### **DeRoyal.** Improving Care. Improving Business.

Wound Management Includes: Correct Wound Assessment/Measurements: Nutrition Interventions: Correct Co-Morbidities: Eliminate/Control Causative Factors

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

### **WOUND STAGES**



### 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 sur-



#### TREATMENT PLAN\*

Prevent friction and sheering and protect from moisture and off-load pressure.









Stage 2

rounding area.

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®



Off-load pressure. If slough is present, debride as necessary with Jetox™-ND.









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.



### 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.

Purple or maroon localized area of discolored

intact skin or blood-filled blister due to dam-

age or underlying soft tissue from pressure and

sheer. Area may be painful, firm, mushy, boggy,

warm, or cooler compared to adjacent tissue.

Suspected Deep Tissue Injury



## Off-load pressure. With increased bio-burden debride with Jetox<sup>TM</sup>-ND as needed.

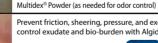
Primary Dressing Choices: Algidex Ag® Foam (with increased drainage) Algidex Ag® Packing Gauze (pack tracks or undermining) Kalginate® (add as needed)











Prevent friction, sheering, pressure, and excess moisture/incontinence, Prepare for ulcer to rupture and control exudate and bio-burden with Algidex Ag® Foam.











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 Care POCKET GUIDE**



**Covering All Your Wound Care Needs** 



		DEBRIDEMENT	CONTROL BIOBURDEN (Primary Dressing)	EXUDATE MANAGEMENT					
WOUND TYPE				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	Algidex Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidex Ag® Paste or Multidex® Gel	Covaderm® or Covaderm® Plus or Multipad™ or Aquasorb®	Dermanet® Ag+ or Multidex® (Gel or Powder)	Covaderm <sup>®</sup> or Covaderm <sup>®</sup> Plus	Algidex Ag® Foam or Multidex® Powder or Kalginate®	Polyderm™ or Sofsorb®
Venous Ulcerations Caused by venous insufficiency and venous hypertension  (Consider multi-layer compression: DeWrap™)		Mechanical debridement (Jetox <sup>™</sup> -ND)	Algidex Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidex Ag® Paste or Dermanet® Ag+ or Multidex® Gel	Multipad™	Algidex Ag® Thin Sheet or Multidex® (Gel or Powder)	Multipad™	Algidex Ag® Foam o Multidex® Powder or Kalginate®	Polyderm <sup>™</sup> or Sofsorb <sup>®</sup>
<b>Diabetic Foot Ulcers</b> Complication resulting from Diabetes		Mechanical debridement (Jetox™-ND)	Algidex Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidex Ag® Paste or Multidex® Gel	Covaderm <sup>®</sup> or Covaderm <sup>®</sup> Plus or Procol <sup>®</sup>	Algidex Ag <sup>®</sup> Thin Sheet or Dermanet <sup>®</sup> Ag+ or Multidex <sup>®</sup> Powder	Covaderm <sup>®</sup> or Covaderm <sup>®</sup> Plus	Algidex Ag <sup>®</sup> Foam or Multidex <sup>®</sup> Powder	Polyderm <sup>™</sup> or Sofsorb <sup>®</sup>
Skin Tear Traumatic wound occuring as a result of friction or shearing	W Sale	Approximate skin flap if possible	Multidex® Gel	Multidex <sup>®</sup> Gel	Aquasorb® or Multipad™	Multidex <sup>®</sup> 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 <sup>™</sup> -ND)	Algidex Ag® (for infection and contamination) or Multidex® (to promote granulation)	Algidex Ag® Paste or Multidex® Gel	Covaderm <sup>®</sup>	Algidex Ag <sup>®</sup> Thin Sheet or Multidex <sup>®</sup> Gel or Dermanet <sup>®</sup> Ag+	Covaderm® or Covaderm® Plus	Algidex Ag® Foam or Algidex Ag® Packing Gauze or Multidex® Powder	Polyderm <sup>™</sup> or Sofsorb®



**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



**Algidex Ag**<sup>®</sup>: Composed of ionic silver, maltodextrin, and alginate

- Ionic silver: antimicrobial
- Autolytic debridment



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