

WakeMed Physical Therapy Wound Care Protocol

IF:

patient has a wound depth of greater than 0.5 cm

And the wound type is diabetic foot ulcer, pressure injury, surgical wound, a graft/flap, traumatic wound, partial-thickness burn, pilonidal sinus wound or necrotizing fasciitis

And the goal of PT wound therapy is to accelerate the formation of granulation tissue and/or improve perfusion through removal of excess interstitial fluid and/or to reduce bacterial colonization

Contraindications include: Malignancy of the wound.

Untreated osteomyelitis.

Nonenteric or unexplored fistulas. Known allergies or sensitivity to acrylic adhesives.

And no contraindications are present

THEN

The PT will enter an order for Negative Pressure wound therapy

AND/OR

1. PERISTOMAL, PERTUBULAR, PERIWOUND, DENUDED SKIN

- a. Sprinkle intact skin with pectin powder, brush off excess, then spray or wipe with no sting pad/spray (known as 'crusting')
- b. Use with each pouch or dressing change

2. DRY, FLAKING, CRUSTED,SKIN

- a. apply a thick layer of petrolatum to affected areas daily after bath
- b. **Additionally scaling and cracked skin: apply a thick layer of **Absorbse Cream** to affected areas daily

3. INCONTINENCE ASSOCIATED DERMATITIS/MOISTURE ASSOCIATED SKIN DAMAGE WITH REDDENED/DENUDED SKIN

- a. Apply thick layer of zinc oxide to affected area. Reapply second layer over initial layer
- b. Apply twice daily and as needed for stool/urine incontinence or moisture episodes and remove top soiled layer only

4. MACULAR PAPULAR RASH WITH INCONTINENCE ASSOCIATED DERMATITIS

- a. Localized area with pale erythema: Apply thick layer of petrolatum based antifungal barrier ointment to affected area twice daily and as needed after incontinent episodes
- b. **Multiple sites and/or with dark erythema: Apply a thick layer of **Dr. Irons Diaper Rash Cream** to affected area 3 times daily and as needed after incontinent episodes

5. MACULAR PAPULAR RASH WITH DISTINCT SATELLITE LESIONS and not associated with incontinence

- a. **Apply dusting of **Nystatin** to affected areas three times a day

b. Powder may be sealed with barrier spray/pad

6. PARTIAL THICKNESS WOUND/MINIMAL DRAINAGE

- a. Cleanse wound with saline or wound cleanser
- b. Apply to wound bed:
 - a. Thin film(Non fragile skin); 2x/week
 - b. Hydrocolloid wafer (except in neutropenia); 2x/week
 - c. Amorphous hydrogel: up to 3 days
 - d. Layers of bismuth petrolatum impregnated gauze: 2x/week
 - e. Layers of petrolatum impregnated gauze: 2x/week
 - f. Collagen: up to 3 days (contraindicated in pork or beef allergies)
- c. Cover: With appropriate cover dressing

7. PARTIAL THICKNESS WOUND/MODERATE TO LARGE DRAINAGE

- a. Cleanse wound with normal saline or wound cleanser
- b. Apply to wound bed
 - a. Alginate: up to 3 days
 - b. Polyurethane foam: up to 7 days
 - c. Moist to moist NS gauze: daily or when saturated

8. FULL THICKNESS WOUND/MINIMAL DRAINAGE

- a. Cleanse wound with normal saline or wound cleanser
- b. Apply to wound bed

a. Collagen: up to 3 days (contraindicated in pork or beef allergies)

b. Amorphous hydrogel: up to 3 days

9. FULL THICKNESS WOUND/MODERATE TO HEAVY DRAINAGE

- a. Cleanse wound with normal saline or wound cleanser
- b. Apply to wound bed

a. Alginate: up to 3 days

b. Polyurethane foam: up to 7 days

c. Moist to moist NS gauze: daily or when saturated (Wounds may have minimal to large amounts of drainage)

- a. Cleanse wound with normal saline or wound cleanser
- b. Apply to wound bed

a. **Odor and/or infection : **Sodium**

hypochlorite .125%: up to twice daily

b. **Pseudomonas: **Hypochlorous acid**: up to twice daily

c. Slough: **Cadexomer iodine**: thin layer daily to three x/week (exclusion iodine allergy, thyroid dysfunction, dry wound)

d. **Bioburden: **Vashe Wound Solution**: up to twice daily

e. Stalled healing process and/or small to moderate drainage: Silver contact layer: up to 3 days

f. Moderate to heavy drainage: Silver alginate: up to 3 days

g. None to small drainage: Silver gel: think layer up to 3 days

h. **Shallow or crusted abrasion: **Badtracin**: thick layer daily (exclusion: allergy to badtracin or neomycin)

i. **Minimal drainage and slough: Medical grade Manuka honey: think layer up to 5 days

c. Cover: With appropriate cover dressing

11. PARTIAL/FULL Thickness Wound requiring a non-adherent layer under secondary dressing

a. Cleanse with normal saline or wound cleanser

b. Apply to wound bed

a. Soft silicone foam dressing to wound bed

b. Adaptive non-adherent dressing to wound bed

c. Top with appropriate secondary dressing

d. Cover with appropriate cover dressing

12. Non-Surgical DEBRIDEMENT of Eschar or Slough

a. Cleanse wound with normal saline or wound cleanser

b. Apply to wound bed

a. **Odor and/or infection: **Sodium**

hypochlorite .125% moistened gauze: up to twice daily

b. **Pseudomonas: **Hypochlorous acid**

moistened gauze : up to twice daily

Hypertonic gauze: daily (caution: may cause burning sensation)

c. **Shallow wound: **Collagenase**: thin layer daily (cover with normal saline or gel moistened gauze)

c. Cover: With appropriate cover dressing

13. MAINTENANCE OF DRY ESCHAR WITH NO FLUCTUANCE, ERYTHEMA, OR DRAINAGE

a. Wipe eschar with povidone iodine daily and leave open to air (exclusion: iodine allergy)

14. SKIN FOLDS/INTERTRIGO

a. Cut silver antimicrobial textile to fit and tuck into skin folds ensuring there is a wick on each side that is open to air. Remove for bathing. Up to 3 day wear time

15. APPROXIMATED WOUNDS WITH NO TO SCANT DRAINAGE

a. Cleanse wound

a. Apply dry gauze, Band-Aid or island dressing to approximated wound: daily and as needed

16. HEAVILY DRAINING WOUNDS AND/OR FISTULAS

a. Cleanse wound and periwound

b. Pouch with appropriate size and shape ostomy or fistula pouching systems

17. NEGATIVE PRESSURE

a. Unless otherwise specified by physician, the number and type of foam, irrigation settings, and frequency of dressing changes will be based on the bedside assessment.

Signature of the referral to WakMed Physical Therapy Wound Care indicates that the referring provider has reviewed and agreed to this protocol and has included any additional specific instructions on the order form.