# XYLAZINE WOUND CARE: a guide!

Work in progress compiled with help of wound care wisdom of Tehya Johnson, Claire Zagorksi, & Bill Kinkle

HEALTHY WOUND BED  $\rightarrow$ 

#### **BASIC THINGS TO KNOW:**

- Dressings should be changed every day, or every other day
- Treat every part of the wound separately depending on how it looks & heals
- Pale, DRY wounds, or wounds with black (necrosis) cannot heal; they need to be debrided (in other words that top pale layer or black stuff needs to be eased off!)
- "Healthy" (healing) wounds are look red, beefy, and somewhat moist →
  (this is called "granulation tissue" and is what we want for healing!)
- Keeping skin areas around wounds as healthy as possible is important too! Sometimes this means adding moisture & sometimes this means keeping moisture away
- Covering wounds helps ensure no outside bacteria get into them to cause infection.

## Early wound care – before the wound bed looks healthy

### (1) **DEBRIDEMENT: Getting dry slough or black necrotic tissue off of wounds.**

- EVERY DAY if possible, soak 4"x4" gauze in <u>Vashe solution</u>, wring out excess liquid, and place on open wounds that have black areas and/or pale dry areas
- Leave soaking for 10-15 minutes
- Then, GENTLY brush/wipe to remove tissue as you remove gauze

If this doesn't work, or isn't practical:

- <u>Santyl ointment</u> (cover wound with nickel thickness layer, then cover with gauze, change daily) is wonderful, but expensive & difficult to get approved (prescription)
- Medihoney gel or gauze (cover whole wound area) may help with debridement too

Once wounds (or part of wounds) have red, beefy appearance, stop debriding those parts and skip to step 2.

- (2) <u>KEEP THE WOUND BEDS MOIST & PROTECTED</u>: use products that promote moisture & have antibacterial qualities. Replace these dressings every day if possible, or otherwise every other day.
  - Option 1: Manuka honey (Medihoney) gel: cover wound bed [do NOT use store-bought honey!]
  - Option 2: Hydrogel or petroleum-impregnanted gauze (i.e. Xeroform): cut to shape of open wound & place in, change often enough that it doesn't get dry!
  - You can try either/or option or try them both! See what is easiest and seems to keep wound bed looking good (good = red + beefy without pale areas or black areas)
- (3) <u>PROTECT SURROUNDING SKIN</u>: make sure closed skin around wound is moisturized & protected. Use "A&D" ointment or petroleum jelly!

## (4) COVER WHOLE AREA TO SECURE PRODUCTS, KEEP IN MOISTURE, AND KEEP OUT DIRT

AND BACTERIA: lots of options but overall use what is available & practical!

- Option 1: Silicone foam dressing such as Mepilex (protective & keeps moisture in, but pricey and may be difficult if wound is large or surrounding skin is not all intact & healthy)
- Option 2: "Nonadherent" dressings (i.e. ABD or Tefla pads) over open wounds then wrap/secure with gauze wrap (kerlix), secure with tape. Ideally cover whole thing with ace bandage to secure!





As wound(s) look healthier (red/beefy wound bed, without dry/pale areas, without areas of black) and start to be moister on their own.... You want to ensure wound bed stays moist, but that surrounding tissue doesn't get too moist or macerated (maceration is when skin gets soggy, soft and looks white – macerated skin doesn't heal well!)

- You can stop using debridement products. Gently rinse wounds with sterile saline when you change dressings instead.
- <u>Particularly if wounds are weepy/wet, consider switching from Xeroform to Calcium</u> <u>Alginate dressing.</u> Calcium alginate is better at ABSORBING wetness (so you don't want to use it if wounds are too dry, but if they are weeping a lot, calcium alginate can prevent surrounding area from getting macerated). Calcium alginate also forms gel which can promote healing.
- You can space out dressing changes (i.e. every 3 days) but remember you don't want dressing to get too dry and stick, nor do you want the surrounding tissue to get too wet!
- Particularly if worried about too long between dressing changes, you can put Adaptic in between the wound bed and calcium alginate to prevent sticking !