






**COLLINS COMPLEX WOUND GUIDE TEMPLATE**






Wound Appearance:	<p align="center"><b>ESCHAR</b></p>  <p>*Eschar to distal points needs a Vascular Consult</p>	<p align="center"><b>SLOUGH</b></p> 	<p align="center"><b>MIXED- SLOUGH /GRANULATION</b></p> 	<p align="center"><b>BIOBURDEN/COLONIZED WOUNDS</b></p> 	<p align="center"><b>GRANULATION</b></p> 
Goal of Treatment:	-If stable, maintain stability. -If not stable, consider debridement of eschar. *stable=dry, adhered, free of infection	-Remove/debride nonviable tissue -Fill dead space/defects -Achieve moisture balance	-Remove/debride nonviable tissue -Fill dead space/ defects -Achieve moisture balance	-Decrease colonization by removing biofilm -Fill dead space/defect -Achieve moisture balance	-Maintain cell bed -Promote healing -Achieve moisture balance

	DEPTH		DRAINAGE		NO DEPTH			DEPTH		DRAINAGE		NO DEPTH			DEPTH		DRAINAGE		NO DEPTH			DEPTH		DRAINAGE		NO DEPTH				
TREATMENT:	H		E		TREATMENT:		TREATMENT:		H		E		TREATMENT:		TREATMENT:		H		E		TREATMENT:		TREATMENT:		H		E		TREATMENT:	
CHANGE FREQUENCY:	A		V		CHANGE FREQUENCY:		CHANGE FREQUENCY:		A		V		CHANGE FREQUENCY:		CHANGE FREQUENCY:		A		V		CHANGE FREQUENCY:		CHANGE FREQUENCY:		A		V		CHANGE FREQUENCY:	
TREATMENT:	M		O		TREATMENT:		TREATMENT:		M		O		TREATMENT:		TREATMENT:		M		O		TREATMENT:		TREATMENT:		M		O		TREATMENT:	
CHANGE FREQUENCY:	D		E		CHANGE FREQUENCY:		CHANGE FREQUENCY:		D		E		CHANGE FREQUENCY:		CHANGE FREQUENCY:		D		E		CHANGE FREQUENCY:		CHANGE FREQUENCY:		D		E		CHANGE FREQUENCY:	
TREATMENT:	S		C		TREATMENT:		TREATMENT:		S		C		TREATMENT:		TREATMENT:		S		C		TREATMENT:		TREATMENT:		S		C		TREATMENT:	
CHANGE FREQUENCY:	A		N		CHANGE FREQUENCY:		CHANGE FREQUENCY:		A		N		CHANGE FREQUENCY:		CHANGE FREQUENCY:		A		N		CHANGE FREQUENCY:		CHANGE FREQUENCY:		A		N		CHANGE FREQUENCY:	
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	D		R						D		R						D		R						D		R			
	Y								Y								Y								Y					

**Collins Complex Wound Guide** is intended to be used as a sliding scale to help determine the most appropriate topical treatment based upon wound characteristics using Kaiser approved items in conjunction with the MD or PCP. Wounds should be cleansed with NS and gauze prior to dressing application. **Recommend Wound care consult as per policy, MD signature required prior to implementation of treatment.**

\* For the Pediatric population please refer to product guidelines prior to product use. Developed by Kelly Collins, RN, BSN, CWOCN and Erika Yazdanbakhsh. RN, MSN, CWON, CNL updated 6/2020 (Eschar; Slough; Mixed-SloUGH/granulation; Bioburden/Colonized Wounds; and Granulation; Wound, Ostomy and Continence Nurses Society, n.d.)

