<table>
<thead>
<tr>
<th>Routine Skin Care</th>
<th>High Risk Skin</th>
<th>Incontinence</th>
<th>Incontinence Associated Dermatitis (IAD)</th>
<th>Weepy Edema</th>
<th>Intertrigo</th>
<th>Fungal Rash</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Everyday skin care for patients with no skin related issues</strong></td>
<td><strong>Skin care for those at high risk for breakdown, or for sensitive skin</strong></td>
<td><strong>Moisture barrier for those patients who are incontinent to provide protection where skin is intact</strong></td>
<td><strong>Skin protectant and treatment for those patients who are incontinent and where skin is compromised or with epidermal skin loss</strong></td>
<td><strong>Protectant barrier and treatment for compromised, weepy skin</strong></td>
<td><strong>Protection and treatment for areas exposed to friction and moisture where there is skin to skin contact</strong></td>
<td><strong>Protection and treatment of a fungal rash</strong></td>
</tr>
<tr>
<td><strong>Cleanse and dry area thoroughly</strong></td>
<td><strong>Apply skin cream while skin is damp, when possible</strong></td>
<td><strong>Avoid massaging red, bruised, or discolored skin, or over a bony prominence</strong></td>
<td><strong>Inspect skin for signs of breakdown especially over bony prominences, and under breasts, abdominal folds, axilla areas, heels, ankles</strong></td>
<td><strong>Remove socks or support hose daily to inspect feet for signs of pressure or skin breakdown</strong></td>
<td><strong>Cleanse and dry area thoroughly</strong></td>
<td><strong>Cleanse and dry area thoroughly</strong></td>
</tr>
<tr>
<td><strong>Apply skin cream only to point where cream disappears</strong></td>
<td><strong>Avoid massaging red, bruised, or discolored skin, or over a bony prominence</strong></td>
<td><strong>Inspect skin for signs of breakdown especially over bony prominences, and under breasts, abdominal folds, axilla areas, heels, ankles</strong></td>
<td><strong>Inspect skin with each cleansing to identify early breakdown</strong></td>
<td><strong>Inspect skin with each cleansing to identify early breakdown</strong></td>
<td><strong>Apply skin protectant paste to denuded or macerated skin until entire area is covered</strong></td>
<td><strong>Apply skin protectant paste to denuded or macerated skin until entire area is covered</strong></td>
</tr>
<tr>
<td><strong>Consider treating fungal rash for 14 consecutive days, even if rash improves</strong></td>
<td><strong>Implement measures to prevent friction and moisture in skin fold areas</strong></td>
<td><strong>May also need antifungal treatment</strong></td>
<td><strong>Utilize a thin layer, and clean soiled area only until clean. It is not necessary to remove all of the skin protectant paste</strong></td>
<td><strong>Inspect skin with each cleansing</strong></td>
<td><strong>Implement measures to prevent friction and moisture in skin fold areas</strong></td>
<td><strong>Apply antifungal Powder or Ointment</strong></td>
</tr>
</tbody>
</table>

**Remedy with Phytoplex Hydrating Cleansing Foam & Gel**
**Remedy with Phytoplex Nourishing Skin Cream**
**Remedy with Phytoplex Hydraguard Skin Cream**
**Remedy with Phytoplex Z-Guard Paste**
**Remedy Antifungal Powder & Ointment**

**Educare Hotline 888-701-SKIN (7546)** for more clinical information 8am – 5pm CST
SKIN & WOUND CARE GUIDELINES

### Definitions
- **sDTI – Purple or maroon localized area**
- **Type Wound Photos**
- **Further Description: Deep tissue Injury**
  - Deep tissue Injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered with thin eschar. Evolution may be rapid exposing of additional layers of tissue even with optimal treatment.

