

Guidance for selecting alternatives to foams

<u>Wound type</u>	<u>Alternative options to try</u>
<p><u>Large Grade 4 Pressure Ulcer on Sacrum/ hip</u></p> <p>1 – Necrotic, Min Exudate</p>	<p>1. Atrauman, Gauze, Film OR</p> <p>2. Atrauman, gauze/wound pad + Omnifix OR</p> <p>3. Softpore, (if smaller wound and if peri wound skin not fragile)</p>
<p><u>Large Grade 4 as above</u></p> <p>2 –but debriding and wetter.</p>	<p>1. Alginate ,Zetuvit or step up to Super absorbent (sorbion sachet extra)secured with omnifix or net knickers</p> <p>2. Do not occlude with a film dressing as this can stop the breathability of the super absorbent dressing OR</p> <p>3. If unable to secure with omnifix try Biatain super adhesive.</p>
<p><u>Superficial Pressure ulcer (grade 2) or Leg ulcer – over Malleolus</u></p>	<p>1. Softpore OR</p> <p>2. Atrauman, gauze & film OR</p> <p>3. Hydrocolloid/Thin (if low exudate)</p>
<p><u>PEG/SP Catheter Gastrostomy site</u></p>	<p>Softpore or Gauze/Film</p>
<p><u>Heel Pressure ulcers</u></p> <p>1. Intact Necrosis dry</p>	<p>1. Need to establish management plan based on a full assessment (including vascular status) as this will aid the decision to debride or not.</p> <p>2. Leave exposed to keep heel dry OR</p> <p>3. Film (c view) to either prevent friction or to occlude ulcer to aid debridement OR</p> <p>4. Hydrocolloid if happy to debride (i.e. Vascular status has been established)</p>

<p><u>Heel Pressure ulcers</u></p> <p>2.Debrided/Debriding - Moderate exudate</p>	<p>If debrided – Alginate (Urgosorb) gauze/Zetuvit Omnifix to secure (if exudate and cavity present)</p> <p>OR</p> <p>as above but with wool/bandage or blue line if unable to tolerate adhesives</p> <p>OR</p> <p>Hydrocolloid (with or without alginate depending on level of exudate)</p>
<p><u>Leg ulcers</u></p> <p>1. Bandaged/Compression</p>	<ul style="list-style-type: none"> • Contact layer • Wound pad- Zetuvit (non -sterile) • Compression bandages <p>Or</p> <p>if very wet Step up to Superabsorbent (Sorbion sachet extra)</p>
<p><u>Leg ulcers</u></p> <p>2.Non Bandaged</p> <p>Assess level of exudates first -</p>	
<p>Low – Once a week</p>	<p>Atrauman + Zetuvit (non-sterile) Wool</p>
<p>Med – 3/week</p>	<p>As above but if not contained add an alginate.</p>
<p>High – 4/ week - Daily</p>	<p>Add Super absorbent (non- adhesive)Sorbion sachet extra</p>
<p><u>Skin tears</u></p> <p><u>(Fragile skin)</u></p>	<p>Atrauman, gauze or wound pad secured with tubular retention bandage or retention bandage.</p> <p>If atrauman adheres, step up to Adaptic touch</p>
<p><u>Superficial trauma (i.e. gardening injury)</u></p>	<p>If wound small, consider Softpore</p> <p>Or</p> <p>Atrauman, gauze/ wound pad secured with retention bandage or blue line/ yellow line.</p>

This list is not exhaustive; if you are still uncertain as to the alternative required please contact tissue viability on tissueviability@oxfordhealth.nhs.uk