

PRESSURE ULCER TREATMENT GUIDELINES

INSTRUCTIONS FOR USE OF FLOWCHART AND TREATMENT GUIDELINES

1. This flowchart/guideline is to be used on **PRESSURE ULCERS ONLY**.
2. The treatment guideline flowchart is meant as a tool to assist treatment /staff nurses for choosing an appropriate treatment based on the wound evaluation.
3. The doctor must always still be consulted when ordering a treatment.
4. Doctor's orders may supersede the guidelines recommendations.
5. Every wound evaluation/situation may not all fall into the flowchart algorithm. Consult wound consultant or doctor when this situation occurs.
6. This flowchart **IS NOT** to be used for infected wounds. Consult wound consultant or doctor for recommendations with an infected wound.

Treatment #1:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat dry.
3. Apply [Barrier Ointment](#), daily or Q shift (depending on resident's condition) until healed.

Treatment #2:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat dry.
3. If needed, apply a Skin Prepping solution to increase adhesion.
4. Cover with a [Transparent Dressing](#)
 - sized at least 2 inches larger than affected area.
5. Change every 7 days (or per manufacturer's guidelines) and PRN if dressing becomes compromised, until healed.

Treatment #3:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat dry.
3. Cover with a [Hydrocolloid dressing](#)
 - sized at least 2 inches larger than affected area.
4. Change every 3 days, and PRN if loose or soiled, until healed.
 - If hydrocolloid is used as preventative to protect recently healed area, then may change every 7 days.
5. If needed, remove hydrocolloid with adhesive remover.

Treatment #4:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat periwound skin dry using clean gauze pad.
3. Apply [Xenaderm](#) ointment or [Optase gel](#) twice daily or as needed after each incontinent episode.
4. Wound may be left unbandaged or a dressing applied, until healed.

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Treatment #5:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat periwound skin dry using clean gauze pad.
3. Apply Barrier Ointment to the periwound (the immediate intact skin around the wound) to prevent maceration of surrounding skin.
4. Apply a type of **Hydrogel product** (Select type of hydrogel product that will fill/cover space)
 - Hydrogel Impregnated Gauze
 - Amorphous Hydrogel (Hydrogel in a tube and is applied to clean gauze)
5. If needed, fill any remaining space with gauze or rolled gauze (cavity wounds)
6. Cover with gauze dressing, OR Bordered Gauze, OR Composite Dressing (Stratasorb – used for wounds that may come in contact with urine due to incontinent resident).
7. If needed, secure with tape, or stretch net (Elastic Net), or rolled gauze.
8. Change dressing daily, until healed.
9. If slough/eschar was present, once removed, reevaluate and treat the wound based on new wound assessment.

Treatment #6:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat periwound skin dry using clean gauze pad.
3. Apply a **Foam Dressing**:
 - If periwound skin is intact, use adhesive border foam.
 - If periwound skin is compromised use non-adhesive foam.
4. If needed, secure with tape, or Retention Tape, or Net Dressing (Elastic Net), or rolled gauze.
5. Change daily to every 3 days depending on strike through drainage. If dressing is having to be changed daily due to strike through drainage, reevaluate treatment. May have to also use an Alginate dressing to absorb excess exudates (Treatment #8).

Treatment #7:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat periwound skin dry using clean gauze pad.
3. Apply a type of Barrier Ointment to the periwound (the immediate intact skin around the wound) to prevent maceration of surrounding skin.
4. Apply **Alginate Dressing Sheet**
5. Cover with a gauze dressing, OR Bordered Gauze, OR Composite Dressing (Stratasorb- used for wounds that may come in contact with urine/feces due to incontinent resident), or rolled gauze.
6. If needed, secure with tape, or Stretch Net (Elastic Net).
7. Change every day to two to three days depending on amount of exudates/ saturation of secondary dressing. If dressing is being changed daily due to strike through drainage, reevaluate treatment. May have to also use a Foam Dressing to cover alginate to absorb excess exudates (Treatment #6).
8. If slough/eschar was present, once removed, reevaluate and treat the wound based on new wound assessment.

