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*Secondary dressing selection should be made according to exudate management in order to maintain proper moist wound management.

WOUND STAGES		TREATMENT PLAN*
	Stage 1 Intact skin with non-blanchable redness of a localized area usually over bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.	Prevent friction and sheering and protect from moisture and off-load pressure. Primary Dressing Choices: Transeal [®] , Procol [®]  
	Stage 2 Partial thickness loss or dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough; or as an intact or open/ruptured serum filled blister	Prevent friction, sheering, and provide moist environment and off-load pressure. Primary Dressing Choices: Procol [®] , Multidex [®] Gel Covaderm [™] , Covaderm [®] Plus Aquasorb [®]    
	Stage 3 Full thickness tissue loss. Sub-q fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	Off-load pressure. If slough is present, debride as necessary with Jetox [™] -ND. Primary Dressing Choices: Algidex Ag [®] Paste, Algidex Ag [®] Thin Sheet, Dermanet [®] Ag+ Algidex Ag [®] Packing Gauze (pack tracks or undermining) Algidex Ag [®] Foam (with increased drainage) Multidex [®] (Gel or Powder)    
	Stage 4 Full thickness loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	Off-load pressure. With increased bio-burden debride with Jetox [™] -ND as needed. Primary Dressing Choices: Algidex Ag [®] Foam (with increased drainage) Algidex Ag [®] Packing Gauze (pack tracks or undermining) Kalginate [®] (add as needed) Multidex [®] Powder (as needed for odor control)    
	Suspected Deep Tissue Injury Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage or underlying soft tissue from pressure and shear. Area may be painful, firm, mushy, boggy, warm, or cooler compared to adjacent tissue.	Prevent friction, sheering, pressure, and excess moisture/incontinence. Prepare for ulcer to rupture and control exudate and bio-burden with Algidex Ag [®] Foam. Primary Dressing Choices: Algidex Ag [®] Foam, Polyderm [™] Sofisorb [®]   
	Unstageable Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.	Debride all nectotic tissue. Use Jetox [™] -ND as needed for debridement. Primary Dressing Choices: Algidex Ag [®] (bio-burden control) Multidex [®] Powder (odor control) Kalginate [®] (increased heavy drainage)   

Wound Stages Images: Graphics and definitions reprinted with permission from NPUAP.






Clinical Images: From DeRoyal archives.

Wound Care POCKET GUIDE



Covering All Your
Wound Care Needs

DeRoyal[®]

WOUND TYPE		DEBRIDEMENT	CONTROL BIOBURDEN (Primary Dressing)	EXUDATE MANAGEMENT					
				Dry		Moist		Wet	
				Primary Dressing	Secondary Dressing	Primary Dressing	Secondary Dressing	Primary Dressing	Secondary Dressing
Arterial Ulcers Caused by Peripheral Arterial Disease (PAD)		Very selective due to high risk of infection and amputation	Algidx Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidx Ag® Paste or Multidex® Gel	Covaderm® or Covaderm® Plus or Multipad™ or Aquasorb®	Dermanet® Ag+ or Multidex® (Gel or Powder)	Covaderm® or Covaderm® Plus	Algidx Ag® Foam or Multidex® Powder or Kalginate®	Polyderm™ or Sofsb®
Venous Ulcerations Caused by venous insufficiency and venous hypertension (Consider multi-layer compression: DeWrap™)		Mechanical debridement (Jetox™-ND)	Algidx Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidx Ag® Paste or Dermanet® Ag+ or Multidex® Gel	Multipad™	Algidx Ag® Thin Sheet or Multidex® (Gel or Powder)	Multipad™	Algidx Ag® Foam or Multidex® Powder or Kalginate®	Polyderm™ or Sofsb®
Diabetic Foot Ulcers Complication resulting from Diabetes		Mechanical debridement (Jetox™-ND)	Algidx Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidx Ag® Paste or Multidex® Gel	Covaderm® or Covaderm® Plus or Procol®	Algidx Ag® Thin Sheet or Dermanet® Ag+ or Multidex® Powder	Covaderm® or Covaderm® Plus	Algidx Ag® Foam or Multidex® Powder	Polyderm™ or Sofsb®
Skin Tear Traumatic wound occurring as a result of friction or shearing		Approximate skin flap if possible	Multidex® Gel	Multidex® Gel	Aquasorb® or Multipad™	Multidex® Powder	Aquasorb® or Covaderm® Plus	*Unlikely* (consider infection) Multidex® Powder	Polyderm™
Surgical Wound/Dehiscence Post surgical complication		Mechanical debridement and irrigation of tracts and undermining spaces. (Jetox™-ND)	Algidx Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidx Ag® Paste or Multidex® Gel	Covaderm®	Algidx Ag® Thin Sheet or Multidex® Gel or Dermanet® Ag+	Covaderm® or Covaderm® Plus	Algidx Ag® Foam or Algidx Ag® Packing Gauze or Multidex® Powder	Polyderm™ or Sofsb®



Multidex®: D-glucose poly-saccharide and 1% Ascorbic Acid which is bacterial-static and bacterial-cidal and chemotactic to macrophages and fibroblasts

- Promotes granulation tissues
- Maintenance autolytic debridement
- Controls odor



Algidx Ag®: Composed of ionic silver, maltodextrin, and alginate

- Ionic silver: antimicrobial
- Autolytic debridement



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