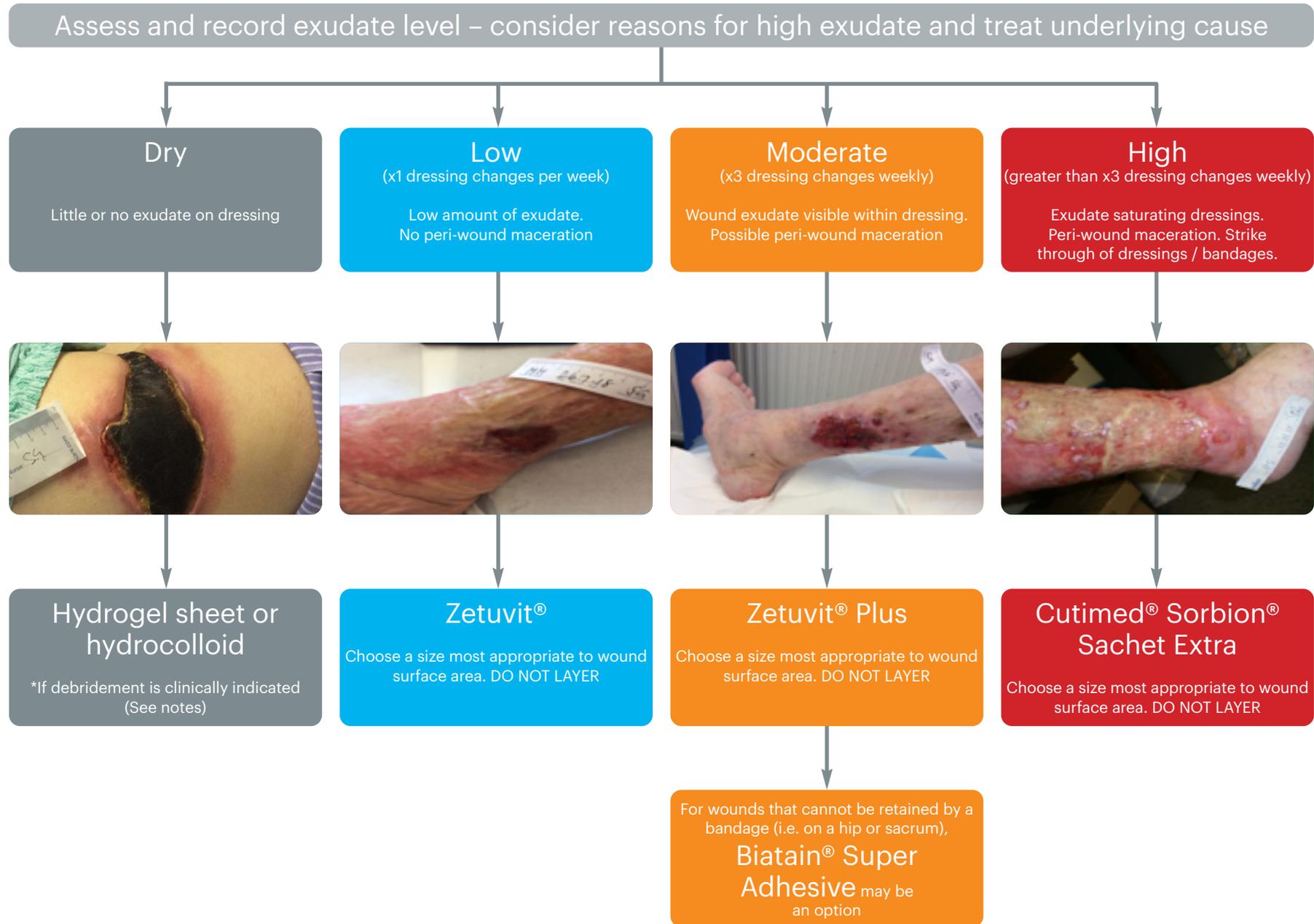


Wound Exudate Pathway



Supporting Information

Production of wound exudate is a natural and necessary part of wound healing; it keeps the wound moist and promotes healing. Exudate is a good indicator of the state of the wound. If exudate changes in colour, smell, viscosity or volume then its time to reassess the wound. Consider the reasons for the change in exudate production and treat the underlying cause. This may include infection, inflammation or oedema. High volumes of exudate can harm the peri-wound skin as well as causing psychological and social problems for the patient. Appropriate selection of dressings can manage this. Do not layer dressings, this does not improve absorbency. Use a size appropriate to wound dimensions (approx. 3cm bigger than the wound) and consider positioning to improve conformability (Refer to advice sheet). Assess exudate levels-

Dry - Presence of necrotic tissue	Is debridement indicated? If wound is on the lower limb carry out a Lower Limb Assessment (LLA) to establish arterial status. If ABPI is below 0.6 DO NOT attempt debridement without discussing with Tissue Viability first. If patient has diabetes and the wound is on the foot, refer to podiatry.	Debridement not indicated – Use Atrauman® or Tricotex® with Gauze dressing or Zetuvit®. Debridement indicated – Actiform® gel sheet (cut to shape) with Zetuvit® dressings or a hydrocolloid
Low -	Consider reasons for low level of exudate. Is the current dressing too absorbent? Are the dressing changes too frequent? Is the patient dehydrated? Is the limb ischaemic?	Avoid alginate dressings. Step down absorbent dressings Zetuvit dressing will be adequate (do not layer). Advise on hydration. Reduce dressing changes – once a week should be adequate. Undertake a lower limb assessment / ABPI if ischaemia suspected.
Moderate -	Is this normal for this stage of healing?	Treat local infection and cause of inflammation (if applicable) Manage oedema – if indicated full compression should be applied. Zetuvit® Plus absorbent dressing (do not layer) Consider increasing dressing changes to x 3 per week Biatain® Super Adhesive should only be used when dressings can't be retained with a bandage (i.e. on a hip or sacrum).
High -	Re-assess wound. Are there reasons for the high levels of exudate? Consider as a factor; infection, inflammation or unmanaged oedema. Are dressing changes frequent enough? Is the peri-wound skin at risk of damage? Refer to the Skin barrier management pathway. If compression insitu, is this applied correctly?	If lower limb wound, Is compression indicated? Is the patient in full compression? Treat local infection and cause of inflammation. Step up to Cutimed® Sorbion® Sachet Extra (do not layer). This can be left insitu for 7 days depending on volume of exudate being produced, and can be used as a primary dressing. Step down to Zetuvit® Plus once exudate levels are reduced. Consider increasing dressing changes. Consider referral to Tissue Viability.

References:

- Beldon, P, 2016. How to recognise, assess and control wound exudate. JCN, [Online]. vol 30, 32-38. Available at: <https://www.jcn.co.uk/files/downloads/articles/50945-jcn-april-may-11-control-wound-exudate.pdf>
- M Romanelli, K Vowden, D Weir, ., 2014. Exudate Management Made Easy. Wounds International