Grove Medical Treatment Recommendations for Skin & Wound Care

SKIN CARE- Incontinent Perineal Care:

~Following each incontinent episode as needed, remove any residual urine or fecal matter using a perineal cleanser or body wash
~Thoroughly dry entire perineal area
~Apply a protective barrier ointment to entire perineal area

SKIN TEARS:

~Gently cleanse wound with Normal Saline
~Dry periwound area
~If necessary, approximate skin flap with either a moistened cotton applicator or sterile forceps, secure with steri-strips or a non-adherent wound dressing
~Apply a Skin Protectant or Protective Barrier Ointment to intact surrounding skin

LOWER EXTREMITY ULCER:

Arterial/Diabetic-

Note-** ***If arterial perfusion is unknown, consult with MD for evaluation.

Adequate Perfusion:

~Select treatment from Advanced Wound Care Product Guide based on the wound assessment (i.e., wound depth & drainage)

Inadequate Arterial Perfusion for Healing:

~Consult with MD, surgical intervention may be considered
~Keep wound and dressing clean and dry
~Monitor for signs and symptoms of infection

Venous-

Note-** ***If there is a diagnosis of PVD, consult with MD to evaluate perfusion status.

Option 1: Four Layer Compression

~Cleanse wound and surrounding skin
~Apply Skin Protectant to periwound
~Apply a Silver Alginate and apply a Four Layer Compression System
~Change 1 to 2 times a week

Option 2: Paste Boot

~Cleanse wound and surrounding skin
~Apply Paste Boot
~Cover with a Self-Adherent Wrap

NON-HEALING/ RECALCITRANT WOUND:

~Cleanse wound bed and periwound
~Apply Skin Protectant to periwound

Dry to Minimal Drainage:

~Apply a Silver Collagen and cover with a Bordered Gauze

Moderate to Heavy Drainage:

~Apply a Collagen and cover with a Silver Collagen

Secure and Cover With:

~Secure and cover with a secondary dressing, tubular net bandage for support, elastic net or rolled gauze for compression.

***Change every 3 days or as needed if "strike through" is visible on secondary dressing**

ESCHAR:

Intact Black Heel-

~ Apply Skin Protectant
~ Re-evaluate plan when not intact

Option 1- Autolytic Debridement

~ Cover with a Hydrocolloid
~Change dressing every 3 to 4 days until eschar is removed

Option 2- Autolytic Debridement

~ Cover with a Hydrogel
~ Secure with a Bordered Gauze
~ Change dressing every 3 to 4 days until eschar is removed

Option 3- Enzymatic Debridement

~ Contact an MD or qualified NP or PT to score/cross hatch eschar with a sterile scalpel
~ Apply Enzyme to eschar surface
~ Cover with a Bordered Gauze
~ Change daily

SLOUGH:

Option 1- Non-draining to Minimal Drainage

~ Cover with a Hydrogel
~ Secure with a Bordered Gauze
~ Change every 3 to 4 days or PRN

Option 2- Moderate to Heavy Drainage

~ Apply a Alginate Dressing
~ Secure with a Bordered Gauze
~ Change every 3 to 4 days or PRN

Option 3- Enzymatic Debridement

~ Apply Enzyme
~ Cover with a Bordered Gauze
~ Change daily