



# Pressure Ulcers eCourse

## Module 5.4: Dressings for Pressure Ulcers

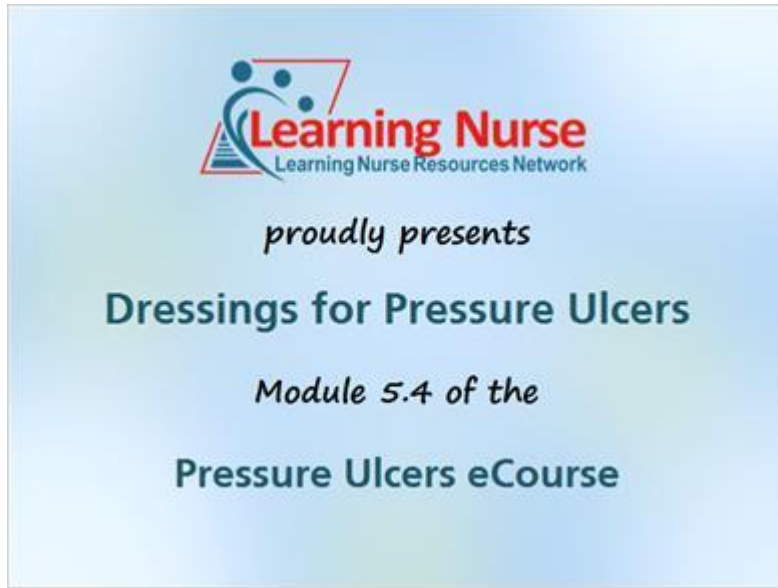
### Handout

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# Dressings for Pressure Ulcers

## 1. PU Dressing

### 1.1 Section Title



### Narration

No narration, only music.

## 1.2 Topics



### Narration

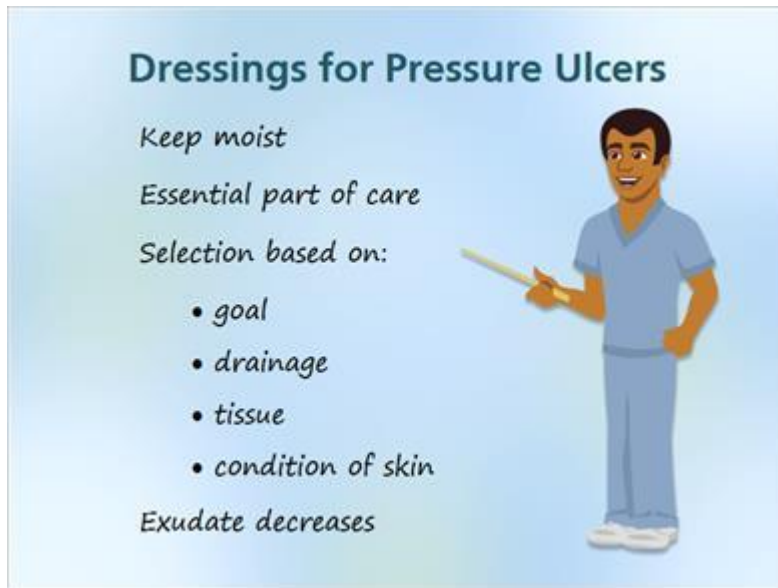
**JILL:** Hi ... I'm Jill and with me is Mark. Welcome to Module 5.4 of this Pressure Ulcer course.

**MARK:** Hi Jill. This is an important module. I believe we are going to learn how to select and use the most appropriate dressings for different types of pressure ulcers?

**JILL:** Yes, that is correct. We are first going to discuss some general wound healing considerations. We will then take a more detailed look at the dressings we should be using to facilitate pressure ulcer healing.

