









Pathway for Necrotic Wounds

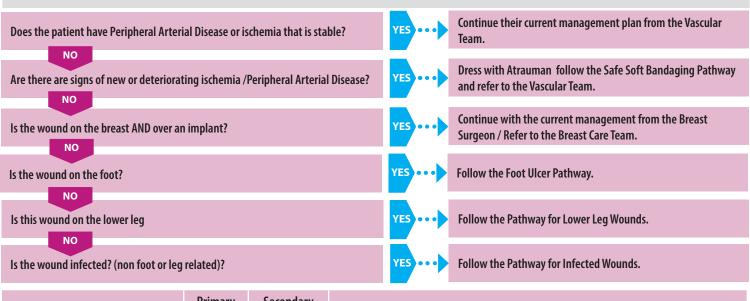
Aim: - To debride and remove necrosis in order to prepare the wound bed for healing.

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:



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	 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	 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	 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	 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?



Ensure a referral has been completed and sent:

- 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.

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.