
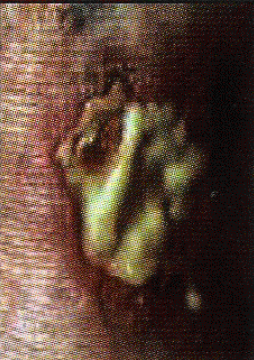


Predominant Tissue Type	Example	Aim of Treatment	Suitable Dressing
Necrotic tissue + ischaemia		To keep dry	<b>DO NOT USE DEBRIDING AGENTS</b> Use iodine based products Leave exposed if completely dry
Necrotic tissue + <b><u>NO</u> ischaemia</b> i.e. The wound has a covering of black tissue		To debride and remove eschar	<b>Dry necrosis: Needs moisture</b> Hydrocolloid or Hydrogel or Hydrogel sheet or Moistened Hydrofibre <b>Wet necrosis:</b> Needs absorbency Foam dressing with or without Hydrofibre or Alginate
<b>Sloughy tissue</b> i.e. devitalised yellow tissue covering the wound		To remove slough and excess exudate	<b>Dry slough:</b> Hydrocolloid or Hydrogel or Moistened Hydrofibre flat sheet <b>Wet + shallow:</b> Foam <b>Wet + deep:</b> Foam with Hydrofibre or Alginate <b>Consider larvae therapy</b>
<b>Granulating</b> i.e. clean healthy red granulation tissue		To promote granulation and stimulate healing	<b>Dry + shallow:</b> Low adherent dressing Or Hydrocolloid <b>Dry + deep:</b> Hydrogel sheet or Hydrocolloid + Hydrogel <b>Wet :</b> Foam with or without alginate or hydrofibre <b>Very Wet:</b> Low adherent dressings + dressing pads
<b>Epithelialising</b> i.e. pale pink healing tissue		Protect tissue and promote Epithelialisation	Low adherent dressing or Film dressing or thin Hydrocolloid
<b>Critically colonised or infected</b> i.e. malodorous with clinical signs of infection		To manage infection, and reduce bacterial burden	<b>Use anti-microbial agent:</b> Iodine or silver or honey <b>Systemic antibiotic therapy should be considered in the presence of clinical signs of infection</b> <b>NB: Avoid occlusive dressings if anaerobic infection suspected or confirmed</b>