

## Selection of Dressings for Pressure Ulcers

<i>Dressing</i>	<i>Hydrocolloid</i>	<i>Transparent Film</i>	<i>Hydrogel</i>	<i>Alginate</i>	<i>Foam</i>	<i>Polymeric Membrane</i>	<i>Silver Impregnated</i>
<b><u>Stage I</u></b>			Shallow, minimal exudate to dry wound bed, painful	Mod to heavy exudate, ±infection			Infected, heavily colonized, high-risk for infection
<b><u>Stage II</u></b>	If wound is clean		Shallow, minimal exudate to dry wound bed, painful	Mod to heavy exudate, ±infection	Exudative	Any	Infected, heavily colonized, high-risk for infection
<b><u>Stage III</u></b>				Mod to heavy exudate, ±infection	Shallow	Shallow	Infected, heavily colonized, high-risk for infection
<b><u>Stage IV</u></b>				Mod to heavy exudate, ±infection			Infected, heavily colonized, high-risk for infection
<b><u>Periwound/Other</u></b>	Protect areas at risk for friction or injury from tape	Protect areas at risk for friction or injury from tape; autolytic debridement			Painful; at risk for shear injury		
<b><u>Contraindications</u></b>	Area where it will roll or melt	As the tissue interface layer over mod to heavily draining wounds; as the cover dressing over enzymatic debriding agents, gels, or ointments			Small piece in large cavity		When infection is controlled; long term use
<b><u>Notes</u></b>	Might need filler dressing underneath for cavity wounds	Secondary dressing over alginate or other fillers	Amorphous hydrogel for non-infected ulcers that are granulating	If dressing is dry upon removal, irrigate; consider lengthening time between changes or using a different dressing			

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<i>Dressing</i>	<i>Honey-Impregnated</i>	<i>Cadexomer Iodine</i>	<i>Gauze</i>	<i>Silicone</i>	<i>Collagen Matrix</i>	<i>Composite</i>
<b><u>Stage I</u></b>		Mod to high exudate				
<b><u>Stage II</u></b>	Any	Mod to high exudate				
<b><u>Stage III</u></b>	Any	Mod to high exudate			Nonhealing	
<b><u>Stage IV</u></b>		Mod to high exudate			Nonhealing	
<b><u>Periwound/Other</u></b>			As cover dressing over moist tissue interface layer	Fragile		
<b><u>Contraindications</u></b>		Patients with iodine sensitivity or thyroid disease; large cavity ulcers that are changed daily	Clean, open ulcers			
<b><u>Notes</u></b>			When other forms of moisture-retentive dressings are not available, continually moist gauze is preferable to dry gauze. Use loosely woven gauze for highly exudative ulcers; use tightly woven gauze for minimally exudative ulcers. Associated with increased infection rates, retained dressing particles, and pain. Costly in professional time for frequent changes.	Great wound contact layer to prevent trauma from dressing removal		Combination of previously listed dressings

Reference: European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel; 2009.