

# **Dressing Wounds and Burns**

## *A Practical Guide for the SJH Emergency Department*



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March 2024







# Dressing Guidance for Emergency Medicine





## Principles of dressing wounds:

- Cleaning without compromising tissue integrity
  - Gentle handling of frail tissue
  - Use tap water to clean contaminated wounds, saline for surgical wounds and burns and prontosan for irrigating chronic wounds.
- Supporting granulation tissue and avoiding secondary damage when changing dressing
  - Use non-adherent dressings such as **UrgoTul** or **Mepitel**
  - Avoid using jelonet, inadine or gauze directly onto wounds with loss of epithelium as they dry up and stick to granulation tissue
- Reducing bacterial burden in high-risk wounds e.g. burns and heavily contaminated wounds
  - Ensure adequate cleaning, if needed use **Debrisoft pads** or **UCS debridement wipes**
  - Apply silver-impregnated dressing (look for Ag in the product name)
- Managing exudates and excessive bleeding
  - Ensure adequate padding with absorbent material such as **gauze** (light exudate), **UrgoTul Duo** (light to moderate), **Mepilex** (moderate to high) or **Karramax** (high)

## Types of dressing material available in ED:

There is a plethora of material available in the dressing's cupboard, some are very expensive and carry an environmental cost as well, please use wisely and avoid waste.

1) Superficial wounds with minimal exudate	<b>UrgoTul</b> as non-adherent dressing (replacing Jelonet and Mepitel) and place a mepore dressing on top	
2) Wounds with light to moderate exudate	<b>UrgoTul Duo</b> , Non-adherent dressing with absorbent padding (equivalent to two gauze swabs)	
3) Wounds with moderate to high exudate e.g. bleeding, patients on anticoagulants	<p><b>Mepilex Border AG, Mepilex AG or Kerramax</b> as high absorbing dressings</p> <p>If there is a high risk of infection use silver impregnated dressing underneath Kerramax such as UrgoTul Ag</p> <p><i>High risk of infection: burns, heavily contaminated wounds and diabetic foot</i></p>	  
4) Wounds with high risk of infection e.g. burns and heavily contaminated wounds	<b>silver impregnated dressings</b> such as Mepilex Border Ag/Mepilex Ag or UrgoTul Ag, honey-impregnated dressing is an alternative ( <b>Actilite</b> )	

<p>5) Contaminated wounds requiring debridement</p>	<p>Apply <b>Intra-site gel</b> to loosen tissues before debridement, leave for 5-10 minutes. Debride and clean wound with saline, apply a layer of intra-site gel then place UrgoTul Ag on top as non-adherent dressing.</p> <p>Use gauze, Mepilex or Kerramax on top of the UrgoTul Ag to absorb exudates</p>	
<p>6) Chronic wounds with signs of infection, exudates and tissue necrosis</p>	<p>Washout with saline or Prontosan. Once wound is clean apply flaminal forte and then UrgoTul AG (or Actilite) on top</p> <p>Use an absorbing dressing on top of the above, depending on the quantity of exudates choose gauze for minimal, Mepilex Ag for moderate to high and Kerramax for high exudates</p>	
<p>7) Sinus tracks or infected wounds with deep cavity</p>	<p>Irrigate with saline or Prontosan, insert <b>aquacel Ag ribbon</b> into the cavity then cover area with a secure dressing such as mepore +/- absorbing material such as gauze</p>	
<p>8) Bleeding wounds</p>	<p>elevate limb and apply alginate with pressure dressing till bleeding is controlled, a holding suture might be required to control the bleeding (seek senior help if required)</p>	

## Dressing burns:

1. If the **burn is still to be examined** by plastics, use a temporary dressing for comfort: Apply UrgoTul or Mepitel then gauze on top, hold in place using a bandage.
2. **Burns on special areas** that are difficult to apply dressing to such as **face/neck/genital areas**: use Wound Gel X. Please ensure the burn was irrigated before you apply Wound Gel X. If unavailable, chloramphenicol eye ointment is a temporary alternative.

**Burns with minimal exudate:** As a definitive dressing for discharge from ED use UrgoTul Ag or Actilie held in place with Mepore. Note that the majority of small burns in adults can be discharged to the care of Practice Nurse, if the burn is relatively large or affecting face/hand/genital areas please refer to burns dressing clinic for follow up by emailing referrals to

[Loth.burnsdressingclinic@nhslothian.scot.nhs.uk](mailto:Loth.burnsdressingclinic@nhslothian.scot.nhs.uk).

3. **Burns with moderate to high exudates affecting small area:** Mepilex Border Ag, discharge to burns dressing clinic by emailing referrals to [Loth.burnsdressingclinic@nhslothian.scot.nhs.uk](mailto:Loth.burnsdressingclinic@nhslothian.scot.nhs.uk)
4. **Burns with moderate to high exudate affecting large area:** use Mepilex Ag held in place with a bandage or comfi-Fast tubular bandage. Refer to Plastics via bleep or H@N after 21:00

## Follow up for children with burns:

Burns Nurse Paulene Emsley at RHCYP can see all burns/scalds from 0-16yrs at PDC RHCYP within 48-72hrs of sustaining the injury. If the burn is very small, it may be suitable for Practice Nurse follow-up. However, many practice nurses will not see children under 16yrs so please check with the relevant practice first if patient is presenting during their working hours.

PDC RHCYP appointments can be made during office hours on 51547/51548 through outpatient appointments. During out of hours and weekends appointment can be made by phoning RHCYP ED reception on 50007.

