



PAEDIATRIC ACUTE CARE GUIDELINE

Wound Care

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
<http://kidshealthwa.com/about/disclaimer/>

Wound Care

The aim of wound care is to:

- Minimise distress to the child
- Restore function and structural integrity
- Promote healing and minimise infection
- Minimise scarring

Key Points

- All wound management including wound cleaning/irrigation and dressing requires the use of an aseptic non touch technique (ANTT). Refer to [ANTT Wound Care protocol](#)
- Irrigation is the preferred method of cleaning wounds
- Assess pain levels and consider the need for appropriate pain management throughout procedures

Wound Cleaning / Irrigation

- Irrigate wound with 0.9% saline to remove obvious foreign material
 - Antiseptics may damage tissue defences and potentially impede healing.
 - Exception: Contaminated wounds may benefit from Chlorhexidine 0.05% **or** 1% Povidine-iodine irrigation.
- Irrigation fluid delivery
 - Use a 30mL syringe with a large bore needle (18g or 19g non-bevelled or sharp removed) filled with 0.9% saline to slowly irrigate the wound
 - Hold the syringe just above the wound's top edge, and use gentle continuous pressure to flush fluid into the wound

Dressings

- Consensus opinion (due to minimal clinical evidence) guides wound dressing choice. A thorough wound assessment (including underlying aetiology; wound size, tissue type, exudate, blood supply and infection status) is to be carried out to determine the appropriate dressing.
- For further advice on wound management contact the Clinical Nurse Consultant Stomal/Wound Therapy via switch or refer to the [A guide to choosing the appropriate dressing](#)




Quick Reference Dressing Guide		
Type of Wound	Dressing Option (primary/secondary)	Review
Chronic e.g. stoma, ulcers	Use moisture retention and fluid absorption dressing <ul style="list-style-type: none"> • Use hydrocolloid (e.g. Duoderm), calcium alginate (e.g. Algisite) or foam (e.g. Mepilex) 	5 days
Crush Injuries (digits) - patient returning for operating theatre the next day	Use moisture retention dressing <ul style="list-style-type: none"> • Tulle gras e.g. Adaptic/Jelonet with foam e.g. Mepilex border • Hydrogel impregnated dressing e.g. Intrasite Comformable • Can use dry Calcium alginate eg: Algisite/Kaltostat ribbon with secondary dressing e.g. Melolin and crepe bandage if it has continuous blood ooze 	Next day
Dry, necrotic, black	Use moisture retention dressing to promote a moist wound environment <ul style="list-style-type: none"> • Hydrocolloid dressing (e.g. DuoDerm) or • Hydrogel (e.g. Intrasite gel) with secondary dressing e.g. Adaptic, Combine or foam (e.g. Mepilex or Allevyn) to deslough and promote wound healing 	3-4 days
Graze, abrasions - clean Dry	Use topical emollient only <ul style="list-style-type: none"> • Emollient ointment 	As required
Graze, abrasions - clean Moist	Use moisture retention and fluid absorption dressing <ul style="list-style-type: none"> • Use Hydrocolloid (e.g. DuoDerm thin) or foam (e.g. Meplix) 	5 days
Infected or heavily colonised	Use moisture absorption dressing. Avoid semi occlusive dressing <ul style="list-style-type: none"> • Silicone e.g. Mepitel with secondary foam dressing (e.g. Mepilex) • Calcium alginate (Kaltostat) or hydrocolloid (DuoDerm) if high exudate 	1-2 days
Laceration	Leave open or use dry non adhesive dressing <ul style="list-style-type: none"> • e.g. Opsite post-op, Cutiplast or Melolin 	3-7 days (GP to remove sutures)
Puncture or bite	Leave open and use dry non adhesive dressing <ul style="list-style-type: none"> • e.g. Melolin/Cutiplast 	2 days
Slough - covered	Moisture retention and fluid absorption <ul style="list-style-type: none"> • Use calcium alginate (Kaltostat) with secondary dressing e.g. Combine 	3-4 days

For all other dressings requested please refer to: [A guide to choosing the appropriate dressing](#)

References

1. Armstrong DG and Mett A, Basic Principles of wound Management, May 2015 UpToDate. Accessed at www.uptodate.com
2. Joanna Briggs Institute. Solutions, techniques and pressure in wound cleansing. Best Practice Information Sheet. 10:2:1-4: 2006
3. Boylan C. A guide to choosing the appropriate dressing, February 2013. Western Australia Department of Health, Child and Adolescent Health Service.
4. Government of Western Australia, Child and Adolescent Health Service Wound Care: Dressing (Simple) Clinical Practice Manual. April 2014

This document can be made available in alternative formats on request for a person with a disability.

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