# Encompass Wound Dressing Selection Guide

## Wound Appearance

<table>
<thead>
<tr>
<th>Description</th>
<th>Eschar*</th>
<th>Predominantly Slough</th>
<th>Granulating/Mixed Wound Tissue</th>
<th>Fibrin</th>
<th>Granulating and/or Epithelializing</th>
<th>Skin Tear</th>
<th>Epithelializing</th>
<th>Surgical Incisions</th>
<th>Skin at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to None</td>
<td>Protect</td>
<td>Moderate to Scant</td>
<td>Epithelializing</td>
<td>Debride</td>
<td>Deep</td>
<td>No injury</td>
<td>Protect/Prevent</td>
<td>Deep/Shallow</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

## Exudate Level

- ▶ Exudate Level
- ▶ High
- ▶ Moderate
- ▶ None

## Depth

- Unknown
- Deep
- Deep/Shallow
- Shallow
- Sutured
- No injury

## Management Objective

- Debride
- Cleanse, Debride, Absorb, Fill Dead Space
- Protect, Hydrate, Fill Dead Space
- Protect

## Suggested Products and Change Rates

<table>
<thead>
<tr>
<th>Suggested Products and Change Rates</th>
<th>Cover choices:</th>
<th>Deep Filler choices</th>
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<th>Contact Layer</th>
<th>Mepilex® Border post-op sizes</th>
<th>Mepilex® Border prophyactic use</th>
<th>Prophylactic Use*</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Mepilex® Border Lite</td>
<td>Mesalt® (Do Not pre-moisten) then apply cover dressing</td>
<td>Exufiber®/Exufiber® Ag+ (Change every 3-5 days and PRN)</td>
<td>Mepilex® Border</td>
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<td>post-op sizes (Up to 7 days)</td>
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<td>Mepilex® Border Preventative Use</td>
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<td></td>
<td></td>
<td>(Daily) OR Mepilex® Border</td>
<td>Secure with gauze and roll gauze (Up to 7 days and PRN)</td>
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<td>Secure with gauze and roll gauze (Up to 7 days and PRN)</td>
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<td>Mepilex® Ag+ (Change every 3-5 days and PRN)</td>
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## Notations

- ○ Mepilex® Transfer: Secondary dressings needed for exudate management (PRN)
- ○ Mepilex® Border Lite: No skin prep, lotion, or creams under Mepilex® dressings.
- ○ Mepilex® Transfer: No skin prep, lotion, or creams under Mepilex® dressings.
- ○ Mepilex® may be used as an interface between a wound and NPWT foam to minimize pain.

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* Mepilex®/Mepitel® One may be left in place during wound cleansing and irrigation. Change secondary dressings as needed.


* Image courtesy of NPUAP.org | Copyright © 2011 Gordain Medical, Inc dba American Medical Technologies. All other images: consent on file.

The suggested topical management options and change rates are the treatment choice of your facility and may not reflect the opinions of Mölnlycke Health Care or in the case of products manufactured by a company other than Mölnlycke Health Care, the manufacturer’s recommended usage guidelines.
**Lower Extremity Venous Disease (LEVD)**

**Definition:** LEVD, which may also be referred to as venous insufficiency, encompasses a full spectrum of morphological and functional abnormalities of the venous system.

**Wound Location:** Typical location is superior to the medial malleolus but may be present anywhere on the lower leg including the posterior calf.

**Wound Appearance**

Typical LEVD wounds:
- Wound edges irregular
- Wound bed
  - ruddy red
  - yellow adherent or loose slough
- Granulation tissue
- Undermining or tunneling uncommon
- Shallow in depth
- Amount of exudate: mild, moderate, heavy
- Periwound skin: macerated, crusty, scaling, hyperpigmented
- Bleeding: may or may not be present

**Wound Characteristics (clinical appearance)**

- Reduce or eliminate known modifiable risk factors for LEVD
- Attain/maintain intact skin
- Reduce edema
- Manage drainage
- Reduce pain
- Prevent complications
- Promptly identify/manage complications
- Optimize potential for healing
- Improve functional status and QOL
- Educate and involve patient/caregiver in self-care management


**Lower Extremity Neuropathic Disease (LEND)**

**Definition:** LEND occurs as a result of damage to nerve structures. With these neurological deficits, there is an alteration in the protective mechanism with a reduced or altered perception of temperature, touch and pain. Peripheral neuropathy may have three components: motor, sensory and/or autonomic.

**Wound Location:** A majority of foot wounds are located at pressure points on the plantar surface of the foot. Most common site is the interphalangeal joint of the great toe and first metatarsal head.

**Wound Appearance**

Typical LEND wounds:
- Rounded or elongated and found over bony prominence
- May be covered with callus or have surrounding callus
- May resemble laceration, puncture or blister
- Depth may vary from partial thickness to bone involvement
- Well defined edges
- Maceration may be present
- Erythema or induration may indicate infection
- Exudate: usually slight to moderate; serious or clear color

**Wound Characteristics (clinical appearance)**

- Reduce or eliminate known modifiable risk factors for LEND
- Attain/maintain intact skin
- Reduce edema
- Reduce shear stress and use offloading measures
- Relate treatments to adequacy of perfusion status based on ABI interpretation
- Minimize trauma
- Debride avascular tissue after adequate perfusion determined
- Educate and involve patient/caregiver in self-care management


**Lower Extremity Arterial Disease (LEAD)**

**Definition:** LEAD, which may also be referred to as peripheral vascular disease (PVD), peripheral arterial occlusive disease (PAOD) and peripheral arterial disease (PAD), refers to disorders affecting the leg arteries.

**Wound Location:** May be located between toes, on tips of toes, over phalangeal heads, around lateral malleolus or at sites subjected to friction or trauma by footwear. Also may be located in the mid-tibia area (shin)

**Wound Appearance**

Typical LEAD wounds:
- Pain
- "Punched out" appearance of wound
- Dry, pale or necrotic wound base
- Minimal or absent granulation tissue
- Wound size usually small but may be deep
- Exudate: minimal
- Gangrene (wet or dry), necrosis common
- Clinical signs of infection
- Localized edema (may indicate infection)

**Wound Characteristics (clinical appearance)**

- Reduce or eliminate known modifiable risk factors for LEAD
- Attain/maintain intact skin
- Reduce pain
- Prevent complications
- Promptly identify/manage complications
- Optimize potential for wound healing
- Promote limb preservation
- Improve functional status of symptomatic patients
- Educate and involve patient/caregiver in self-care management

Note: Dry, stable black eschars should not be debrided until the perfusion status can be determined


**Color Concept**

**BLACK** Eschar and yellow adherent nonviable tissue, dry to moderate exudate

**YELLOW** Moist necrotic slough (may be yellow, beige, or grey in appearance), moderate to large amount of exudate

**RED** Granulating and/or epithelializing tissue; scant to minimal exudate