# Basic Dressing Categories

<table>
<thead>
<tr>
<th>Category of Dressing</th>
<th>Examples</th>
<th>Advantages/Indications</th>
<th>Disadvantages/Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hydrofiber</strong></td>
<td>Aquacel AG - ConvaTech&lt;br&gt;Aquacel - Convatec</td>
<td>Excellent for absorbing excess exudate&lt;br&gt;These dressings form a gel when wet&lt;br&gt;Facilitate autolytic debridement&lt;br&gt;Used for moderate to heavily draining wounds&lt;br&gt;Pressure ulcers stage III and IV&lt;br&gt;Surgical wounds&lt;br&gt;Donor sites&lt;br&gt;Wounds with sinus tracts/tunnels (if stitched type)&lt;br&gt;Filler for deep or sinus tract wounds</td>
<td>Requires a secondary dressing&lt;br&gt;Contraindicated for dry eschar, none&lt;br&gt;Can be impregnated with silver or plain&lt;br&gt;Silver dressings should not be used with other topical medications&lt;br&gt;&lt;em&gt;Technically&lt;/em&gt; should be removed for MRI&lt;br&gt;When silver oxidizes it turns grayish-black, you may note this in the wound&lt;br&gt;If you are packing a hydrofiber into a tunneling wound be sure it is a stitched hydrofiber - otherwise you'll lose dressing in the wound&lt;br&gt;Can be left on for up to 7 days&lt;br&gt;Caution if silver allergy</td>
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<td><strong>Calcium Alginate</strong></td>
<td>Kaltostat - Convatec&lt;br&gt;Sorbsan - Bertek&lt;br&gt;AlgiSite – Smith &amp; Nephew&lt;br&gt;Tegagen - 3M</td>
<td>Excellent for absorbing excess exudate (can absorb up to 20x its weight)&lt;br&gt;When in contact with exudate, calcium ions exchange with sodium ions to form a gel&lt;br&gt;Hemostatic properties&lt;br&gt;Used for moderate to heavily draining wounds</td>
<td>Requires a secondary dressing&lt;br&gt;Made from brown seaweed. May detect a “low tide” odor when removed&lt;br&gt;Not indicated for dry eschar, third degree burns&lt;br&gt;May need to be flushed out of wound at the time of the dressing change&lt;br&gt;Can be left on up to 7 days but if wet should be changed daily</td>
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</tbody>
</table>
### Basic Dressing Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Example Products</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Polymer Foams</strong></td>
<td>Lyofoam - ConvaTec, Mepilex foam - Molynke, Allevyn - Smith &amp; Nephew, Polymem - Ferris, Curafoam - Kendall</td>
<td>Partial and full thickness wounds, Dehisced wounds, Absorbs excess exudate to prevent maceration. Excellent for heavily draining wounds, Venous wounds, Foam dressings can also be used around tubes (trach, g-tubes) to absorb drainage and in conjunction with other types of dressings to manage heavily exuding wounds, Foam dressings can help promote autolytic debridement and inhibit the formation of hypergranulation tissue, Can be used as a cover dressing, Can be left in place up to 3-4 days.</td>
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<td><strong>Hydrogel dressings</strong></td>
<td>Solosite – Smith &amp; Nephew, Tegagel – 3M, Curasol – HealthPoint, NU-GEL – Johnson &amp; Johnson</td>
<td>Rehydrates wound bed, Promotes autolytic debridement, Cooling effect, Indicated for any wound needing additional moisture, Stage II-IV pressure ulcers, Can cause periwound maceration if excess amounts are used, Require a secondary/cover dressing, Change once daily</td>
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</table>
### Basic Dressing Categories

| Hydrocolloids | Duoderm Signal - ConvaTec | Hydrophilic colloid base that is a mixture of pectin, karaya, guar, or carboxymethyl cellulose and an adhesive  
Iodosorb is providone iodine combined with cadexomer starch (allows for slow sustained release of iodine)  
Forms a therapeutic gel when in contact with exudate  
Maintains a moist wound environment, provides protection and insulation  
Indicated for partial thick to shallow full thickness wounds  
Stage I – IV pressure ulcers (stage I and II as primary, typically a secondary dressing in stage III and up)  
Can also be used as a cover/secondary dressing  
Facilitates autolytic debridement | Grossly infected wounds, fungal infections or herpetic lesions  
Deep cavities or sinus tracts  
Burns  
Grafts  
Ischemic wounds  
May leave a residue in the wound bed, the odor they produce is often mistaken for infection  
Change every 3-7 days – if you are using a “signal” dressing, change when the discoloration passes beyond the edge of the green line |
| **Transparent Polymer Films** | Tegaderm – 3M  | Helps maintain moist wound surface, facilitates autolytic debridement  
|  | OpSite – Smith & Nephew  | Use on dry to minimally moist wounds  
|  |  | Works well as a secondary dressing  
|  |  | Stage I and stage II pressure ulcers, superficial wounds, minor burns, donor sites, catheter sites and skin friction sites  
|  |  | Heavily exudating wounds (won’t adhere)  
|  |  | Wounds with friable skin in the periwound area  
|  |  | Infected wounds  
|  |  | Change PRN  
|  |  | Little to no absorptive capability  
|  |  | Difficult to handle  
| **Gauze** | NuGauze packing strip  | Packing strip typically used a wick in draining or tunneling wound  
|  | Kerlix sponges/rolls  | Gauze can be used with some negative pressure wound therapy (NPWT) systems and as a filler for dead space  
|  | Various other gauze products  | Little to no absorptive capacity  
|  |  | These are the least effective dressings and yet are the ones we use the most often!  
|  |  | Change every 6-8 hours/PRN saturation  
| **Petroleum Impregnated Gauze** | Xeroform  | Useful as a contact layer  
|  | Kendall Vaseline Gauze  | Donor sites  
|  |  | Skin grafts  
|  |  | First and second degree burns  
|  |  | Intact and popped blisters  
|  |  | Lacerations  
|  |  | Abrasions  
|  |  | Makes everything greasy including surrounding skin which may prevent secondary dressing/tape from sticking  
|  |  | Requires a secondary dressing  

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## Basic Dressing Categories

| Contact Layer Dressings and/or Non-Adherent Dressings | Adaptic  
Telfa | Useful as a contact layer in painful wounds or over exposed organs/vessels or in friable wounds | Third degree burns  
Heavily exudating wounds |
|---|---|---|---|
| Composite Dressings | Mepilex  
Aquacel AG Surgical  
Many others | Provides a combination of two types of dressings – for example, Aquacel Surgical is a hydrofiber and hydrocolloid combination dressing | See individual dressing category |

Other dressings not listed (commonly found at wound centers/acute care settings secondary to cost) – Negative pressure wound therapy dressings (“VAC” dressings), collagen dressings, and tissue engineered skin substitutes (ex. Apligraf)