### Exudate
- **None**
  - Prevention Guidelines
    - Pressure redistribution support surface as appropriate
    - Turn and reposition Q2h in bed and Q1h in chair
    - Offloading device to keep heels elevated off bed / surface
    - Monitor skin
    - Manage moisture
    - Reference Skin Care Guideline
  - Cleansing Options
    - Remedy with Phytoplex Hydrating Cleansing Foam
    - Remedy with Phytoplex Hydrating Cleansing Gel
    - Topical Options
      - Marathon Liquid Skin Protectant - 3 X week & PRN
      - Remedy with Phytoplex Hydraguard Skin Cream to at risk skin areas PRN
      - Remedy with Phytoplex Z-Guard Skin Protectant Paste to damaged or denuded skin PRN
  - **Dry to Scant**
    - Cleanse
      - Skintegrity Wound Cleanser
      - Sureprep to periwound skin
  - **Primary Dressing Options**
    - Suresite – change 1-2 X week & PRN
    - Exuderm Odorshield/Sacrum – change 1-2 X week & PRN
    - Derma-Gel – change 2 X week & PRN
    - SilvaSorb Gel – change 1-2 X week & PRN
    - Optifoam Heel – change 1-2 X week & PRN
    - Bordered Gauze “or” Stratasorb
    - Rolled Gauze
    - Medigrip
    - Medfix “or” Gentac Tape
  - **Secondary Dressing Options**
    - Optifoam Gentle/Sacral
    - Bordered Gauze “or” Stratasorb
    - Rolled Gauze
    - Medigrip
    - Medfix “or” Gentac Tape
  - **Primary Dressing Options**
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    - Optifoam Heel – change 1-2 X week & PRN
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    - Optifoam Heel – change 1-2 X week & PRN
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    - Optifoam Heel – change 1-2 X week & PRN
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    - Rolled Gauze
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    - Derma-Gel – change 2 X week & PRN
    - SilvaSorb Gel – change 1-2 X week & PRN
    - Optifoam Heel – change 1-2 X week & PRN
    - Bordered Gauze “or” Stratasorb
    - Rolled Gauze
    - Medigrip
    - Medfix “or” Gentac Tape

### Suggested Dressings & Change Frequency
- **None**
- **Dry to Scant**
- **Moderate to Heavy**
  - Cleanse
    - Skintegrity Wound Cleanser
    - Sureprep to periwound skin
  - **Primary Dressing Options**
    - Optifoam Gentle
    - Optifoam Heel
    - OptiLock
    - Optifoam Gentle
    - Suresite
    - Optifoam Heel
    - Medigrip
    - Medfix “or” Gentac Tape
  - **Secondary Dressing Options**
    - Optifoam Gentle/Sacral
    - Bordered Gauze “or” Stratasorb
    - Rolled Gauze
    - Medigrip
    - Medfix “or” Gentac Tape

### Prevention Guidelines
- Pressure redistribution support surface as appropriate
- Turn and reposition Q2h in bed and Q1h in chair
- Offloading device to keep heels elevated off bed / surface
- Monitor skin
- Manage moisture
- Reference Skin Care Guideline

### Exudate
- **None**
- **Dry to Scant**
- **Moderate to Heavy**

### Prevention Guidelines
- Pressure redistribution support surface as appropriate
- Turn and reposition Q2h in bed and Q1h in chair
- Offloading device to keep heels elevated off bed / surface
- Monitor skin
- Manage moisture
- Reference Skin Care Guideline

### Cleansing Options
- Remedy with Phytoplex Hydrating Cleansing Foam
- Remedy with Phytoplex Hydrating Cleansing Gel
- Topical Options
- Marathon Liquid Skin Protectant - 3 X week & PRN
- Remedy with Phytoplex Hydraguard Skin Cream to at risk skin areas PRN
- Remedy with Phytoplex Z-Guard Skin Protectant Paste to damaged or denuded skin PRN

### Primary Dressing Options
- Suresite – change 1-2 X week & PRN
- Exuderm Odorshield/Sacrum – change 1-2 X week & PRN
- Derma-Gel – change 2 X week & PRN
- SilvaSorb Gel – change 1-2 X week & PRN
- Optifoam Heel – change 1-2 X week & PRN
- Bordered Gauze “or” Stratasorb
- Rolled Gauze
- Medigrip
- Medfix “or” Gentac Tape

### Secondary Dressing Options
- Optifoam Gentle/Sacral
- Bordered Gauze “or” Stratasorb
- Rolled Gauze
- Medigrip
- Medfix “or” Gentac Tape

### Contact Layer
- Versatex – change 1 X week & PRN

### Hotline
- 888-701-7546
# SKIN & WOUND CARE GUIDELINES

## Wound Type

<table>
<thead>
<tr>
<th>Unstageable Pressure Ulcers</th>
<th>Necrotic Wounds</th>
<th>Skin Tear Type 1 or 2</th>
<th>Skin Tear Type 3</th>
<th>Colonized or Infected Wounds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definitions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown, or black) in the wound bed. Further Description: Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as “the body’s natural (biological) cover” and should not be removed.</td>
<td>Type 1: No skin loss Linear or flap tear which can be repositioned to cover the wound bed. Type 2: Partial flap loss Flap cannot be repositioned to cover the wound</td>
<td>Type 3: Entire wound bed is exposed</td>
<td>Colonized: Presence of bacteria that cause no local or systemic signs or symptoms.</td>
<td>Infection: A complication caused by microorganisms, especially those that release toxins or invade body tissues, accompanied by local or systemic symptoms.</td>
</tr>
</tbody>
</table>

