
















Wound Classification	Exudate Amount	Wound Care per HHVNA Wound Product Formulary	Frequency of Change	Obstacles preventing wound healing
Venous Ulcers				
ABI of 0.9-1.2 = normal blood flow	Minimal	Compression 4" Gelocast Unna Boot w/ 4" adhesive Coban like wrap.	1-2 times/week	The patient is not willing or able to tolerate compression, elevation is minimal, continues to use tobacco, is not able or willing to adhere to low sodium diet, is not able or willing to keep scheduled MD or wound clinic appointments. Physician will not order compression.
An ABI MUST be obtained prior to initiation of compression therapy. Compression is the Gold Standard of care to promote wound healing of venous ulcers. Elevation of the lower extremities is strongly recommended when compression therapy is provided to promote venous return to aid wound healing. Wounds are typically located on the lower extremities in the gaiter region and are irregularly shaped. Peri wound skin often presents w/ hemosiderin staining.	Moderate to Heavy	A. 4" Gelocast Unna Boot wrapped w/ 4" self adhesive Coban like wrap B. Coban 2 layer compression wrap system C. Dynaflex 3 layer compression wrap system. May use Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver) with all 3 compression systems if indicated.	2-3 times/week	
	Minimal	Minimal to No Compression	1-2 times/week	
	Moderate	Restore Hydrogel (plain) or Elta Silver Gel (silver)/cover dressing of choice based on drainage amount/tubi grip (if tolerated).	2-3 times/week	
	Heavy	Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver) cover dressing of choice based on drainage amount/tubi grip (if tolerated). May apply X-trasorb highly absorbent cover dressing for drainage containment when indicated.	3-5 times/week	
Arterial Insufficiency				
NEVER APPLY COMPRESSION TO AN ARTERIAL WOUND	Minimal to None	A. Restore Hydrogel (plain) or Elta Silver Gel (silver)/cover dressing of choice based on drainage amount.	1-2 times/week	Elevation is contraindicated, impedes blood flow, and typically causes pain. Patients continue to regularly use tobacco
Typically located on tips of toes. Small punched out appearance . Peri wound skin may feel cool. Wound bed often pale pink. Necrotic tissue is often present.		B. Betadine paint.	3 times/Week/ not skilled/teach	
				

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Diabetic or Neuropathic					
Wounds are located on the plantar portion of the foot or heel. If CBG readings are not controlled refer to CDE or Endocrinologist. Obtain PT eval for offloading foot wear.	Minimal	Restore Hydrogel (plain) or Elta Silver Gel (silver)/cover dressing of choice.	1-2 times/week	Patient is not able or willing to wear protective or diabetic foot wear, diabetes is not well controlled, is not able or willing to keep scheduled MD or wound clinic appointments.	
	Moderate to Heavy	A. Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver)/cover dressing of choice based on drainage amount. B. Iodoflex pad or Iodosorb gel/cover dressing of choice based on drainage amount.	2-4 times/week		
Traumatic Wound					
Skin Tear Approximate edges when able	Minimal	Restore wound contact layer plain or silver remains in place for 7 days/ change cover dressing of choice based on drainage amounts.	2 times/week	Patients are not willing to wear long sleeves or pants, and do not use assistive devices as recommended to prevent or reduce falls.	
		Moderate to Heavy	Restore wound contact layer plain or silver remains in place for 7 days/change cover dressing of choice based on drainage amounts.		3 times/week
Other	Minimal	Restore Hydrogel (plain) or Elta Silver Gel (silver)/cover dressing of choice.	2-3 times per week		
		Moderate to Heavy	A. Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver) cover dressing of choice. B. Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver)/cover dressing of choice.		3-7 times per week
		Moderate to Heavy	C. Negative Pressure Wound Therapy (NPWT) or VAC Therapy (KCI/Medela/Sun Med)		3 times per week

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Pressure Ulcer				
Pressure ulcers are a result of pressure or in combination w/ pressure, shear, or friction. A referral for PT to eval for offloading equipment should be obtained.	None	Barrier cream (over the counter)	2-3 times/day/not skilled/teach	Patient is not able or willing to use or wear offloading equipment (shoes/cushions/mattress).
Stage I				
Intact skin w/ non-blanchable redness of localized area.	None	Transparent film (Opsite Flexigrid)	1-2 times/week/not skilled/teach	
				
Stage II Partial tissue loss presents as a shallow crater w/ pink healthy wound bed, or as an intact fluid filled blister. *If slough is present the wound must be classified as a Stage III *	Minimal	Restore Hydrogel (plain) or Elta Silver Gel (silver)/cover dressing of choice, or Restore hydrocolloid, thick or thin.	1-2 times/week	Patient is not able or willing to use or wear offloading equipment (shoes/cushions/mattress).
				