**COLLINS COMPLEX WOUND GUIDE for Kaiser Santa Rosa Hospital**

Wound Appearance:	ESCHAR		SLOUGH		MIXED- SLOUGH /GRANULATION		BIOBURDEN/COLONIZED WOUNDS		GRANULATION					
														
Goal of Treatment:	-If stable, maintain stability. -If not stable, consider debridement of eschar. <b>*stable=dry, adhered, free of infection</b>		-Remove/debride nonviable tissue -Fill dead space/defects -Achieve moisture balance		-Remove/debride nonviable tissue -Fill dead space/ defects -Achieve moisture balance		-Decrease colonization by removing biofilm -Fill dead space/defect -Achieve moisture balance		-Maintain cell bed -Promote healing -Achieve moisture balance					
DEPTH	DRAINAGE	NO DEPTH	DEPTH	DRAINAGE	NO DEPTH	DEPTH	DRAINAGE	NO DEPTH	DEPTH	DRAINAGE	NO DEPTH			
Heavy to Moderate drainage is unstable. <b>A Surgical Consult is needed.</b> Place <b>Vashe</b> ® moist gauze with DSD ΔBID to manage drainage until seen by Surgery.	H E A V Y	Heavy to Moderate drainage is unstable. <b>A Surgical Consult is needed.</b> Place <b>Vashe</b> ® moist gauze with DSD ΔBID to manage drainage until seen by Surgery.	● <b>Surgical Consult</b> Place <b>Vashe</b> ® moist Gauze c DSD Δ BID ● <b>Santyl</b> ®: daily with WTD ΔPRN saturation	H E A V Y	● <b>Surgical Consult</b> place <b>Vashe</b> ® moist Gauze c DSD Δ BID ● <b>Santyl</b> ®: Daily cover with nonstick DSD ΔPRN saturation	● <b>Surgical Consult</b> place <b>Vashe</b> ® moist Gauze with DSD Δ BID and PRN saturation	H E A V Y	● <b>Surgical Consult</b> place <b>Vashe</b> ® moist Gauze with DSD Δ BID ● <b>Santyl</b> ®: Daily cover with nonstick DSD ΔPRN drainage	● <b>Aquacel AG</b> ®: Cover c DSD, ΔQ 1-3days PRN saturation. **use <b>Aquacel AG Ribbon</b> ® for tunnels ● Place <b>Vashe</b> ® moist Gauze Δ BID	H E A V Y	● <b>Aquacel AG</b> ®: Cover c DSD, ΔQ 1-3days PRN saturation. ● Place <b>Vashe</b> ® moist Gauze with DSD Δ BID	● <b>Aquacel AG</b> ®: Cover c DSD, ΔQ 1-3 days PRN saturation. **use <b>Aquacel AG Ribbon</b> ® for tunnels ● <b>WTD</b> :Δ TID & PRN Saturation	H E A V Y	● <b>Aquacel AG</b> ®: Cover c DSD, ΔQ 1-3 days PRN saturation. ● <b>Mepilex</b> ®: ΔQ1-3D's & PRN Saturation ● <b>WTD</b> :Δ TID & PRN Saturation
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If not stable: <b>Surgical Consult</b> ● <b>Betadine</b> ® daily fill and/or cover with dry gauze. If stable: ● <b>Betadine</b> ® daily, Consider <b>Surgical Consult</b> Watch for S/Sx of infection.	S C A N T / D R Y	If not stable: <b>Surgical Consult</b> ● <b>Betadine</b> ® daily fill and/or cover with dry gauze. If stable: ● <b>Betadine</b> ® daily, Consider <b>Surgical Consult</b> Watch for S/Sx of infection.	● <b>Surgical Consult</b> place <b>Vashe</b> ® moist Gauze Δ BID ● <b>Santyl</b> ®: daily with WTD	S C A N T / D R Y	● <b>Surgical Consult</b> place <b>Vashe</b> ® moist Gauze c DSD Δ BID ● <b>Santyl</b> ®: Daily cover with nonstick DSD ΔPRN saturation	● <b>Surgical Consult</b> place <b>Vashe</b> ® moist Gauze with DSD Δ TID ● <b>Santyl</b> ®: daily, with WTD	S C A N T / D R Y	● <b>Santyl</b> ®: Daily cover with nonstick DSD ΔPRN drainage ● <b>Consider Surgical Consult</b> & Place <b>Vashe</b> ® moist Gauze c DSD Δ BID	● <b>Silvasorb Gel</b> ®: Daily to wound bed fill with WTD ● Place <b>Vashe</b> ® moist Gauze with DSD Δ BID	S C A N T / D R Y	● <b>Silvasorb Gel</b> ®: Daily, cover with <b>Mepilex</b> ® or Place <b>Vashe</b> ® moist Gauze with DSD Δ BID	● <b>Silvasorb Gel</b> ®: Daily to wound bed fill c WTD ● <b>Wound Gel</b> : Daily to wound bed fill c WTD ● <b>WTD</b> : Δ TID	S C A N T / D R Y	● <b>Silvasorb Gel</b> ®: Daily, cover with <b>Mepilex</b> ® or nonstick DSD ● <b>WTD</b> :Δ TID

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