

Enabler #7: Assessment of Wound Exudate

1. Assess type of exudate

- Serous – Clear, watery drainage
- Sanguineous (or bloody) – Red, bloody-looking watery drainage
- Serosanguinous – Pink/reddish, watery drainage
- Purulent (or pus) – Yellow, green, tan, creamy or other drainage that is also cloudy; may be watery or viscous

2. Assess amount of exudate

- None– Wound tissue appears dry
- Scant– Wound tissue is moist, but no measurable exudate
- Small or minimal– Wound tissues are wet and moisture is evenly distributed in the wound; drainage involves $\leq 25\%$ of the dressing
- Moderate -Wound tissues saturated; drainage may or may not be evenly distributed in the wound; drainage involves $>25\%$ to $\leq 75\%$ of the dressing
- Large or copious – Wound tissues bathed in fluid; drainage freely expressed; may or may not be evenly distributed in the wound; drainage involves $>75\%$ of the dressing and/or dressing cannot manage the amount of exudate.

References:

Exudate: The type and amount is telling you something, Wound Care Education Institute®, 2016

World Union of Wound Healing Societies (WUWHS), Consensus Document. Wound exudate: effective assessment and management, Wounds International, 2019