Ensure you provide analgesia, a small supply of dressing material, clear verbal and written advice on burns care **including risk of toxic shock syndrome symptoms.**

## **Pre-tibial Lacerations and other degloving wounds:**

1. **Patients who are not anticoagulated:** use Prontosan/Saline to clean the wound and gently spread the skin flap to cover as much of the wound base as possible. Apply steristrips to hold the skin flap in place then apply Flaminal Hydro to areas that remained exposed. Apply a padded dressing such as Aquacel foam on top, or if foam dressing is not available use non-adherent dressing e.g. Urgotul then gauze and bandage on top.
2. **Patients who are anticoagulated:** Same as above with the exception of using kerramax for padding instead of gauze to provide higher absorbability.

Also, ensure any haematoma within the wound is evacuated at the time of cleaning. If the haematoma is large or deep, discuss with Plastics the need for surgical intervention.

If lower limb is affected involve the senior ED doctor early in the discussion, if the patient requires haematoma evacuation this might be disputed between ortho and plastics.

**List of dressing material required in ED:**

Liaise with SN Samantha Scott when updating order or reporting shortages, please.

1. UrgoTul
2. UrgoTul Duo (if not available use UrgoTul and gauze on top)
3. UrgoTul Silver (Ag)
4. Actilite (honey dressing) If UrgoTul Silver (Ag) is not available
5. Wound gel X (face, neck or genitalia burns)
6. Mepilex Border Ag
7. Mepilex Ag (larger than Mepilex Border and with no sticking borders)
8. Kerramax
9. UCS Debridement Wipes
10. Debrisoft Pad
11. Mefix Self-adhesive tape
12. Mepore dressing
13. Alginate dressing (for bleeding)
14. Aquacel Foam (for pretibial lacerations)

**Small supply of:**

14. Intrasite Gel (single hydrogel wound dressing)
15. Flaminal Forte
16. Flaminal Hydro
17. Aquacel Ag ribbon



## Further information on types of dressing material

### 1. UrgoTul

Non-adherent dressing, made of simple mesh impregnated in TLC (technology lipido-colloid matrix), encouraging the proliferation of fibroblasts cells that are essential for wound healing.

To be used for superficial wounds deemed not at significant risk of infection (**replacing jelonet and Mepitel**)



### 2. UrgoTul Duo:

Non-adherent dressing with absorbent padding (equivalent to two gauze swabs) for wounds with light to moderate exudates, to be used for weeping wounds.

If in short supply use UrgoTul and gauze instead.



### 3. UrgoTul Silver (Ag)

Non-adherent dressing impregnated in silver as antimicrobial dressing, **replaces inadine**. To be used for burns and wounds at high risk of infection (contaminated wounds, animal bites with loss of tissue and infected wounds after washout)

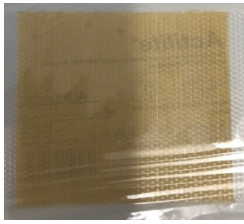
Apply on burns after washing out with saline

*An alternative to UrgoTul Silver is Actilite (honey dressing), if Urgotul AG is in short supply.*



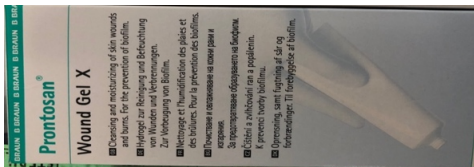


## Actilite:



## 4. Wound gel X

A dressing for **burns on face, neck or genital areas**, has some antibacterial activity, easy to apply. Please advise the patient to keep Wound Gel X in the fridge (it dries quicker if cold).



## 5. Mepilex Border Ag

Antimicrobial soft silicone dressing for **burns with moderate to high exudate**. Use for **patients being discharged from ED to the District Nurse for follow up**, if the patient is to be examined by plastics doctor in ED use UrgoTul and gauze, which is easier to remove for examination.



## 6. Mepilex Ag (larger than Mepilex Border and with no sticking borders)

Antimicrobial soft silicone dressing for **larger burns**. A bandage, Comfi-Fast tubular bandage or a piece of Mefix tape can be used to fix Mepilex to the affected area.



## 7. Intrasite Gel (single hydrogel wound dressing)

**For contaminated wounds requiring debridement.** Intrasite is clinically proven to debride, deslough and hydrate a wide range of wound types promoting fast debridement.



## 8. Flaminal Forte

For **chronic wounds**, particularly if there are **signs of infection, exudates and tissue necrosis**. Flaminal Forte has antimicrobial activity and helps with debridement as well as encouraging granulation and healing.



## 9. Flaminal Hydro and Aquacel Foam

Has antimicrobial activity, ideal for **pre-tibial lacerations and other degloving injuries**. Apply on affected area and then cover with Aquacel foam (adhesive borders)



## 10. Aquacel Ag ribbon

For sinus tracks or infected wounds with deep cavities.



## 11. Kerramax

**Super absorbent dressing.** It is advisable to manoeuvre the dressing by rubbing and folding the sheet to make the material more conforming and also increase absorption capacity. Use for wounds with significant exudates **e.g. pre-tibial lacerations in anticoagulated patients**.



## 12. UCS Debridement Wipes and Debrisoft Pad

For cleaning contaminated wounds e.g. foreign bodies in wound



## 13. Alginate dressing for bleeding wounds

Replaced Kaltostat in Lothian, apply to actively bleeding wounds to improve haemostasis. Alginate fibres are naturally haemostatic. Following absorption of wound exudate the alginate dressing releases calcium ions into the wound which can activate platelets to control minor bleeding.



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Many thanks to Plastic Clinic Senior Nurse Tanya Brandon for her assistance in writing this guidance and for ED SN Samantha Scott for her role in organising the dressings' cupboard.

Version 1: November 2023

Version 2: March 2024

Any feedback or suggestions, please email:

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