Wound assessment and dressing choice for venous ulcers

Dressings should be selected based on the properties of the wound and surrounding skin. Consider the wound location, size, depth, exudate level, and presence of infections. Dressings can help symptom control and promote healing. However, compression therapy remains the cornerstone of treatment.

**Surrounding skin**
- Dry or flaky
  - Rehydrate, using exfoliants and emollients. Consider a moisture-donating or moisture-retaining dressing
- Macerated or oedematous
  - Choose a dressing capable of managing exudate and change frequently
- Callus or hyperkeratotic skin
- Evidence of cellulitis
  - Treat with systemic antibiotics
- Active eczema
  - Topical steroids and emollients as required
  - Consider whether the dressing could be causing irritation or allergy

**Wound bed**
- Dry or flaky
- Macerated or oedematous
  - Non-viable, necrotic tissue or slough
  - Debridement is required to remove non-viable or unhealthy tissue
- Evidence of cellulitis
- Active eczema
- Local infection or biofilm suspected
  - Treat with antimicrobial dressing or topical antiseptic preparation
- Abnormal inflammation
  - Consider debridement or protease modulating matrix dressings

**Wound edge**
- Dry or flaky
- Macerated or oedematous
- Callus or hyperkeratotic skin
- Evidence of cellulitis
- Active eczema
- Local infection or biofilm suspected
  - Treat with antimicrobial dressing or topical antiseptic preparation
- Abnormal inflammation
  - Consider debridement or protease modulating matrix dressings

**Exudate level**
- Dry
- Low
- Moderate
- High

**Choice of dressing**

**Flat wounds**
- Hydrogel sheets
- Soft polymer dressings
- Hydrocolloid fibrous
- Alginate

**Shallow wounds**
- Low-adherent dressings
- Semipermeable films
- Hydrocolloid sheets
- Foam dressings

**Deep wounds**
- Many kinds of dressing are available impermeated with antimicrobial agents, such as:
  - Iodine
  - Chlorhexidine
  - Silver
  - Honey
  - Dialkylcarbamoyl chloride
  - Polyhexamethylene biguanide (PHMB)

**Chronic wound with prolonged inflammatory phase**
- Protease modulating matrix dressings

**Locally infected wounds**
- Biopsy recommended

Debridement methods
- Surgical or sharp
- Autolytic with hydrocolloid, hydrogels or honey dressings
- Larvae

Disclaimer: This infographic is not a validated clinical decision aid. This information is provided without any representations, conditions, or warranties that it is accurate or up to date. BMJ and its licensors assume no responsibility for any aspect of treatment administered with the aid of this information. Any reliance placed on this information is strictly at the user's own risk. For the full disclaimer wording see BMJ's terms and conditions: http://www.bmj.com/company/legal-information/