

# Use of a Pressure Ulcer Protocol: Benefits and Recommendations

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# Wound Care protocol

- ❑ Moist wound healing approaches have been shown to heal wounds quicker, and COST LESS in the long run!
- ❑ Suggest using good quality products, with a standardized protocol – applies to 90% of cases, with an auxiliary formulary for difficult to heal wounds (set specific criteria for use)

# Principles of topical wound care

- Remove necrotic tissue
- Eliminate infection
- Fill dead space
- Absorb excess exudate
- Maintain moist wound surface
- Protect and insulate

# Pressure Ulcer Protocol

- Standardizes care to pressure ulcers
- Saves money and nursing time
- Encourages use of advanced wound healing
- Maximizes Medicare B coverage

# Sample Pressure Ulcer Protocol

Stage 1: Barrier Ointment or Transparent film

Stage 2: Hydrocolloid or Thin Foam

Stage 3 or 4:

**minimal drainage:** Hydrogel dressing

**moderate/heavy drainage:** Calcium Alginate  
or Hydrofiber

\*\*\*Choice of Cover Dressing may decrease  
dressing change frequency\*\*\*

# Sample Pressure Ulcer Protocol

- ❑ Necrotic wound, not responsive to Hydrogel: enzymatic ointment
- ❑ Infected wound: silver dressing as appropriate to wound type

# Use of a Protocol MD Order Sheet

- Help to standardize approaches
- Simplifies the process
- Educates Medical and Nursing staff as they use it
- Saves time

**Morningside House**  
**PRESSURE ULCER/WOUND ORDERS**  
 Use this side for TREATMENT PROTOCOL

\* Note: Use one order sheet per site!

Resident Name: \_\_\_\_\_

Site: \_\_\_\_\_

Wound Type (circle):  Pressure ulcer  Arterial  Venous  Neuropathic  Other: \_\_\_\_\_  
 Discontinue Previous Medical Order  Change Medical Order as Indicated

**STAGE 1**

- "Zinc Oxide Ointment twice a day and PRN to affected area"  
or
- "Transparent film every 3 days and prn": Cleanse area with saline. Apply barrier wipe skin protectant around wound, then apply appropriate size of transparent film, at least 1" larger than reddened area. Change every 3 days and PRN.

**STAGE 2 or partial thickness wound**

*For wound with minimal drainage: "Thin Hydrocolloid dressing every 3 days and prn"*

- Thin Hydrocolloid: Cleanse area with saline. Pat dry. Apply barrier wipe skin protectant around wound. Apply thin hydrocolloid, in a size at least 1" larger than the wound. Change every 3 days and PRN.

*For wound with moderate drainage: "Thin foam dressing every three days and prn"*

- Thin Foam: Cleanse area with saline. Pat dry. Apply barrier wipe skin protectant around wound. Apply thin foam dressing to wound. Change every 3 days and PRN.

*For an intact blister: "Dry protective dressing daily and prn"*

- Dry Protective dressing: Cleanse area with saline. Apply dry combine. Secure with tubular net or kerlix. Change daily. Notify MD if wound drains.

**STAGE 3 & 4: or full thickness wound**

*For wound with minimal drainage: "Hydrogel gauze dressing, with cover dressing daily and prn"*

- Hydrogel Gauze: Irrigate well with saline. Pat dry. Apply hydrogel saturated gauze in a size to fill/cover affected area – **DO NOT** extend hydrogel beyond wound edges. Protect wound edges with zinc oxide. Cover with gauze, tape and/or bordered gauze. If ulcer is located in area affected by incontinence, utilize fluid resistant composite dressing or a transparent film cover. Change daily and PRN.

*For wound with moderate/heavy drainage: "Calcium alginate with cover dressing daily and prn"*

- Calcium Alginate: Irrigate well with saline. Pat dry. Apply calcium alginate/packing to fill wound. **DO NOT** extend dressing beyond wound edges. Protect wound edges with zinc oxide. Cover with gauze, tape and/or bordered gauze. If ulcer is located in an area affected by incontinence, utilize fluid resistant composite dressing or a transparent film cover. Change daily and PRN. Notify MD to re-evaluate to decrease change frequency to every 2 - 3 days as drainage decreases.

MD/NP Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

DATE	TIME	NURSING PERSONNEL SIGNATURE	Implementation
			Transcribed and faxed to Pharmacy





Thank You!