

Pathway for Necrotic Wounds

Aim: - To debride and remove necrosis in order to prepare the wound bed for healing.

Definition

Necrosis is dead or devitalised tissue that is black/brown in colour. It acts as a culture, providing an ideal breeding ground for bacteria and prevents an accurate wound assessment (Nichols 2015).



Step 1: Undertake wound cleansing in accordance with the Wound Cleansing Policy and consider using Prontosan Debridement pad to support soft mechanical debridement.

Step 2: Undertake a holistic wound assessment in order to determine the type of wound exudate and establish the dressing options.

Step 3: Dress the wound following the below recommendations per the local formulary:

Does the patient have Peripheral Arterial Disease or ischemia that is stable?	YES	Continue their current management plan from the Vascular Team.
NO		
Are there are signs of new or deteriorating ischemia /Peripheral Arterial Disease?	YES	Dress with Atrauman follow the Safe Soft Bandaging Pathway and refer to the Vascular Team.
NO		
Is the wound on the breast AND over an implant?	YES	Continue with the current management from the Breast Surgeon / Refer to the Breast Care Team.
NO		
Is the wound on the foot?	YES	Follow the Foot Ulcer Pathway.
NO		
Is this wound on the lower leg	YES	Follow the Pathway for Lower Leg Wounds.
NO		
Is the wound infected? (non foot or leg related)?	YES	Follow the Pathway for Infected Wounds.

Exudate Levels	Primary Dressing	Secondary Dressing	Application advice
Nil to Minimal For areas where a dressing cannot be applied e.g. lip.	Intrasite Gel	NA	<ul style="list-style-type: none"> Dispense on the wound avoiding overspill onto surrounding skin. Smooth over the surface of wound. A minimum of once a day application is recommended.
Nil to Minimal	Comfeel Plus	NA	<ul style="list-style-type: none"> Apply to the wound ensuring a 1cm border from the wound margins. Can be left in place for up to 7 days or change if the dressing is marked with exudate within 1 cm from the edge of the dressing or the dressing is dislodged.
Moderate Exudate	Flaminal	Comfeel Plus	<ul style="list-style-type: none"> Apply a thick layer (4-5 mm) to the wound bed. Smooth over the surface of wound. Use a Comfeel Plus as above. Reapply every 3-4 days.
Heavy A high exuding necrotic wound may indicate infection. If infection is suspected please follow the Infection Pathway.	Flaminal	Foam Dressing	<ul style="list-style-type: none"> Apply a thick layer (4-5 mm) to the wound bed. Smooth over the surface of wound. Apply to Biatain Silicone 3DFIT the wound ensuring a 1cm border from the wound margins. Reapply every 2-3 days

Step 4: Document all wound care assessments accordingly and complete onward referrals if required.

Has there been an improvement in the last 14 days?	NO	<p>Ensure a referral has been completed and sent:</p> <ul style="list-style-type: none"> DBTH inpatient to The Skin Integrity Team. Communality Tier 1 or 2 to Community Tier 3. Community Tier 3/District Nurses to TVALS. Community patients with a Diabetic Foot Ulcer to The Podiatry Foot Protection Service.
YES		

Step 5: Reassess as per dressing application advice.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.