



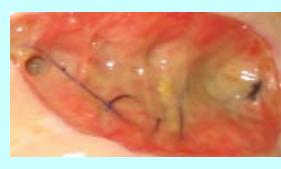




# Wound Classification & Dressing Selection for Children's Wound Care<sup>1</sup>

Wound Bed	Wound type	Wound Care Objectives	Primary Dressing Characteristics	Secondary Dressing Characteristics
Epithelialising (Pink)		Protect delicate healing tissue Promote epithelialisation Manage exudate, likely to be minimal	Low/Non-adherent dressing  Extra Thin Hydrocolloid  Depending on location & condition of wound, may be left exposed – if so, consider applying moisturiser	Consider All-in-One-dressing
Granulating (Red)		Maintain moist environment Protect granulating tissue Manage exudate Prevent infection	Hydrofiber  Low/Non adherent dressing	Extra Thin Hydrocolloid <sup>2</sup> / Film  Absorbent dressing ± Retention dressing
Sloughy (White / Yellow)		Wound will not heal until slough is removed Debride Manage exudate	Hydrogel (Low exudate)  Hydrofiber (Moderate to high exudate)	Absorbent dressing ± Retention dressing  Retention dressing
Necrotic (Black) (Non-viable tissue)		Some necrotic lesions may be left to separate spontaneously  Some wounds may need debridement - then manage as Epithelialising, Granulating or Sloughy wound	These wounds may be left dry & undressed (use clinical judgement)  If autolytic debridement needed: Hydrogel	Absorbent dressing ± Retention dressing
Slow healing / Chronic Wound	If wound does not appear to be healing or there is no change in wound appearance after 1-2 weeks, consider Critical Colonisation i.e. multiplication of bacteria causing a delay in wound healing, may be associated with an exacerbation of pain but without clinical infection and surrounding cellulitis	Reduce bacterial burden Promote healing  Consider antimicrobial products under medical supervision	Antimicrobial dressing <sup>3</sup>	Retention dressing ± Absorbent dressing
Infected (May be red with green / yellow discharge)		Wound swab to identify organism  Treat infection Manage exudate  Systemic antimicrobial treatment if clinically indicated and per local policy	Antimicrobial dressing <sup>3</sup>	Retention dressing ± Absorbent dressing
Overgranulation (red tissue raised above epithelial margin)		Reduce overgranulated areas Manage exudate, if any	Topical ( <i>only under medical supervision and only treat overgranulated areas</i> ) e.g. Hydrocortisone 1% cream  If exudates present, consider layering Hydrofibre	Foam  Retention dressing
Cavity		Promote healing from base of cavity Protect granulating tissue Absorption of exudate Prevent infection Be aware, a cavity has the potential to track or tunnel	NPWT <sup>4</sup> (use under multidisciplinary advice)  Hydrofiber	Retention dressing ± Absorbent dressing

<sup>1</sup>Use in conjunction with Wound Care Product Reference Guide and National Wound Management Guidelines (HSE 2009)

<sup>2</sup>Only use a hydrocolloid secondary dressing if low-medium exudate and if dressing can remain in situ for three days or longer. If more frequent dressing change required, consider a non-adhesive retention dressing which is easily removed without adhering to skin

<sup>3</sup>Antimicrobial dressings - Use antimicrobial product for up to 2 weeks with formal assessment of treatment objectives after 7 days. Assess wound at each dressing change for efficacy of treatment. A wound which fails to respond to treatment requires careful re-assessment and, where necessary, a change of antimicrobial. (Wounds UK 2010, White *et al.* 2011).

<sup>4</sup>NPWT = Negative Pressure Wound Therapy