

Wound Cleansing Algorithm

Wound Assessment				
Clean Epithelializing Wound	Clean Granulating Wound, Decreasing in Surface Area 20-30% in 3-4 Weeks*	Clean Granulating Wound <u>NOT</u> Decreasing in Size 20-30% in 3-4	Necrotic Healable Wound (Debridement is Appropriate)	Necrotic Non-Healable Wound (Debridement is NOT Appropriate)
<p>Irrigate with \leq 7 PSI pressure, or pour solution over the wound bed.</p> <p>Use at least 100cc's of solution, at room or body temperature.</p> <p>Cleanse the periwound skin of debris, exudates.</p> <p>No antimicrobial solutions.</p>	<p>Irrigate with \leq 7 PSI pressure, or pour solution over the wound bed.</p> <p>Use at least 100cc's of solution, at room or body temperature.</p> <p>Cleanse the periwound skin of debris, exudates.</p> <p>No antimicrobial solutions.</p>	<p>Irrigate with 7-15 PSI pressure.</p> <p>Use at least 150cc's of solution, at room or body temperature.</p> <p>Cleanse the periwound skin of debris, exudates.</p> <p>*Granulating wounds not decreasing in size may have a localized infection.</p>	<p>Irrigate with 7-15 PSI pressure.</p> <p>Use at least 150cc's of solution, at room or body temperature.</p> <p>Cleanse the periwound skin of debris, exudates.</p>	<p>Do not irrigate or cleanse the wound itself (the intent is to allow the necrotic tissue to dry out and stabilize).</p> <p>If there is exudate present on the periwound skin, gently cleanse it and pat dry.</p> <p>Topical application of providine-iodine solution or Chlorhexadine to the wound surface is appropriate, i.e. paint with Providine.</p>

Wound Assessment – Continued

Malignant Wounds	Wound with Debris or Contamination/ Superficial & Partial Thickness Burn	Tunneling or Undermined Wound	* Localized And/Or Spreading Infection	Maintenance Wounds
<p>Irrigate with 7-15 PSI pressure, if tolerated. Reduce pressure as needed to minimize pain and damage to friable tumor tissue.</p> <p>Use at least 150cc’s of solution, at room or body temperature.</p> <p>Cleanse the periwound skin of debris, exudates.</p> <p>Foul odor indicates presence of anaerobes - use an</p>	<p>Irrigate with 7-15 PSI pressure.</p> <p>Use at least 150cc’s of solution, at room or body temperature.</p> <p>Cleanse the periwound skin of debris, exudates.</p> <p>May cleanse small burns with lukewarm tap water and mild soap.</p>	<p>Irrigate into tunneled/undermined area using a 5Fr catheter or “soft-cath” with a 30cc syringe.</p> <p>Use at least 150cc’s of solution, at room or body temperature. Irrigate until returns are clear.</p> <p>Gently palpate over undermined or tunneled areas to express any irrigation solution that is retained.</p>	<p>Irrigate with 7-15 PSI pressure.</p> <p>Use at least 150cc’s of antimicrobial solution, at room or body temperature.</p> <p>Cleanse the periwound skin of debris, exudates.</p> <p>Two week challenge: May use a 10 – 14 day cleansing regime with an antimicrobial solution to address bacterial burden.</p>	<p>Cleansing will be dependent on characteristics of wound bed and goal of treatment.</p> <p>If goal is to prevent wound from deteriorating, cleanse as per a Necrotic Non-Healable Wound.</p>

NOTE: Normal saline and sterile water do NOT contain preservatives and must be discarded 48 hours after opening¹

Reference

1. Barr JE. Principles of wound cleansing. *Ostomy Wound Management*. 1995;41(Suppl 7A):155-225.