Choosing an Appropriate Wound Exudate Management Dressing Supporting the East Region Formulary



Step

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No/Low Exudate

- 1-2 dressing changes a week
- Exudate contained within the dressing
- No periwound maceration

Duoderm extra thin

For fragile skin/painful wounds:

Kliniderm foam silicone lite (adhesive and non adhesive)

Moderate Exudate

- 2-3 dressing changes a week
- No strikethrough
- Oedema may be present

Kliniderm foam (adhesive and non adhesive) For fragile skin/painful wounds:

Tegaderm foam

 (adhesive and non adhesive)
 Kliniderm foam silicone
 (adhesive and non adhesive)

High Exudate

- 3-5 dressing changes a week
- Possible periwound maceration/excoriation
- Oedema may be present

- Biatain (adhesive)
- Aquacel foam (non adhesive)

For fragile skin/painful wounds:

Biatain silicone* (adhesive)
Mepilex border comfort
(adhesive)

Very High Exudate

- 5-7+ dressing changes a week
- Possible periwound maceration/ excoriation strikethrough on dressings
- Oedema may be present

- · Zetuvit Plus Latex in packaging
- ConvaMax Superabsorber (adhesive and non adhesive available)
- KerraMax Care (adhesive or non-adhesive)

Foams: Can be used as a primary or secondary dressing, should not be applied to dry wounds, scabs or eschar (black dry necrosis)

Superabsorbers: Should be used for fluid management where the dressings need to be changed daily or more often. Consider reason for high exudates and treat promptly

*Biatain silicone - conforms to the wound bed. Do not need to use a filler if wound less than 2cm deep

For full information on dressing choices **External staff** via https://formulary.nhs.scot/east/wound-care/wound-management **Internal staff** via Tissue Viability page ERF