## Exudate

<table>
<thead>
<tr>
<th>None</th>
<th>Dry to Scant</th>
<th>All Drainage Levels</th>
<th>All Drainage Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suggested Dressings &amp; Change Frequency</strong></td>
<td><strong>Primary Dressing Options</strong></td>
<td><strong>Secondary Dressing Options</strong></td>
<td><strong>Primary Dressing Options</strong></td>
</tr>
<tr>
<td><strong>Floating Heels to Relieve Pressure</strong></td>
<td><strong>Dressing Options</strong></td>
<td><strong>Cleanse</strong></td>
<td><strong>Dressing Options</strong></td>
</tr>
<tr>
<td><strong>No Dressing</strong></td>
<td><strong>MicroKlenz Antimicrobial Wound Cleanser</strong></td>
<td><strong>Apply</strong></td>
<td><strong>MicroKlenz Antimicrobial Wound Cleanser</strong></td>
</tr>
<tr>
<td><strong>Keep Dry</strong></td>
<td><strong>Apply</strong></td>
<td><strong>Sureprep to peri-wound skin</strong></td>
<td><strong>Apply</strong></td>
</tr>
<tr>
<td><strong>Sureprep daily</strong></td>
<td><strong>TheraHoney Gel or Sheet</strong> – change 3 X week &amp; PRN</td>
<td><strong>Marathon Liquid Skin Protectant</strong> – 3 X week &amp; PRN</td>
<td><strong>Arglaes Powder</strong> – change 3 X week &amp; PRN</td>
</tr>
<tr>
<td><strong>Tender Wet</strong> – change Q 24hrs</td>
<td><strong>Versatel Silicone Contact Layer</strong> – change 1 X week &amp; PRN</td>
<td><strong>Opticell AG Sheet or Rope</strong> – change 3 X week &amp; PRN</td>
<td><strong>Opticell AG Sheet or Rope</strong> – change 3 X week &amp; PRN</td>
</tr>
<tr>
<td><strong>Secondary Dressing Options</strong></td>
<td><strong>Versatel Silicone Contact Layer</strong> – change 1 X week &amp; PRN</td>
<td><strong>Opticell AG Sheet or Rope</strong> – change 3 X week &amp; PRN</td>
<td><strong>Opticell AG Sheet or Rope</strong> – change 3 X week &amp; PRN</td>
</tr>
<tr>
<td><strong>Bordered Gauze</strong></td>
<td><strong>Primary Dressing Options</strong></td>
<td><strong>Roger</strong></td>
<td><strong>Medifix Tape</strong></td>
</tr>
<tr>
<td><strong>Stratasorb</strong></td>
<td><strong>Roller Gauze</strong></td>
<td><strong>Gentic Tape</strong></td>
<td><strong>Gentic Tape</strong></td>
</tr>
<tr>
<td><strong>Optifoam Gentle/ Optifoam Gentle Sacral</strong></td>
<td><strong>Medigrip</strong></td>
<td><strong>Medigrip</strong></td>
<td><strong>Medigrip</strong></td>
</tr>
<tr>
<td><strong>Optifoam Heel</strong></td>
<td><strong>Gentic Tape</strong></td>
<td><strong>Gentic Tape</strong></td>
<td><strong>Gentic Tape</strong></td>
</tr>
<tr>
<td><strong>Elastic Net</strong></td>
<td><strong>Mediflex Tape</strong></td>
<td><strong>Mediflex Tape</strong></td>
<td><strong>Mediflex Tape</strong></td>
</tr>
<tr>
<td><strong>Rolled Gauze</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Consult for other debriding methods</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Cleansing Options

<table>
<thead>
<tr>
<th>Argaes Powder</th>
<th>MicroKlenz Antimicrobial Wound Cleanser</th>
<th>Derma-Gel Hydrogel Sheet</th>
<th>Optifoam Gentle</th>
<th>Marathon Liquid Skin Protectant</th>
<th>Tender Wet</th>
<th>OptiCell AG</th>
<th>Optifoam Heel</th>
<th>OptiLock</th>
<th>Optifoam Gentle</th>
<th>Puracol Plus or Puracol Plus AG – change 3 X week &amp; PRN</th>
<th>Puracol Plus AG / Puracol Plus</th>
<th>Silvasorb Gel</th>
<th>Silvasorb Sheet</th>
<th>Silvasorb Cavity</th>
<th>TheraHoney Gel or Sheet</th>
<th>Versatell</th>
<th><strong>Stalled Wounds (No Significant Progress in 7 Days)</strong></th>
<th><strong>Puracol Plus AG – change 3 X week &amp; PRN</strong></th>
</tr>
</thead>
</table>
# LOWER EXTREMITY WOUND CARE GUIDELINES

