

PROCEDURE:

Application of MULTIDEX® Maltodextrin NF Hydrophilic Wound Dressing (Gel or Powder)

PURPOSE: Provides a moist wound environment conducive to healing, stimulates highly vascularized granulation tissue, protects against wound dehydration, controls wound odors while decreasing the amount of purulent exudate.

OUTCOME: Healthy granulation tissue.

ASSESSMENT/INDICATIONS:

Dermal ulcers (e.g. leg ulcers, pressure ulcers, and other secreting lesions), diabetic ulcers, abdominal wounds, infected wounds, superficial wounds, lacerations, cuts abrasions, donor sites, and 2nd degree burns.

PLANNING/MATERIALS NEEDED:

1. Saline, or a balanced salts solution for non-toxic cleansing.
2. MULTIDEX Powder or Gel for topical application to wound.
3. A non-adherent, non-occlusive secondary “cover” dressing, such as SOFSORB™ Wound Dressing, COVADERM PLUS® Adhesive Barrier Wound Dressing, MULTIPAD® Non-Adherent Wound Dressing, POLYDERM Border® Foam Dressing, or AQUASORB® Hydrogel Wound Dressing to cover MULTIDEX® and absorb drainage. Note: MULTIDEX® does not absorb drainage—the secondary cover dressing absorbs drainage.
4. STRETCH NET™ Tubular Elastic Dressing Retainer, roll gauze, or tape to secure secondary cover dressing if necessary. Note: some secondary dressings have attached adhesive borders and extra taping is not needed.

IMPLEMENTATION/PROCEDURE:

1. If necessary, any necrotic tissue should be debrided according to acceptable practice or as directed by an attending physician.
2. Liberally irrigate the wound with a 0.9% normal saline or balanced

salts solution.

(continued on other side)

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3. Apply MULTIDEX:
 - a. For shallow wound - apply _" thick over entire wound surface.
 - b. For deep wounds - fill wound site to the surface taking care to fill all undermined areas.
4. Apply non-adherent, non-occlusive secondary cover dressing, and secure if necessary.
5. Change as necessary - usually once a day for minimally to moderately draining wounds and twice a day for heavily exuding wounds.
6. Remove cover dressing with care. If dressing adheres to wound, soak with saline for several minutes to loosen dressing before removing so as not to injure fragile healing tissue.
7. Flush site liberally with the irrigation solution to remove loose debris. Note: Removal of all the MULTIDEX® is not necessary to continue treatment. Any remaining MULTIDEX® will mix with the next application.
8. Dispose of soiled materials per institution's policy.

EVALUATION:

Wound is moist, and contains highly vascularized granulation tissue.

NOTE: Local wound care cannot overcome the deficits of unrelieved malnutrition, pressure or trauma, or compromised blood flow. Interventions must be instituted to reduce/relieve these factors that contribute to impaired wound healing in order to achieve the optimum outcome.

