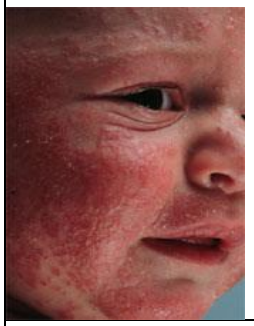
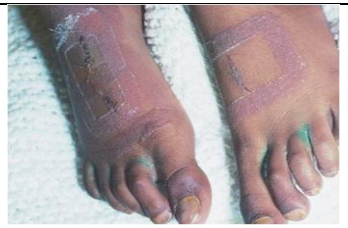
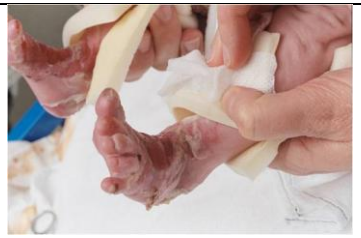
Chronic wounds					
Picture of Wound	**Wound**	**Indicator/descriptor**	**Management Aims**	**Product Recommendations**	**Relevant links**
	**Eczema**	A common paediatric skin condition with scale, erythema, itch, lichenification, crusts, weeping(indicating a secondary skin infection)	Reduce environmental triggers. Reduce inflammation with topical steroids, add and retain moisture with emollients. Reduce itch with wet dressings. Reduce bacterial load with daily bathing with salt and +/- bleach	Refer to Eczema Management in the Eczema Clinical Guideline	Eczema Treatment Plan
	Ulcerated haemangioma	A common type of birthmark made of blood vessels. The skin over the haemangioma can break down. The skin may appear raw or shiny and might even develop a scab or crust.	Reduce pain Prevent Infection Provide protection Nb; avoid positional pressure to area	Hydrogel (e.g. Intrasite gel) & Silicone dressing (e.g.Mepilex lite) or Silver dressing (such as, Mepilex Ag) may be used if an antibacterial dressing is required	
	Bleeding Haemangiomas	A common type of birthmark made of blood vessels. When cut or injured, it can bleed or develop a crust or scab. When hemangiomas bleed, they tend to bleed rapidly but only for a short period of time.	To stop immediate and prevent recurrent bleeding	The bleeding should stop with gentle, direct pressure for fifteen minutes. A non stick product should be used consider the same as for Ulcerated Haemangiomas	

	Granuloma	Any small nodular delimited aggregation of mononuclear inflammatory cells, or a collection of modified macrophages resembling epithelial cells, usually surrounded by a rim of lymphocytes.	Reduce and resolve	Silver nitrate to area or daily kenacomb	
	**Skin allergies to tapes ,dressings etc**	Inflammatory reaction caused by an allergen	Identify and remove the cause	low risk contact reaction : silicone dressings Corticosteroids may be considered	
	**EB - Epidermodysis Bullosa**	A rare skin disease from birth. The skin is fragile. Friction causes blisters then wounds. This can become secondarily infected with bacteria.	Protect the skin. Apply non adhesive dressings for wound healing and protection as needed. Daily baths with salt.	Each patient will have an individual dressing regime.	List of Approved Dressings for the EB dressings Scheme
	chronic non healing wounds	Complex wounds that do not progress through the usual phases of healing, generally do not start to heal within four weeks or hasn't healed within eight weeks.	Identify and manage factors that inhibits healing and improve quality of life	Depends on amount of exudate and complicating factors (infection, draining wounds, bleeding, odour). Regular assessment and review of management options is required	
	Over granulating wounds	An excess of granulation tissue resulting in a raised mass. Can be caused by infection, oedema, trauma/ friction, foreign body, occlusive dressings	Identify and manage factors that inhibit epithelialisation	Topical antimicrobial, Local pressure Hypertonic impregnated dressings. Topical corticosteroids, Chemical debridement or Surgical debridement	

	Wound dehiscence post surgery	Dehiscence is postoperative wound separation that involves all layers of the abdominal wall May be caused by infection, haematoma, large amount of exudate, poor vascular supply, poor nutrition, obesity, pressure.	Identify and manage cause of dehiscence and patient comfort	Dependant on wound assessment: Hydrogel, Foam, Alginate, Hydrofibre, Silver or Negative pressure wound therapy may be considered	
	Dry Necrotic Wound	Dry, hard and black in appearance. Dead connective tissue may appear grey with the presence of dead tissue	Moisture retention	Hydrocolloid (e.g.Duoderm)	
	Slough covered wounds	Devitalized yellowish tissue. Not to be confused with pus.	Clean and lift slough	If the tissue is dry hydrogel (such as intrasite gel) can be applied with a non adherent dry dressing (such as Melolin) and crepe	

Note: All dressing choices should be dependent on clinical assessment and individual patient needs