









## **Pathway for Wound Moisture/Exudate**

**Definition** - Wound exudate/moisture is fluid that has leaked out of blood vessels and closely resembles blood plasma. It contains molecules and cells that are vital to the wound healing process (Wounds UK, 2013).

Exudate is produced as part of the inflammatory stage of the wound healing process and when the wound is healing normally the volume of exudate decreases as the wound heals.

NB

Exudate is a normal part of wound healing. However excessive or too little exudate leads to disrupted healing and potential damage to the surrounding skin.

Wound exudate contains elements which can be highly corrosive to both the wound bed and the intact skin surrounding the wound.

- **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 and amount of wound exudate in order to establish the dressing options.

Wound Moisture/Exudate Type									
Serous		Haemoserous		Purulent		Haemopurulent			
Clear, amber or straw in colour		Pink or red in colour		Yellow, brown or green in colour		Red and milky in colour			
<ul> <li>Thin and watery.</li> <li>Similar to plasma.</li> <li>It is considered as normal but increased volume may indicate infection or fistulas.</li> </ul>		<ul> <li>exudate.</li> <li>It has the presence of red blood cells indicating capillary damage.</li> <li>It can be a sign of a traumatic dressing removal.</li> </ul>		<ul> <li>Viscous and sticky.</li> <li>It has the presence of white blood cells, bacteria and/or slough.</li> <li>May be indicative of a bacterial infection e.g. Pseudomonas aeruginosa.</li> <li>Refer to the Wound Infection Pathway for further information around product selection.</li> </ul>		<ul> <li>Viscous exudate.</li> <li>It is the sign of an established infection containing neutrophils, dry dying bacteria, inflammatory cells, blood and active bacteria.</li> <li>Refer to the Wound Infection Pathway for further information around product selection.</li> </ul>			
None			Minimal		Moderate		Heavy		
Wound Moisture/ Exudate levels	<ul> <li>No visible moisture.</li> <li>Not an ideal wound healing environment (except for ischaemic wounds).</li> <li>Surrounding skin may be dry, flaky or hyperkeratotic.</li> </ul>		<ul> <li>An ideal wound environment.</li> <li>Dressing may be lightly marked.</li> <li>Wound bed could appear glossy.</li> <li>Surrounding skin may be intact and hydrated.</li> </ul>		<ul> <li>Primary dressing may be extensively marked.</li> <li>Potential for peri - wound maceration.</li> </ul>		<ul> <li>Free fluid is visible.</li> <li>Primary dressing is wet and leakage is visible on the secondary dressing.</li> <li>Strike through may occur.</li> <li>Risk of macerated peri - wound skin.</li> </ul>		

## Step 3: Dress the wound following the appropriate wound type pathway or select a dressing choice tailored to the volume of wound moisture /exudate as below:

<ul><li>Dressing options</li><li>Clearfilm.</li><li>Intrasite Gel.</li><li>Comfeel Plus.</li></ul>	<ul><li>Dressing options</li><li>Comfeel Plus.</li><li>Flaminal Hydrol.</li></ul>	<ul> <li>Dressing options</li> <li>Biatain Silicone 3DFIT.</li> <li>Flamainal Forte.</li> <li>Cutimed Sorbact Ribbon.</li> <li>Barrier film.</li> <li>PICO</li> </ul>	<ul> <li>Dressing options</li> <li>Kiliniderm Super Absorbent Pad.</li> <li>Flaminal Forte.</li> <li>Cutimed Sorbact Ribbon.</li> <li>NPWT.</li> <li>Barrier film.</li> </ul>
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## **Top tips** - The ideal dressing qualities for managing exudate are:

- ☑ Effectively handles fluid
- ☑ Prevents leakage between dressing changes
- ☑ Prevents strikethrough.
- ✓ Protects from excoriation/maceration
- ☑ Can be used under compression
- Stays intact and be used to minimise frequent dressings changes which can cause damage to the skin on removal.
- ☑ Minimises trauma and pain on removal
- Is gentle, comfortable and conformable during wear
- ☑ Is cost effective.

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.