

Open Doors Nursing Team

Top tips

Wound care - assessing and dressing wounds

When assessing a wound, it is useful to first identify what your treatment aim is.

What is the primary issue that needs to be addressed? What do you hope to achieve with your choice of dressing? Is the wound infected? Over-granulating? Perhaps it's very wet, causing maceration of the peri-wound skin? Read on for some wound presentations commonly seen in primary care, and suggestions for dressings to use.

Staff resources

Accelerate wound care formulary booklet

[...click here](#)

Accelerate CIC off-formulary submission form

[...click here](#)

Tower Hamlets wound care referral form

[...click here](#)

Funded training opportunities at a glance

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Contact us

For any specific topic support and suggestions for upcoming content in Top Tips, please email the team via:

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Burns

Patients commonly present to their GP with minor burns and scalds. Small burns should be dressed with a non-adhesive mesh such as Atrauman or Adaptic-Touch to avoid further trauma to the wound, and to allow for a moist wound-healing environment. Patients with burns larger than the size of their palm should attend A&E for assessment.



Granulation

Granulating wounds require a moist wound environment.

Depending on the depth of the wound and the level of exudate seen, you may wish to opt for a non-adhesive, hydrocolloid (e.g. DuoDerm), hydrofiber (e.g. Aquacel) or alginate (e.g. Kaltostat) primary dressing.



Cavity wounds

We frequently see post-surgical cavity wounds following treatment for conditions such as pilonidal sinuses. These wounds initially require frequent, (often daily) dressing changes to manage heavy exudate and bleeding, so as not to delay healing or affect the integrity of the healthy skin surrounding the wound. Opt for hydrofibre ribbon e.g. Aquacel as your primary dressing to absorb exudate and encourage granulation, with an absorbent adhesive secondary dressing.



Infection

Granulating wounds require a moist wound environment. Depending on the depth of the wound and the level of exudate seen, you may wish to opt for a non-adhesive, hydrocolloid (e.g. DuoDerm), hydrofiber (e.g. Aquacel) or alginate (e.g. Kaltostat) primary dressing.



Slough

Wound slough is a common product of the inflammatory healing process but it can delay wound healing. Wound irrigation solution such as Prontosan or Octenalin and primary dressings containing Manuka honey can disrupt biofilms to penetrate and debride wound slough.



More info:

See Accelerate CIC's Tower Hamlets wound care formulary for more detailed information about wound assessment and dressings.

[Click here](#)



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