. Tube feedings

c. Parenteral nutrition

d. 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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