Choosing a wound dressing, part 1

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Choosing the right dressing

Disadvantages:

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because it’s nonadherent. The frequency of dressing changes depends on the amount of wound drainage.

**Disadvantages:** A secondary dressing or tape may be needed to secure some of the first foam dressings. Newer versions have an adhesive border to help keep them in place. Foam isn’t recommended for nondraining wounds or dry eschar. Some foams can’t be used on infected wounds or those with tunneling or tracts. Always read the package insert to determine if you can use the product for a particular wound type. If not changed appropriately, foam dressings can let excess moisture accumulate, macerating periwound skin.

**Composites**
Manufactured as a single dressing, composites are combinations of two or more different products. Features may include a bacterial barrier, absorptive layer, foam, hydrocolloid, or hydrogel. The dressing may have semi-adherent or nonadherent properties.

**Indications:** Use composites as primary and secondary dressings for partial- and full-thickness wounds, for minimally to heavily draining wounds, dermal ulcers, and surgical incisions. Check the package insert to see if the dressing is suitable for pressure ulcers.

**Advantages:** Composites facilitate autolytic debridement, are conformable, and are available in many sizes and shapes. Most include an adhesive border, so they’re easy to apply and remove. Check the package insert for frequency of dressing change.

**Disadvantages:** Some composite dressings are contraindicated for Stage IV pressure ulcers. The adhesive borders of composites may limit their use on fragile skin. Not all composite dressings provide a moist healing environment, so monitor frequently for desiccation.

In my next article, I’ll describe hydrocolloids, hydrogels, alginates, and other wound therapies and when they’re used.

**RESOURCES**

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