

**Dressing selection for the Diabetic foot ulcers**

Wound type →	Black / Necrotic		Green / Infected		Yellow / Sloughy		Red / Granulating		Pink / Epithelialising
Aims	Debride necrotic tissue / eschar, prevent infection. <u>DO NOT</u> attempt debridement if vascular insufficiency Swab, appropriate <u>antibiotics</u> .		Reduce bacterial load in the wound. Swab, appropriate <u>antibiotics</u> .		Remove slough & provide a clean base for granulation. Swab, appropriate <u>antibiotics</u> .		Promote granulation & provide moist healing environment, encourage angiogenesis		Promote epithelialisation & wound maturation
Exudate level	Superficial less than 0.5mm	Deep / cavity	Superficial less than 0.5mm	Deep / cavity	Superficial less than 0.5mm	Deep / cavity	Superficial less than 0.5mm	Deep / cavity	Superficial Less than 0.5mm
<b>NONE / LOW</b>	- Foam  - Low adherent dressing	- Honey gel  - Alginate gel (Flaminal hydro)	- Inadine  - Honey  - Alginate gel (Flaminal hydro)	- Hydrogel (Intrasite conformable)  - Alginate gel (Flaminal hydro)	- Inadine  - Honey	-Honey gel  - Alginate gel (Flaminal hydro)  - Hydrofibre (Aquacel)  - Larvae	-Foam  - Alginate gel (Flaminal hydro)	- Hydrogel (Intrasite conformable)  - Alginate gel (Flaminal hydro)	- Foam  - Low adherent dressing  - Fabric island dressing
<b>MODERATE / HIGH</b>	- Hydrogel (Intrasite conformable)  - Alginate gel (Flaminal forte)  - Honey Gel	- Hydrofibre (Aquacel)  - Larvae	- Alginate gel (Flaminal forte)  - Honey	- Honey gel  - Silver alginate  - Alginate gel (Flaminal Forte )  - Larvae	- Hydrofibre (Aquacel)  - Alginate gel (Flaminal forte)	- Hydrofibre (Aquacel)  - Alginate gel (Flaminal forte)  - Larvae	-Foam  - Absorbant dressing	- Hydrofibre (Aquacel)  - Hydrogel (Intrasite conformable)  - Foam	<b>Secondary dressing either foam or absorbent dressing</b>

The purpose of this table is to provide guidance about appropriate dressings. Off loading the pressure is essential if wound healing is to occur, specialist devices / footwear must be used for the wound healing to be effective. **NECROTIC** wounds in the diabetic foot patients should be treated with caution i.e. **KEEP THE FOOT DRY** until the vascular status is established. Refer to vascular team for revascularisation if ABPIs abnormal. In palliative wound care the objectives of the dressing may be different.

**N.B. Diabetic foot ulcers should be referred to foot clinic for assessment and advice. Tissue Viability Nurse (TVN) referral for requests of larval therapy or specialist advice. Debridement can only be carried out by a surgeon or a podiatrist (diabetic foot clinic). Foot clinic referral form available at [www.leicestershirediabetes.org.uk](http://www.leicestershirediabetes.org.uk)**