## Venous Ulcers
### Definitions
Venous Ulcer - Ulceration(s) of the lower leg, resulting from lower extremity venous disease (LEVD). Ulcer characteristics: Anterior / medial malleolus, can be anywhere on the leg, irregular edges, reddish, yellow adherent, or loose slough ulcer base, usually shallow, full thickness, moderate to heavy drainage, surrounding skin macerated, crusted and scaling.

## Arterial Ulcers
### Definitions
Arterial Ulcer – Ulceration(s) of the lower leg, resulting from lower extremity arterial disease (LEAD). Ulcer characteristics: Tips of toes, between toes, phalanx heads, lateral malleolus, can be anywhere on the leg, well defined edges, rolled, undermining, dry, pale, or necrotic ulcer base; wet or dry gangrene, usually small; may be deep, minimal drainage, surrounding skin appearance includes dependent rubor, pallor with elevation.

## Neuropathic/Diabetic Foot Ulcers
### Definitions
Neuropathic/Diabetic Foot Ulcer – Ulceration(s) of the lower extremity, predominantly the foot, resulting from lower extremity neuropathic disease (LEND). Ulcer characteristics: Toe interphalangeal joints, metatarsal heads, dorsal or plantar mid-foot, dorsal or distal toes, bunion sites, heel fissures, blisters or ulcers, well defined edges, may or may not have undermining, pale, pink or necrotic ulcer base, partial thickness to bone involvement, small to moderate drainage, periwound callus.

## Dressings & Change Frequency

<table>
<thead>
<tr>
<th>Wound Type</th>
<th>Venous Ulcers</th>
<th>Arterial Ulcers</th>
<th>Neuropathic/Diabetic Foot Ulcers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exudate</strong></td>
<td>Dry to Scant</td>
<td>Moderate to Heavy</td>
<td>Dry to Scant</td>
</tr>
<tr>
<td><strong>Vessel Type</strong></td>
<td>Cleanse&lt;br&gt;- Skintegrity Wound Cleanser Apply&lt;br&gt;- Sureprep to periwound skin&lt;br&gt;- Remedy with Phytoplex&lt;br&gt;- Hydraguard to dry skin&lt;br&gt;- PrimaryDressingOptions&lt;br&gt;- SilvaSorb Gel – change 3 X week &amp; PRN&lt;br&gt;- Derma-Gel Hydrogel Sheet – change 2 X week &amp; PRN</td>
<td>Cleanse&lt;br&gt;- Skintegrity Wound Cleanser Apply&lt;br&gt;- Sureprep to periwound skin&lt;br&gt;- PrimaryDressingOptions&lt;br&gt;- Maxorb II – change 1-2 X week &amp; PRN&lt;br&gt;- Opticell or Opticell AG – change 1-2 X week &amp; PRN&lt;br&gt;- SecondaryDressingOptions&lt;br&gt;- Bodented Gauze&lt;br&gt;- Stratasorb&lt;br&gt;- Optifoam Gentle&lt;br&gt;- OptiLock&lt;br&gt;- OptiGentle&lt;br&gt;- Rolled Gauze&lt;br&gt;- Medigrip&lt;br&gt;- Compression Determined by Vascular Status&lt;br&gt;- Unna-Z&lt;br&gt;- CoFlex TLC&lt;br&gt;- ThreeFlex</td>
<td>Cleanse&lt;br&gt;- Skintegrity Wound Cleanser Apply&lt;br&gt;- Sureprep to periwound skin&lt;br&gt;- PrimaryDressingOptions&lt;br&gt;- Maxorb II – change 1-2 X week &amp; PRN&lt;br&gt;- Opticell or Opticell AG – change 1-2 X week &amp; PRN&lt;br&gt;- SecondaryDressingOptions&lt;br&gt;- Bodented Gauze&lt;br&gt;- Stratasorb&lt;br&gt;- Optifoam Non-Adhesive&lt;br&gt;- OptiGentle&lt;br&gt;- OptiLock&lt;br&gt;- OptiFoam Heel&lt;br&gt;- Rolled Gauze&lt;br&gt;- Medigrip&lt;br&gt;</td>
</tr>
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