**MARK:** Sounds great. Let's get started!

## 1.3 Dressings



### Narration

**JILL:** Let's begin with a few general considerations. Since the 1960's, it has been accepted that wound healing is optimized when the wound is kept in a moist environment. Wound dressings are a central component of pressure ulcer care. When we are choosing the most appropriate dressing, we should take into account the following factors: the goal of the person with the ulcer; the nature and volume of the wound drainage; the tissue in the ulcer bed; and, the condition of the skin around the ulcer. A final consideration is that exudate usually decreases as the pressure ulcer heals.

**MARK:** These are good points to know.

## 1.4 Recommendations



### Narration

**JILL:** Now, let's look at some general recommendations. Why don't we do this one together? Mark, you start.

**MARK:** Okay. We should assess pressure ulcers at every dressing change and confirm the appropriateness of the current dressing regimen.

**JILL:** It is important to follow the manufacturer's recommendations, especially related to the frequency of dressing change.

**MARK:** The plan of care should provide guidance regarding usual dressing wear times. It should also contain provisionary plans for dressing changes if needed due to soilage, loosening or other similar contingency. The plan of care is for the staff, individual and their family.

## 1.5 Recommendations 2

**General Recommendations**

Use dressings that:

- keep wound bed moist
- remain in contact
- use skin barrier to:
  - keep periwound skin dry
  - prevent maceration

A cartoon illustration of a man with dark hair, wearing a light blue V-neck scrub top and matching pants, standing with his hands on his hips. He is smiling slightly. The background is a light blue gradient.

### Narration

**JILL:** Continuing on with the general recommendations ... we should use dressings that keep the wound bed moist.

**MARK:** We should use a dressing that remains in contact with the wound bed. If necessary we should use a skin barrier product to keep the periwound skin dry and prevent maceration.

**JILL:** Those were the general considerations and recommendations. Now on to the different types of dressings we can use for pressure ulcers.

## 1.6 Dressing Types

**Types of Dressings**

Dressings for pressure ulcers:

- hydrocolloid <sup>?</sup>
- transparent film <sup>?</sup>
- hydrogel <sup>?</sup>
- alginate <sup>?</sup>
- foam <sup>?</sup>
- silver-impregnated <sup>?</sup>

Click NEXT to continue ...

### Narration

**JILL:** In the rest of this presentation we will examine the different types of dressings available to us and when to use each. Here is a list of some of the types of dressings that we can use for pressure ulcers.

**MARK:** If you need a refresher as to the nature and characteristics of each dressing type, all you have to do is click on the question-mark icon for more information.

## 1.7 Dressing Types 2



### Narration

**JILL:** Here are the rest of the different types of dressings available for treating pressure ulcers.

**MARK:** Now on to when and how we should use each type of dressing depending on the stage, nature and characteristics of the pressure ulcer.


**JILL:** Uh-hum.



## 1.8 Hydrocolloid

**Hydrocolloid Dressings**

*For Stage II where no roll or melt*  
*Non-infected, shallow Stage II ulcers*  
*Change dressing if feces seep into it*



The image contains two side-by-side photographs. The left photograph shows a close-up of a person's buttock with a Stage II pressure ulcer, which is a shallow crater-like wound with a red, moist base. A small blue circular icon with a white question mark is overlaid on the top right of this image. The right photograph shows a hydrocolloid dressing, which is a yellowish, adhesive, and conformable material, being applied to a surface. The dressing is shown in a way that highlights its shape and how it would adhere to the skin.

### Narration

**JILL:** We start with hydrocolloid dressings. A hydrocolloid dressing should be used for clean Stage II pressure ulcers in body areas where they will not roll or melt. Also consider using a hydrocolloid dressing on non-infected, shallow Stage II pressure ulcers. It is important to remember to change the dressing if feces seep beneath it.

## 1.9 Hydrocolloid 2



### Narration

**MARK:** We should consider using filler dressings beneath hydrocolloid dressings in deep ulcers with dead space. This type of dressing can be used to protect body areas at risk for friction or tape injury. The final important point is that we need to remove hydrocolloid dressings carefully from fragile skin in order to reduce skin trauma.

