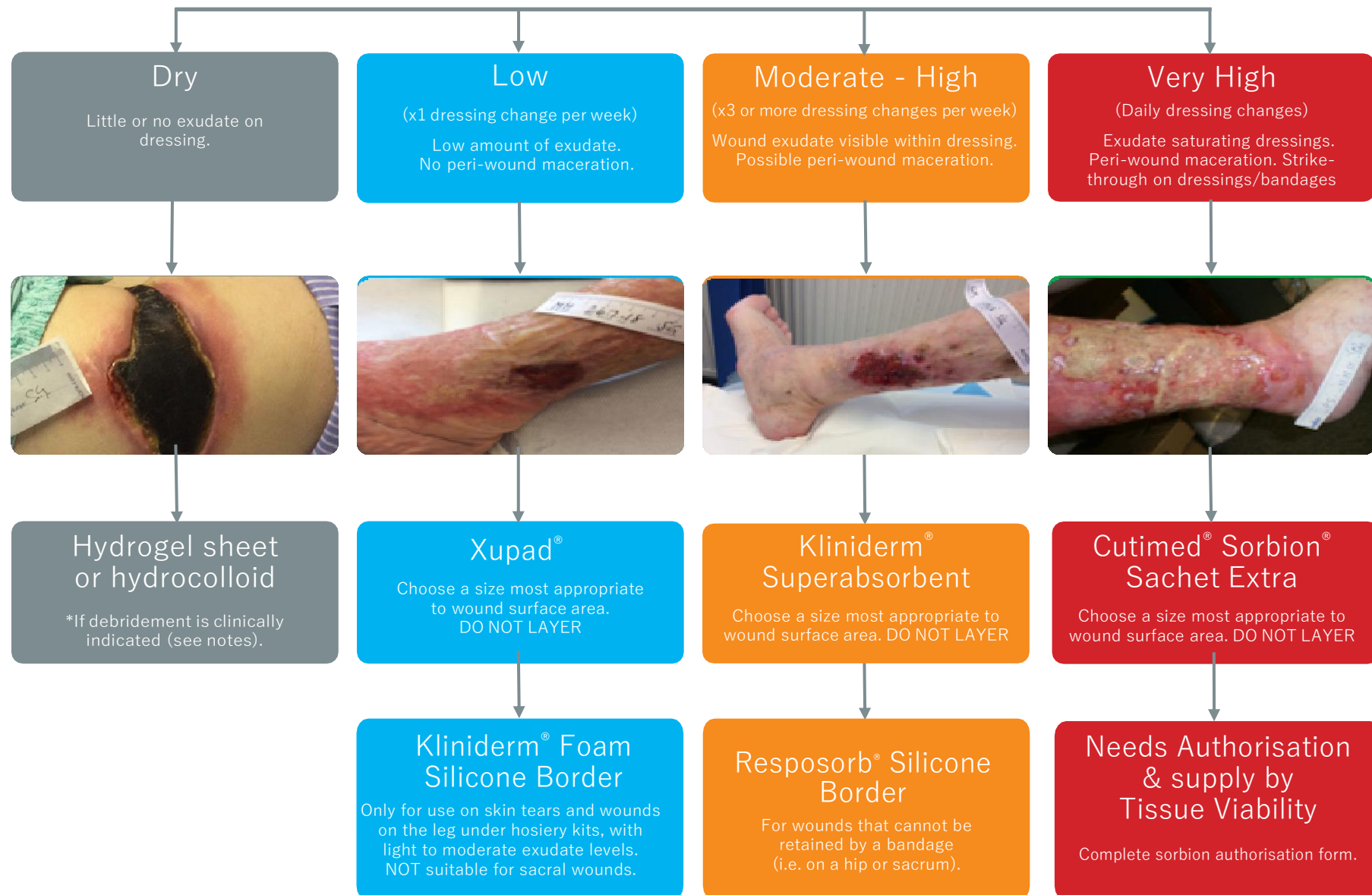


Wound Exudate Pathway

Assess and record exudate level – consider reasons for high exudate and treat underlying cause



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 it's 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® with Gauze dressing or Xupad®. Debridement indicated – Kerralite Cool™ gel sheet (cut to shape) or Activheal® Hydrogel, or a Hydrocolloid with Gauze dressing or Xupad®.
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. Xupad® 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 - High	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. Consider increasing dressing changes to x 3 per week. Consider stepping up to Kliniderm® Superabsorbent dressing (do not layer). Resposorb® Silicone Border should only be used when dressings can't be retained with a bandage (i.e. on a hip or sacrum).
Very 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. Consider increasing dressing changes Use Kliniderm® Superabsorbent dressings first. Only consider Stepping up to Cutimed® Sorbion® Sachet Extra if Kliniderm® Superabsorbent in conjunction with other measures suggested here are inadequate to manage exudate. Consider referral to Tissue Viability. Complete authorisation form for Cutimed® Sorbion® Sachet Extra and send to Tissue Viability to approve/order. Can be left insitu up to 7 days depending on volume of exudate and can be used as a primary dressing. Step down to Kliniderm® Superabsorbent once exudate levels reduced.

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.