Stage III Full thickness tissue loss. Subcutaneous tissue is visible, but bone, tendon, or muscle is not visible. Undermining, tunneling, or slough may or may not be present. Located on pressure points or bony prominences.	Moderate to Heavy	A. Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver)/cover dressing of choice.	2-4 times/week	Patient is not able or willing to use or wear offloading equipment (shoes/cushions/mattress). Does not consistently maintain proper inflation settings for RoHo cushion, or mattress. Is not willing or able to keep scheduled MD appointments. Physician not willing to order NPWT.
	Moderate to Heavy	B. Negative Pressure Wound Therapy (NPWT) or VAC Therapy (KCI/Medela/Sun Med)	3 times/week	
Stage IV Full thickness tissue loss w/ exposed bone, tendon, or muscle. Undermining or tunneling is often present. Slough may or may not be present. Located on pressure points or bony prominences.	Moderate to Heavy	A. Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver)/cover dressing of choice.	5-7 times/week	Patient is not able or willing to use or wear offloading equipment (shoes/cushions/mattress). Does not consistently maintain proper inflation settings for RoHo cushion, or mattress. Is not willing or able to keep scheduled MD appointments. Physician not willing to order NPWT.
	Moderate to Heavy	B. Negative Pressure Wound Therapy (NPWT) or VAC Therapy (KCI/Medela/Sun Med)	3 times/week	

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<p>Unstageable Pressure Ulcer (Stable Eschar)</p> <p>*Do not debride*</p> <p>Wound is covered w/ stable eschar. Eschar is acting as a protective dressing. Edges are intact and there is no drainage present. Located on the heel.</p> 	None	Betadine paint	1 time/day Not skilled/Teach	Patient is not able or willing to use or wear offloading equipment (shoes/cushions/mattress) or float heels when indicated.
<p>Unstageable Pressure Ulcer (Unstable Eschar)</p> <p>Slough is present and obscuring ability to view wound. The edges are lifting, the wound has a boggy feel, exudate is present and odorous. Refer to physician for surgical debridement and WOCN ASAP. *Intact blood-filled blisters are classified as unstageable pressure ulcers with suspected deep tissue injury.*</p> 	Minimal to Heavy	Plain foam w/ or without adhesive border/cover dressing of choice. Refer to wound clinic for debridement.	2-3 times per week	Patient is not able or willing to use or wear offloading equipment (shoes/cushions/mattress). Does not consistently maintain proper inflation settings for RoHo cushion, or mattress. Is not willing or able to keep scheduled MD appointments.
Deep Tissue Injury				
<p>Presents as intact, darkened skin (blue, purple, maroon) in color. Usually located over a bony prominence due to unrelieved pressure. A referral for PT to eval for offloading equipment should be obtained.</p> 	None	Offloading	Every 2 hours	Patient is not able or willing to offload or is not utilizing offloading equipment correctly.

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<i>Surgical</i>				
Is the result of an incision made with a cutting instrument during a sterile procedure.	Minimal to None	Dry clean dressing/gauze/tape or bordered gauze	Daily/prn or per MD order/not skilled/teach	Patient is not able or willing to adhere to activity restrictions. Does not follow recommended diet, continues to use tobacco, and does not follow through with scheduled MD appointments.
Intact				
Edges are approximated with sutures, staples, or adhesive. Patients at risk for dehiscence may be discharged home with non removable dressing that remains in place for (7-10 days).				
				
Dehisced (visible wound bed)	Minimal	Dry clean dressing/gauze/tape or bordered gauze	Daily/prn or per MD order/not skilled/teach	
Edges are open as a result of poor surgical techniques, strenuous activity, infection, smoking, comorbidities (diabetes, obesity, renal insufficiency). Refer to surgeon ASAP. Ordering physician may at times order NS/Dakins wet to dry packing w/non-conforming kling wrap daily -bid for the management of acute surgical wound dehiscence. For orders of this nature extending beyond 14 days place referral for HHVNA wound consult.				
	Moderate to Heavy	A. Restore (plain or silver) calcium alginate, hydrofiber (Aquacel plain or AG) or Optifoam (plain or silver)/cover dressing of choice.	3-7 times per week	
		B. Negative Pressure Wound Therapy (NPWT) or VAC Therapy (KCI/Medela/Sun Med)	3 times per week	
Dehisced (non-visible wound bed)	Minimal	Packing strip/cover dressing of choice (foam when indicated)	2-3 times per week	Over packing wound, rate of healing of the mouth of tunneled wounds accelerates or MD is not willing to widen the mouth of the wound.
Narrow, deep, tunneled wounds requiring packing with products with specific tensile strength to facilitate complete removal of wound product. Overpacking impedes tissue granulation and delays wound healing "fluff don't stuff".				
	Moderate to Heavy	A. Packing strip/cover dressing of choice B. hydrofiber rope (Aquacel AG Rope) cover dressing of choice (foam when indicated)	3- 7 times per week	
	Moderate to Heavy	C. Negative Pressure Wound Therapy (NPWT) or VAC Therapy (KCI-white foam /Medela-gauze/Sun Med)	3 times per week	