WOUND CARE TODAY

How to manage exudate

What is exudate?

- Exudate is the fluid released from a wound in a complicated interaction resulting from wound aetiology, healing, environment, and compounding pathological processes. It includes a mix of components that encourage healing, including[1], [2]:
- Electrolytes
- Matrix metalloproteinases (MMPs)
- Various cells, such as leukocytes, macrophages, neutrophils and platelets
- Microorganisms
- Nutrients
- Growth factors
- Inflammatory mediators.

Looking at the patient

While a certain amount of exudate is necessary to heal the wound, the problems of a highly exuding wound are numerous, including wet dressings, contaminated clothing, malodour and embarrassment. All of these factors can lead to poor quality of life and it is vital that clinicians are able to assess patients, including[3]:

- Identifying any conditions that may be contributing to the exudate, such as oedema
- Looking at the state of the wound and the level and type of wound exudate being produced
- Identifying any potential danger to the periwound skin, for example is there leakage of exudate from the wound; is the skin red (excoriated), or does it look white and boggy (macerated)?

Reading the signs

An understanding of the presentation of exudate is required in order to identify what this means for the wound and the patient:

Consistency	Colour	Odour	Volume
● Thicker, viscous and sometimes 'sticky' exudate is often due to infection, devitalised (necrotic) tissue or retained dressing fibres ● Thinner exudate can be an indication that malnutrition or heart disease are an issue	● Healthy exudate that is required for healing is a 'straw'-like colour ● Green, or 'milky' exudate can be a sign of infection ● Pink or red exudate should prompt the nurse to check for bleeding in the wound bed	● A strong unpleasant odour can be a sign of bacterial growth, infection or necrosis ● Odour is also often a feature of fungating wounds and fistulae	● In a 'healthy' wound-healing trajectory, the amount of exudate will reduce as the wound heals ● Some wounds, such as burns and venous leg ulcers, may produce more exudate ● Look out for a sudden increase in exudate — this may be due to infection in the wound or a worsening medical problem

Managing a highly exuding wound

- When treating a patient with a highly exuding wound, the following elements are important[3]:
  - An initial medical assessment of the patient to identify comorbidities
  - Joint decision-making on treatment between nurse and patient
  - Specific wound and exudate assessment by a knowledgeable and competent nurse
  - Use of an absorbent dressing which is compatible with other treatment such as compression bandaging
  - Any dressing must reflect the patient's skin assessment and not cause irritation
  - Concurrent skin protection treatment with washing, moisturising and emollient therapy
  - Regular evaluation and reassessment of treatment.

Choosing the right dressing

- A wound dressing that is chosen to manage high volumes of exudate should have some or all of the following attributes[4]:
  - High-absorbency: helps to reduce dressing frequency
  - Ability to 'lock away' exudate, preventing leakage onto the periwound skin and avoiding maceration/excoriation
  - Can be used under compression bandaging without becoming bulky through exudate absorption
  - Atraumatic on removal
  - Conforms well to the patient's body and the wound site
  - Provides the clinician with a cost-effective option.

HARTMANN

Going further for health

Zetuvit® Plus super-absorbent dressing pad is just one of the dressings available from HARTMANN for effective exudate management.

- Designed for high volumes of wound fluid[5], it rapidly binds and reliably retains exudate[5]
- Soft, conformable and comfortable[5, 6] to wear
- Cost-effective[7].

For more information and to download this poster, go to: www.jcn.co.uk, or www.hartmann.co.uk/115595.php

1. WUWHS (2007) *Wounds International*, London
2. White R, Cutting KC (2006) Available at: http://www.worldwidewounds.com
3. Beldon P (2014) *Wound Care Today* 1(1): 38–44
4. Stephen-Haynes J (2011) *Br J Comm Nurs* 16(3 Suppl): S44–49
5. Kaspar D (2009) Internal publication. Available from Hartmann
6. Nesta S, McKay S (2012) Internal publication. Available from Hartmann
7. Drug Tariff and NHS Supply Chain Price comparisons April 2015