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Treatment #8:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat periwound skin dry using clean gauze pad.
3. Apply a type of Barrier Ointment to the periwound (the immediate intact skin around the wound) to prevent maceration of the surrounding skin.
4. Apply [Alginate Dressing Rope](#)
 - FILL CAVITY LOOSELY
 - Allow dressing to overlap onto intact skin
5. Cover with a gauze dressing, OR Bordered Gauze, OR Composite Dressing (Stratasorb- used for wounds that may come in contact with urine/feces due to incontinent resident), OR rolled gauze.
6. If needed, secure with tape, or Stretch Net (Elastic Net).
7. Change every two to three days depending on amount of exudates/ saturation of secondary dressing. If dressing is being changed daily due to strike through drainage, reevaluate treatment. May have to also use a Foam Dressing to cover alginate to absorb excess exudates (Treatment #6).
8. If slough/eschar was present, once removed, reevaluate and treat the wound based on new wound assessment.

Treatment #9:

1. Cleanse with Normal Saline or Commercial Cleanser.
2. Pat periwound skin dry using clean gauze pad.
3. Apply a Super Absorbent Polymer pad ([Tender Wet](#))
 - Sized to overlap slightly onto intact skin
 - Green stripes on pad face away from wound bed
4. If needed, fill any remaining space with gauze or rolled gauze (cavity wounds)
5. Cover with Border Gauze or Stratasorb (Use Stratasorb if resident is incontinent and area comes in contact with urine).
6. Change daily.
7. If slough/eschar was present, once removed, reevaluate and treat the wound based on new wound assessment.

Treatment #10:

1. Cleanse with Normal Saline or Commercial Cleanser.
This is to clean off any bacteria that may be on area.
2. Pat area dry.
3. Apply [skin prep](#) daily to area to assist in drying out eschar.
4. May cover with dressing to provide protection to area.
5. Elevate heels off of mattress.
6. Monitor daily for changes.

Treatment #11:

1. Cleanse surface of eschar tissue with normal saline or wound cleanser.
2. Pat area dry,
3. Apply skin-prepping solution to periwound intact skin.
4. Cover eschar with [transparent dressing](#).

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5. Leave on for 3 – 5 days, and monitor daily to ensure transparent dressing is still in place and for any changes.
6. **Reevaluate** when eschar is softened/removed to treat the wound based on new assessment.

Treatment #12:

1. Cleanse wound with normal saline or Commercial Cleanser.
2. Pat dry periwound area with clean gauze pad.
3. Apply [Accuzyme](#) or [Gladase](#) to wound bed using an applicator.
4. Place dry or moistened saline gauze on top of ointment.
5. If needed, fill any remaining space with gauze or rolled gauze (cavity wounds) moistened with either normal saline or wound cleanser.
6. Cover with a gauze dressing, OR Bordered Gauze OR Composite Dressing (Stratasorb- used for wounds that may come in contact with urine/feces due to incontinent resident), OR rolled gauze.
7. Change daily.
8. **Reevaluate** when slough/eschar is softened/removed to treat the wound based on new assessment.

Treatment #13:

1. Cleanse wound with normal saline or Commercial Cleanser.
2. Pat dry periwound area using clean gauze pad.
3. Apply [Santyl Ointment](#) 1/8" thick onto gauze, and then fluff gauze prior to placing into wound bed.
4. If needed, fill any remaining space with gauze or rolled gauze (cavity wounds)
5. Cover with gauze dressing, OR Bordered Gauze, OR Composite Dressing (Stratasorb – used for wounds that may come in contact with urine due to incontinent resident).
6. If needed, secure with tape, or stretch net (Elastic Net), or rolled gauze.
7. Change dressing daily.
8. **Reevaluate** when slough/eschar is softened/removed to treat the wound based on new assessment.

