

Dressing	Indication	Contraindication	Action
Calcium/Sodium Alginate (e.g., pads, ropes)	<ul style="list-style-type: none"> ▪ Inflammatory to repair phase of healing <ol style="list-style-type: none"> 1. Burns 2. Shearing/avulsion injuries 3. Cavity wounds ▪ Best for clean wounds after initial debridement with: <ul style="list-style-type: none"> - <u>Moderate to heavy exudates</u> - The need for granulation tissue formation and epithelialization - Minimal to moderate amount of necrotic tissue • Best to use this product in early repair phase of wound healing (after gross contamination and necrotic tissue has been removed from wound) through contraction and epithelialization. Can replace with nonadherent Telfa pad after granulation fills wound. 	<ul style="list-style-type: none"> ▪ Wounds with exposed tendon, bone, or moderate to large amounts of necrotic tissue 	<ul style="list-style-type: none"> ▪ Highly absorptive ▪ Promotes autolytic debridement ▪ Has hemostatic properties ▪ <u>Encourages epithelialization</u> ▪ <u>Promotes granulation</u>
Petroleum impregnated products (e.g., Adaptic)	<ul style="list-style-type: none"> ▪ Early repair phase ▪ Clean, healthy wound with minimal granulation bed ▪ Wound with: <ul style="list-style-type: none"> - No need for debridement - The need for granulation tissue and contraction • Best to use this product only in the beginning stages of wound repair (to assist granulation tissue formation) before epithelialization has begun. 	<ul style="list-style-type: none"> ▪ Delays epithelialization. Avoid use of this product after granulation tissue fills wound. 	<ul style="list-style-type: none"> ▪ Increases wound contraction, but delays epithelialization ▪ Absorbs bacteria and exudates
Non-adherent contact pads (i.e., Telfa)	<ul style="list-style-type: none"> ▪ Early-to-mid repair phase when epithelialization begins ▪ Best for wounds with: <ul style="list-style-type: none"> - Sanguineous exudate - The need for epithelialization or contraction - Minor infections • Best to use this product after granulation tissue fills wound to promote epithelialization and contraction. 	<ul style="list-style-type: none"> ▪ Avoid use in heavily contaminated wounds or those in need of debridement ▪ Replace with another contact dressing if hyper-granulation develops 	<ul style="list-style-type: none"> ▪ Increases wound contraction ▪ Promotes epithelialization ▪ Absorbs bacteria and exudates ▪ May promote exuberant granulation tissue
Hydrocolloid	<ul style="list-style-type: none"> ▪ Early-to-mid repair phase of healing ▪ Best for wounds with: <ul style="list-style-type: none"> - The need for granulation tissue - Minimal to moderate exudates - Advanced wound contraction ▪ Decubital ulcers ▪ Burns ▪ Cavity wounds ▪ Degloving wounds • Useful until granulation tissue fills wound, but switch to other dressing when contraction is needed. • Replace with another contact dressing if hypergranulation tissue develops. 	<ul style="list-style-type: none"> ▪ Wounds with excessive granulation tissue (may cause hyper-granulation) ▪ Heavily exudative wounds ▪ Infected wounds 	<ul style="list-style-type: none"> ▪ Occlusive to semiocclusive ▪ Highly absorbent ▪ Promotes moist wound healing ▪ Promotes autolytic debridement ▪ Promotes granulation ▪ Increases epithelialization ▪ Adhesiveness may reduce contraction ▪ May cause hyper-granulation
Hydrogel	<ul style="list-style-type: none"> ▪ Inflammatory, debridement, and repair phases (all stages of wound healing) ▪ Best for wounds with: <ul style="list-style-type: none"> - Minimal to moderate exudates - Need for granulation tissue, epithelialization, or contraction - Dry, sloughing, or necrotic wounds ▪ Partial or full thickness wounds ▪ Discontinue when granulation tissues fills the wound • Best to use on a minimally to moderately exudative wound at any stage of healing (after gross contamination and necrotic tissue has been removed from wound). 	<ul style="list-style-type: none"> ▪ Moderately to excessively exudative wounds ▪ Wounds with excessive granulation tissue ▪ Infected wounds 	<ul style="list-style-type: none"> ▪ Absorbs fluid ▪ Keeps wound moist (donates moisture) ▪ Permits autolytic debridement ▪ Increases collagenase activity in burns (promoting debridement) ▪ Promotes granulation and epithelialization ▪ Promotes contraction ▪ May promote exuberant granulation tissue
Polyurethane foam	<ul style="list-style-type: none"> ▪ Inflammatory or repair phase of healing ▪ Deep wounds with mild to moderate exudates ▪ Decubital ulcers • Can be used during any stage of healing. Best used after granulation tissue fills wound to encourage epithelialization and contraction 	<ul style="list-style-type: none"> ▪ Wounds with poor granulation bed 	<ul style="list-style-type: none"> ▪ Absorbent ▪ Acts as a filter, stent or cushion ▪ Promotes epithelialization and contraction ▪ <u>Reduces granulation</u>