






Dressing	Description	Drainage	When to Use	Frequency of Change	Examples
Polymem	Pink foam	Light to moderate	Burns, lacerations, abscesses, pressure injuries; nearly any superficial or partial-thickness wound. Doesn't stick to wound.	QOD, up to Q7 days	
Mepilex	White foam	Light to moderate	Burns that are smaller in size, lacerations, abscesses, pressure injuries, nearly any superficial or partial-thickness wound. Doesn't stick to wound. Silicone backing keeps dressing from sliding	QOD, up to Q7 days	
Adaptic	Impregnated gauze	Light to heavy	Burns, frostbite, abscesses, pressure injuries; nearly any superficial, partial or full-thickness wound. Doesn't stick to wound.	Daily	
Gauze	Woven white material	Light to heavy	Always put Adaptic down first. Gauze will stick to wound if applied directly. Used to absorb drainage.	Daily	
ABD pad	Thick white pad	Heavy	Always put Adaptic down first. ABD will stick to wound if applied directly. Used to absorb drainage.	Daily	
Duoderm	Tan with gel-like backing	Light to moderate	Pressure injuries (Stage I-III)	Q3 days	
Sorbalgon	Tightly woven seaweed	Moderate to heavy	Helps absorb exudate. Cut to fit in cavity wound. Not indicated for tunneling as particles may remain when dressing removed.	Daily	
Packing strip	Strips of tightly woven gauze	Light to heavy	Used to fill tunnels, undermining or the wound bed. Pack lightly not tightly. Always document how many pieces used and remove that same number at next dressing change.	Q1-2 days	
Kerlix	Fluffy white roll	Heavy	To secure primary dressing in place vs using tape.	When primary dressing is changed	
Flexicon	Roll with blue line	Light to moderate	To secure primary dressing in place vs using tape.	When primary dressing is changed	

Notes

- Primary dressing is directly in contact with the wound.
- Secondary dressing is the outer dressing (Medipore pad, Flexicon, etc.).
- Frequency of dressing change will almost always be based on amount of drainage. The goal is to select a dressing that allows for changes every other day or longer.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 12/9/22.

If comments about this guideline, please contact ClinicalGuidelines@ykhc.org.



Dressing	Description	When to Use	Frequency of Change	Examples
Tegaderm	Clear sheet	Can be used in place of tape for larger wounds. Occlusive.	When primary dressing is changed.	
Medipore pad	Thin white foam with tape border	Can be used to secure Polymem, Mepilex, or Adaptic with gauze.	When primary dressing is changed.	
Cavilon No-Sting Barrier	Wipe or lollipop	Used around outside of wound to protect skin. Used with moderate to heavily draining wounds or with tape irritation.	Apply every three dressing changes.	
Bacitracin	Antibiotic ointment	For wounds with local or systemic infection.	With every dressing change.	
Santyl	Enzymatic debrider (ointment)	Wounds with adherent slough. Must be able to reach base of wound to be effective (bottom-up debrider).	Daily	
DuoDERM hydrogel	Hydrating ointment	Use over exposed tendon for hydration; use over thick eschar that needs to soften for debridement.	With every dressing change.	
Aquaphor	Clear emollient	Burns or frostbite wounds that are epithelializing, healed wounds that itch due to dryness.	Daily (sometimes 2-3x/day).	
CalmoSeptine	Pink lotion	On skin that itches (intact or with little wounds). Can also be used to protect against moisture from exudate, urine, or stool.	Daily (do not scrub off).	
Cavilon Barrier Cream	White lotion	Good on perineum to protect against urine and stool.	Daily (do not scrub off).	
Chlorhexidine	Liquid or scrub	If bacterial load is high. Can be used 1-3 times and then stop to prevent cytotoxic effects.	At most 3 consecutive days.	
Interdry	White fabric	Used to wick moisture between skin folds (with or without the presence of yeast). Do not use with creams or powders. Allow a minimum of 2" of fabric exposed outside the skin for moisture evaporation.	Can be used up to 5 days, depending on fabric soiling, odor, amount of moisture.	

Notes

- Primary dressing is directly in contact with the wound.
- Secondary dressing is the outer dressing (Medipore pad, Flexicon, etc.).
- Frequency of dressing change will almost always be based on amount of drainage. The goal is to select a dressing that allows for changes every other day or longer.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 12/9/22.

If comments about this guideline, please contact ClinicalGuidelines@ykhc.org.