Treatment #14

1. Cleanse wound with normal saline or Commercial Cleanser.
2. Pat dry periwound area with clean gauze pad.
3. Apply [Accuzyme](#) or [Gladase](#) to wound bed using an applicator.
4. Apply a [Foam Dressing](#):
 - If periwound skin is intact use adhesive foam product.
 - If periwound skin is compromised use non-adhesive foam product.
5. If needed, secure with tape, or Retention Tape, or Net Dressing (Elastic Net), or rolled gauze.
6. Change daily
7. **Reevaluate** when slough/eschar is softened/removed to treat the wound based on new assessment.

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Treatment #15

1. Cleanse surface of eschar tissue with normal saline or Commercial Cleanser.
2. Pat dry periwound area with clean gauze pad.
3. Apply [Santyl Ointment](#) 1/8" thick onto gauze, and then fluff gauze prior to placing into wound bed.
4. Apply a [Foam Dressing](#):
 - If periwound skin is intact use adhesive foam product.
 - If periwound skin is compromised use non-adhesive foam product.
5. If needed, secure with tape, or Retention Tape, or Net Dressing (Elastic Net), or rolled gauze.
6. Change daily
7. **Reevaluate** when slough/eschar is softened/removed to treat the wound based on new assessment.

Treatment #16

1. Cleanse wound with normal saline or Commercial Cleanser.
2. Pat dry periwound area with clean gauze pad.
3. Apply [Accuzyme or Gladase](#) to wound bed using an applicator.
4. Fill any remaining space with gauze or rolled gauze (cavity wounds) moistened with either normal saline or wound cleanser.
5. Apply a [Foam Dressing](#):
 - If periwound skin is intact use adhesive foam product.
 - If periwound skin is compromised use non-adhesive foam product.
6. If needed, secure with tape, or Retention Tape, or Net Dressing (Elastic Net), or rolled gauze.
7. Change daily. (If dressing must be changed twice daily due to strike through drainage, re-evaluate treatment. May need to use Alginate instead of gauze to fill remaining space to absorb more drainage to extend wear time to daily)
8. **Reevaluate** when slough/eschar is softened/removed to treat the wound based on new assessment.

Treatment #17:

1. Cleanse surface wound with normal saline or wound cleanser.
2. Pat dry periwound area with clean gauze pad.
3. Apply [Santyl Ointment](#) 1/8" thick onto gauze, and then fluff gauze prior to placing into wound bed.
4. Fill any remaining space with gauze or rolled gauze (cavity wounds)
5. Apply a [Foam Dressing](#):
 - If periwound skin is intact use adhesive foam product.
 - If periwound skin is compromised use non-adhesive foam product.
6. If needed, secure with tape, or Retention Tape, or Net Dressing (Elastic Net), or rolled gauze.
7. Change daily. (If dressing must be changed twice daily due to strike through drainage, re-evaluate treatment. May need to use Alginate instead of gauze to fill remaining space to absorb more drainage to extend wear time to daily)
8. **Reevaluate** when slough/eschar is softened/removed to treat the wound based on new assessment.

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Treatment #18:

1. Cleanse with normal saline or wound cleanser.
2. Pat dry periwound area with clean gauze pad.
3. Apply [Panafil](#) or [Gladase-C](#) to wound bed using an applicator.
4. If needed, fill any remaining space with gauze or rolled gauze (cavity wounds)
5. Cover with a gauze dressing, OR Bordered Gauze, OR Composite Dressing (Stratasorb- used for wounds that may come in contact with urine/feces due to incontinent resident), OR rolled gauze.
6. Change daily or every other day depending on strike through drainage.

Treatment #19:

1. Cleanse with normal saline or wound cleanser.
2. Pat dry periwound area with clean gauze pad.
3. Apply [Panafil](#) or [Gladase-C](#) to wound bed using an applicator.
4. If needed, fill any remaining space with gauze or rolled gauze (cavity wounds)
5. Apply a [Foam Dressing](#):
 - a. If periwound skin is intact use adhesive foam product.
 - b. If periwound skin is compromised use non-adhesive foam product.
6. If needed, secure with tape, or Retention Tape, or Net Dressing (Elastic Net), or rolled gauze.
7. Change daily or every other day depending on strike through drainage.