

## Enabler #1 Choosing an antimicrobial dressing

### 1. Assess for clinical signs of infection

Superficial Infection → 3 or more NERDS<sup>1</sup> = Antimicrobial Dressing

Non- Healing wound:	Wound is not healing in 2-4 weeks
Exudate is increased:	You notice more exudate on dressing
Red friable tissue:	Granulation tissue is not healthy and bleeds easily
Debris:	You see slough and/or eschar in the wound
Smell:	Still smelly after you clean it

### 2. Choose an antimicrobial dressing

Your choice is based on wound needs, goals for wound and properties of dressing

**Bactigras™:** Woven gauze, paraffin impregnated, and 0.5% chlorhexidine acetate. Does not absorb exudate, does not debride. Daily change if high exudate or 2-4 days if less.

**Iodosorb™:** Iodine at 0.9% in starch matrix (cadexomer) is released slowly as cadexomer absorbs exudate. It has 3 properties: Absorption (absorbs up to 7 times its weight in fluid) Antimicrobial, and Debridement. Daily change if high exudate or 2-4 days if less.

**Inadine™:** Low adherent viscose fabric containing 10% Povidone Iodine; equivalent to 1.0%. Does not absorb exudate, does not debride. Requires wound exudate to cause slow release of Iodine into wound, Daily change if high exudate or 2-4 days if less.

**Silver: Acticoat™ Flex 3:** Nanocrystalline silver in a flexible mesh sheet. Wound needs to be moist or apply sterile water (not saline) to the dressing for efficacy. Consult Advanced Wound Care Clinician before use. Silver remains active for 3 days hence name Flex 3.

### 3. Use a 2 week challenge: Antimicrobial dressings should be used for two weeks<sup>2</sup>. Re-evaluate the infection using NERDS.

1. Woo, K.Y., & Sibbald, R.G. (2009). A cross-sectional validation study of using NERDS and STONEES to assess bacterial burden. *Ostomy Wound Management*, 55(8), 40-48.

2. Edwards-Jones, V., Flanagan, M., & Wolcott R. (2015). Technological advancements in the fight against antimicrobial resistance. *Wounds International*, 6(2), 47-51.