**JILL:** Thanks, Mark.

## 1.10 Transparent Film



### Narration

**JILL:** Our next type of dressing is transparent film. We should consider using transparent film dressings to protect body areas at risk for friction or tape injury. Transparent film can be used for autolytic debridement when the patient is not immunocompromised.

This type of dressing can be used as a secondary dressing for ulcers treated with alginates or other wound filler that will remain in the ulcer bed for an extended period of time, such as 3 to 5 days.

## 1.11 Transparent Film 2



### Narration

**MARK:** Transparent film dressings on fragile skin need to be removed carefully to reduce skin trauma. Transparent film dressings are NOT appropriate in a couple of situations. The first is that this dressing should not be used as the tissue interface layer over moderately to heavily exudating ulcers. We should also not use this transparent film dressing as a cover dressing over enzymatic debriding agents, gels or ointments.

**JILL:** Thanks for doing that.

**MARK:** Glad to. What's next?

## 1.12 Hydrogel



### Narration

**JILL:** Next are the hydrogel dressings. We should consider using these on shallow, minimally exudating pressure ulcers. Another good application is for treatment of dry ulcer beds so that the gel can moisten the ulcer bed. Hydrogel dressings are also a good choice for painful ulcers.

**MARK:** I'll do the rest.

## 1.13 Hydrogel 2



### Narration

**MARK:** We should consider the use of hydrogel sheet dressing for pressure ulcers without depth and contours, and on body areas that are at risk for dressing migration. We should consider using amorphous hydrogel dressings with deep pressure ulcers and contours on body areas that are NOT at risk of dressing migration. Finally we can use amorphous hydrogel for uninfected pressure ulcers that are granulating.

**JILL:** Thanks for doing that. Next are alginate dressings.

## 1.14 Alginate



### Narration

**JILL:** Let's do this one together. I will start. Alginate dressings should be considered for the treatment of moderately and heavily exudating ulcers.

**MARK:** Alginate dressings are suitable for infected ulcers, but only if there is concurrent treatment of the infection.

**JILL:** We need to gently remove the alginate dressing. We may have to irrigate it first to ease removal.

**MARK:** We should consider lengthening the dressing change interval or changing the type of dressing if the alginate dressing is still dry at the scheduled time for dressing change.

What's next?

## 1.15 Foam



### Narration

**JILL:** Next is foam dressing. We should consider using foam dressing on exudative Stage II and shallow Stage III pressure ulcers. We should avoid using single small pieces of foam in exudating cavity pressure ulcers. This type of dressing is also suitable for use on painful pressure ulcers.



## 1.16 Foam 2



### Narration

**MARK:** Foam dressings are suitable for body areas and pressure ulcers at risk for shear injury. Finally, we should consider polymeric membrane dressings for Stage II and shallow Stage III pressure ulcers.

**JILL:** Great. Next are silver-impregnated dressings.

## 1.17 Silver-Impregnated

**Silver-Impregnated Dressings**

*Infected or heavily colonized*

*High risk of infection*

*Avoid prolonged use*

*Silver sulfadiazine  
for contaminated  
or infected ulcers*



### Narration

**JILL:** We should consider using silver-impregnated dressings for pressure ulcers that are infected or heavily colonized. This type of dressing is therefore also suitable for use on ulcers that are at high risk of infection.

**MARK:** We must avoid prolonged use of silver dressings. We should discontinue their use as soon as the infection is controlled. We should consider the use of silver sulfadiazine in heavily contaminated or infected pressure ulcers until definitive debridement is accomplished.

## 1.18 Honey-Impregnated



### Narration

**JILL:** We should consider the use of dressings impregnated with medical-grade honey for the treatment of Stage II and III pressure ulcers.

**MARK:** Where does medical-grade honey come from?

**JILL:** Probably from bees wearing surgical masks and gloves. (Both laugh).

## 1.19 Cadexomer Iodine



### Narration

**JILL:** Our next type of dressing is cadexomer iodine. Mark, why don't you do this one?

**MARK:** Okay. Cadexomer iodine dressings are suitable in pressure ulcers with moderate to high exudate. Because iodine is a component, this dressing type should not be used with individuals sensitive to iodine, or those with thyroid disease. We also should avoid cadexomer iodine dressings in large, cavity ulcers that require frequent (daily) dressing changes.

