

## MODULE 3: WOUND CARE FORMULARY: UNDERSTANDING AND OPTIMIZING DRESSING SELECTION

**Antibacterial** – an agent that prohibits the growth of bacteria.

**Antimicrobial** – an agent that prohibits the growth of microbes.

**Assessment** – an evaluation

**Autolysis** - disintegration or liquefaction of tissue or of cells by the body's own mechanism, such as leukocytes and enzymes.

**Cytotoxic agents** - A substance that kills or damages tissue cells.

**Compression therapy** – is the application of externally applied pressure or static support to the lower extremity as a means of facilitating normal venous flow.

**Comprehensive Wound Assessment** – a written cumulative record of the progress of the wound, includes observation, data collection and evaluation.

**Debridement** – removal of devitalized tissue

**Selective** – removal of dead, devitalized tissue.

**Non Selective** - the removal of dead, devitalized tissue as well as healthy tissue.

**Dressings** – Materials applied to a wound for protection, absorption and drainage:

- Polyurethane film dressing (transparent dressing) – clear, semi-permeable, and non-absorptive, polymer-based adhesive dressing.
- Hydrocolloid dressing - formulations of elastomeric, adhesive, and gelling agents. Semi-occlusive and impermeable to fluids and bacteria.
- Hydrogel dressing- glycerin, saline or water-based dressings
- Foam dressing- cellulose or polyurethane dressing that may be impregnated or coated with other material and has some absorptive properties. May have adhesive or soft silicon borders or be non-bordered.
- Alginate dressing – highly absorbent, biodegradable dressing derived from seaweed
- Hydrofiber dressing-highly absorbent, with gelling properties derived from carboxymethylcellulose.
- Gauze dressing -usually made of cotton or synthetic that is absorptive and permeable to water, water vapor, and oxygen. The gauze may be impregnated with sodium chloride, petrolatum, antiseptics, or other agents.
- Contact layer – applied next to the wound bed to protect from trauma; some have absorptive properties and are coated with soft silicone.
- Antimicrobial dressing – a dressing that contains antimicrobial or silver properties; effective against a broad range of microbes and bacteria.
- Collagen – a dressing that is derived from bovine, porcine and avian sources; available in many forms of dressings.
- Composite dressing-a non-adherent contact layer covered with an absorbent material and water-proof backing.
- Soft Silicon dressing- unique material that does not adhere to the wound because it does not contain traditional adhesive; Available in many forms, such as a contact layer, absorptive foams, or impregnated dressings.

**Epibole** – a rolled wound edge.

**Epithelial migration (resurfacing)** – the movement of epithelial cells in the resurfacing or repair process.

**Eschar** – black or brown necrotic, devitalized tissue; tissue can be loose or firmly adherent, hard, soft or soggy.

**Etiology (wound)** – causative factor of the wound.

**Exudate** – any fluid that has been extruded from a tissue or its capillaries, such as fluid, cells, or cellular debris, which has escaped from blood vessels and has been deposited in tissue surfaces.

**Full-thickness** - tissue destruction, extending through the dermis to involve the subcutaneous tissue and possibly muscle and bone.

**Granulation tissue** – pink to red, moist tissue that contains new blood vessels, collagen, fibroblasts, and inflammatory cells that fills an open, previously deep wound when it begins to heal; typically appears deep pink or red with an irregular, granular surface.

**Hypertonic** – a solution of higher osmotic pressure; sodium chloride dressing.

**Infection** – the presence and growth of a microorganism that produces tissue damage.

**Inflammation** – tissue reaction to an injury; a localized protective response elicited by injury or destruction of tissues that serves to destroy, dilute, or wall off both the injurious agent and the injured tissue.

**Maceration** – over-hydration, or softening of the stratum corneum.

**Maturation Phase** – also referred to as the remodeling phase; collagen matrix becomes more organized and realigns through a process of synthesis and degradation to form a stronger, permanent scar and complete the healing cascade.

**Moisture Retentive Environment** – general term that refers to any dressing that is capable of consistently retaining moisture at the wound site.

**Moist Wound Healing** – the process of epithelial cells requiring moisture to migrate, from the wound edges to reepithelialize or close the wound.

**Necrotic tissue** – dead avascular tissue.

**Occlusive dressing** – no liquids or gases can be transmitted through the dressing material.

**Pain** - An unpleasant sensory or emotional experience associated with actual or potential tissue damage.

**Partial-thickness** – tissue destruction, into or through the epidermis, and possibly the extending into but not through the dermis.

**Periwound** – the area of skin around a wound.

**Pressure Redistribution** – refers to beds, mattresses, or cushions that displace body weight/ pressure.

**Proliferation** – rapid and repeated reproduction of new parts, as by cell division.

**Scab** – dried exudate covering superficial wounds.

**Sinus tract**- course or path of tissue destruction occurring in any direction from the surface or edge of the wound; results in dead space with potential for abscess formation. Also referred to as tunneling.

**Slough** – soft moist avascular (devitalized) tissue; may be white, yellow, tan or green; may be loose or firmly attached.

**Support Surfaces** – surfaces that are used to widely distribute body weight / pressure over the dependent surface.

**Undermining** – tissue destruction to underlying intact skin along a wound margin.

**Wet to dry dressings** – gauze dressings applied wet and allowed to dry before removal.

**Wound bed** – uppermost viable tissue layer of the wound; may be covered with slough or eschar.

**Wound repair** – healing process.

Source:

Taber's Cyclopedic Medical Dictionary

Acute & Chronic Wounds: Bryant and Nix, 3rd edition

WOCN Clinical Practice Guidelines: Volume 2

Wound Care Essentials: Practice Principles, Baranoski, Ayello, 2nd edition