Wound Type	Sample Wound Care Scripts
Burn	<p><u>Initial Dressings</u> (when wound drainage is heavy, first 1-2 weeks): <i>Usually changed 1-2x/day.</i></p> <ol style="list-style-type: none"> 1. Bacitracin ointment applied to Adaptic then applied to wound 2. Cover with Abdominal pad 3. Secure with Kerlix or Flexicon <p><u>Once Drainage Slows:</u> <i>Usually changed every 2 days.</i></p> <ol style="list-style-type: none"> 1. Cover wounds with just Polymem or Mepilex 2. Secure with Flexicon <p>Aquaphor or similar emollient should be applied to newly healed skin daily to prevent drying out and cracking.</p>
Frostbite	<p><u>Initial Dressings</u> (when wound drainage is heavy, first 1-2 weeks): <i>Usually changed 1-2x/day.</i></p> <ol style="list-style-type: none"> 1. Bacitracin ointment applied to Adaptic then applied to wound. 2. Cover with Abdominal pad. 3. Secure with Kerlix or Flexicon. <p><u>Once Drainage Slows:</u> <i>Usually changed every two days.</i></p> <ol style="list-style-type: none"> 1. Cover wounds with just Polymem or Mepilex. 2. Secure with Flexicon. <p>Aquaphor or similar emollient should be applied to newly healed skin daily to prevent drying out and cracking. Allow blackened areas to remain dry. No ointment application here.</p>
Abscess	<p>Lightly fill wound cavity with Packing Strip (usually ¼" width) or Calcium Alginate (Sorbalgon).</p> <p><u>If drainage is heavy:</u> <i>Usually changed daily.</i></p> <ol style="list-style-type: none"> 1. Cover with Adaptic and ABD pad. 2. Secure with Flexicon. <p><u>If drainage is light:</u> <i>Usually changed every two days.</i></p> <ol style="list-style-type: none"> 1. Cover with Polymem or Mepilex. 2. Make sure all edges are secure (Medipore tape, Medipore pad, Tegaderm or wrap). <p>Discontinue packing once wound bed has filled and cavity no longer exists</p>
Tunneling Abscess	<p>Lightly fill wound tunnel with Packing Strip to base of tunnel. Then fill remaining cavity with more Packing Strip or Calcium Alginate (Sorbalgon).</p> <p><u>If drainage is heavy:</u> <i>Usually changed daily.</i></p> <ol style="list-style-type: none"> 1. Cover with Adaptic and ABD pad. 2. Secure with Flexicon. <p><u>If drainage is light:</u> <i>Usually changed every two days.</i></p> <ol style="list-style-type: none"> 1. Cover with Polymem or Mepilex. 2. Make sure all edges are secure (Medipore tape, Medipore pad, Tegaderm, or wrap). <p>Discontinue packing once tunnel is <2 cm.</p>
Pressure Ulcer	<p><u>Stage II:</u> <i>Usually changed every 3 days.</i> Cover wound with Tegaderm Hydrocolloid or Duoderm.</p> <p><u>Stage III and IV</u> Fill wound cavity with Packing strip (usually ¼" width) or Calcium Alginate (Sorbalgon).</p> <p><u>If drainage is heavy:</u> <i>Usually changed daily.</i></p> <ol style="list-style-type: none"> 1. Cover with Adaptic and ABD pad. 2. Secure with Tegaderm transparent film. <p><u>If drainage is light:</u> <i>Usually changed every three days.</i> Cover with Duoderm or Tegaderm Hydrocolloid</p>
Laceration	<p><u>If edges are slightly jagged but can nearly come together</u> Apply Steri strips or tissue adhesive.</p> <p><u>If edges are quite jagged and cannot approximate:</u> <i>Usually changed daily.</i></p> <ol style="list-style-type: none"> 1. Apply bacitracin to wound (use <1 week). 2. Cover with Adaptic and gauze and secure with Medipore pad for first 2-3 days. <p><u>Once bleeding/drainage slow:</u> <i>Usually changed every 2-3 days.</i></p> <ol style="list-style-type: none"> 1. Cover with Polymem or Mepilex. 2. Make sure all edges are secure (Medipore pad, Tegaderm, Medipore tape, or wrap).
Abrasion	<p><u>If drainage is heavy:</u> <i>Usually changed daily.</i></p> <ol style="list-style-type: none"> 1. Cover with Adaptic and gauze. 2. Secure with Medipore pad. <p><u>If drainage is light:</u> <i>Usually changed every 2-3 days.</i></p> <ol style="list-style-type: none"> 1. Cover with Polymem or Mepilex. 2. Make sure all edges are secure (Medipore pad, Tegaderm, Medipore tape, or wrap).

Notes

- Any wound that is draining heavily will likely need Cavilon No-Sting skin protectant applied around wound to prevent maceration. This can be reapplied every other dressing change.
- All wounds should be cleaned with wound cleanser or saline prior to application of new dressings.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 12/9/22.

If comments about this guideline, please contact ClinicalGuidelines@ykhc.org.