**JILL:** Good job.

## 1.20 Silicone



### Narration

**JILL:** Silicone dressings are a good choice as a wound contact layer to promote atraumatic dressing changes. We should also consider using it to prevent tissue injury when the ulcer or periwound tissue is fragile or friable.

## 1.21 Collagen Matrix



### Narration

**JILL:** We should consider using collagen matrix dressings for non-healing Stage III and IV pressure ulcers. However, there are too few studies to either support or refute the use of collagen in pressure ulcers.

**MARK:** Hmmm.

## 1.22 Biological



### Narration

**JILL:** There is insufficient evidence to support the use of biological dressings or skin substitutes in the treatment of pressure ulcers.

**MARK:** I guess before we use either the collagen or the biological dressings for pressure ulcers, we should consult with a wound specialist.

**JILL:** Yes, that is probably a good idea.

## 1.23 Gauze

**Gauze**

*Avoid use for clean, open pressure ulcers:*

- *labor intensive*
- *causes pain*
- *desiccation of viable tissue*

*Use moistened gauze*

*Use as cover dressing*



### Narration

**JILL:** Our last dressing type is the good old familiar gauze. Mark, why don't you start?

**MARK:** Sure. We should avoid the use of gauze for clean, open pressure ulcers because it is labor-intensive to use; it causes pain when removed dry; and, its use can lead to desiccation of viable tissue if it has dried out.

If other forms of moisture-retentive dressings are not available, we need to continually moisten the gauze. Gauze can be used as a cover dressing to reduce evaporation from a moist tissue interface layer.

**JILL:** Thanks.



## 1.24 Gauze 2

**Gauze**

*Loosely woven gauze for high exudate*

*Tightly woven gauze for low exudate*

*Saline-moistened gauze as loose fill*

*Change gauze packing frequently*



### Narration

**JILL:** Continuing on with gauze ... we should use loosely woven gauze for highly exudative ulcers. For minimally exudative ulcers, we should use tightly woven gauze.

When other forms of moisture-retentive dressing are not available, saline-moistened gauze can be used to loosely fill large tissue defects and dead space in the pressure ulcer. DO NOT tightly pack the gauze. If you do, this it will create pressure on the wound bed. Gauze packing should be changed frequently to promote the absorption of the exudate.

**MARK:** Okay.

## 1.25 Gauze 3



### Narration

**JILL:** Why don't you do the remaining considerations involving the use of gauze dressings?

**MARK:** Sure. We can use a single strip or roll of gauze to fill deep ulcers. We must not use multiple pieces of gauze, because retained gauze in the ulcer bed can serve as a source of infection. We should consider using impregnated forms of gauze to prevent evaporation of moisture.

**JILL:** I would like to add one more point. If single gauze pieces are used to pack wounds, document the type and amount. This will ensure that the gauze is completely removed at the dressing change.

**MARK:** Although it sounds like gauze has a place as a wound dressing for pressure ulcers, it may not be the best choice. Unlike some of the other dressings, it does a poor job keeping the wound moist.

**JILL:** Yes, I agree.

## 1.26 Summary



### Narration

**JILL:** This brings us to the end of Module 5.4 on dressings for pressure ulcers. Mark, care to summarize what we covered?

**MARK:** Sure thing, Jill. This one is simple. We briefly discussed the importance of using appropriate dressings to assist in pressure ulcer healing. We then talked about some general healing considerations. For the rest of the presentation, we examined the different types of dressings that are available to us, and how and when to use each with different types of pressure ulcers.

**JILL:** Thanks for doing that. I'm Jill here with Mark, saying goodbye until the next time.

**MARK:** Bye.

## 1.27 The End



### Narration

No narration, only music.