









2026 February Master Quick Reference Guide – Wound Dressing Selection for Adults & Children (Page 1)

What you need to know: Dressing selection is only one part of the wound treatment plan and overall care plan. Wound etiology specific guidelines and guideline summaries (found at www.clwk.ca) provide details to support care planning.
What you need to do: 1. Cleanse wound, periwound skin & surrounding skin. **Do not** cleanse wounds with 100% dry eschar. 2. Complete wound assessment. 3. Select the appropriate dressing based on goal of wound care, wound assessment findings and predominant wound bed tissue type (use table below). 4. Refer to product information sheets (found at www.clwk.ca) for key points, indications, precautions, contraindications and directions for use for wound care products. 5. Consider having a health care professional with wound care knowledge and experience (e.g. RN, SWAN*/Wound Champion, NSWOC, Wound Clinician (WC), MRP) review the wound treatment plan. 6. Refer to [Guideline: Wound Dressing Selection](#).







Wound Appearance						
Wound Bed	Granulation Tissue: Firm, moist, pink/red, pebbled tissue. This is evidence of normal wound healing.	Non-Granulating Tissue: Moist, red/pink, non-pebbled tissue. Present in non-healing wounds. Caused by bioburden, infection, poor perfusion etc.	Slough: Wet or dry. Yellow, grey, green or brown dead tissue. Firmly or loosely attached.	Eschar Above Knee: Dry/leathery or soft/boggy. Black or brown dead tissue.	Eschar Lower Leg: Dry/leathery or soft/boggy. Black or brown dead tissue.	Foreign Body or Underlying Structures: Visible bone, tendon, screws, sutures, hernia mesh
Treatment Goals	Manage exudate. Protect wound. Maintain moisture.	Manage exudate.	Manage exudate. Promote moist wound healing.	Promote a dry wound bed. Manage exudate.	Promote a dry wound bed.	Protect. Maintain moisture (especially for tendon and bone).
Recommendations for Shallow Wounds (depth less than 1 cm): Add, maintain or absorb moisture based on amount of exudate.	Add Moisture? Hydrogel (Intrasite Gel) + Cover Dressing** Maintain Moisture? Cover Dressing (Tegaderm Absorbent Clear Acrylic , Mepilex , Mepilex Lite , Mepilex Border Flex , or Mepilex Border Flex Lite). OR Non-Adherent Contact Layer (UrgoTul , Jelonet , Adaptic , Mepitel One or Mepitel) + Cover Dressing** Absorb Moisture? Wound Filler (Kaltostat or Aquacel Extra) + Cover Dressing**. For sloughy wounds below the knee: Apply a breathable Cover Dressing (Gauze, Mesorb , Classic Pad or Abd Pad) and consult NSWOC/MD/NP.				Do not debride/remove unless ordered by NSWOC/WC/MD/NP. Keep dry. Paint with Povidone Iodine 10% or Chlorhexadine 2% . Breathable Cover Dressing (Gauze, Mesorb , Classic Pad or Abd Pad) prn. Do not use foam.	Non-Adherent Contact Layer (UrgoTul , Jelonet , Adaptic or Mepitel) with appropriate dressing based on predominant wound bed tissue type, moisture balance and depth of wound, (see columns to left).
Recommendations for Wounds with Depth (more than 1 cm), Undermining, or Sinus/Tunnels: Fill dead space with Wound Filler to maintain moisture balance.	Add Moisture? Hydrogel (Intrasite Gel) moistened gauze + Cover Dressing**. Maintain Moisture? Wound Filler (Kaltostat or Aquacel Extra) + Cover Dressing** OR Saline moistened gauze + Cover Dressing**. Absorb Moisture? Wound Filler (Kaltostat or Aquacel Extra) + Cover Dressing** OR for wounds with slough Hypertonic (Mesalt) + Cover Dressing**.			Not applicable	Not applicable	
Recommendations for Wounds with S&S of infection: Use antimicrobial dressings appropriate to maintain moisture balance, fill dead space and notify MRP.	Shallow Wounds: Add Moisture? Antimicrobial Non-Adherent Contact Layer (Bactigras , Inadine or UrgoTul Ag) + Hydrogel (Intrasite Gel) + Cover Dressing** OR Hydrogel (Intrasite Gel) + Saline moistened PHMB Gauze + Cover Dressing**. Maintain Moisture? Antimicrobial Non-Adherent Contact Layer (Bactigras , Inadine or UrgoTul Ag) + Cover Dressing** OR Iodosorb + Cover Dressing**. Absorb Moisture? Antimicrobial Wound Filler (CalciCare Silver , Aquacel Ag+ Extra , PHMB Gauze , Hydrofera Blue Classic , Hydrofera Blue Ready , Acticoat Flex) + Cover Dressing** OR Antimicrobial Non-Adherent Contact Layer (Bactigras , Inadine or UrgoTul Ag) + Cover Dressing**. Wounds with Depth (> 1 cm), Undermining, or Sinus/Tunnels: Add Moisture? Hydrogel (Intrasite Gel) + Saline moistened PHMB Gauze + Cover Dressing**. Maintain Moisture? Saline moistened PHMB Gauze + Cover Dressing**. Absorb Moisture? Antimicrobial Wound Filler (UrgoTul Ag , Aquacel Ag+ Extra , PHMB Gauze , Hydrofera Blue Classic , Hydrofera Blue Ready) + Cover Dressing**.			Not applicable	If dry/leathery: Keep dry (as above) and notify MRP. If soft/boggy: Attempt to dry. Antimicrobial Non-Adherent Contact Layer (Inadine or Bactigras) + Cover Dressing (Mesorb , Mextra , Classic Pad or Abdominal Pad). Notify MRP.	Antimicrobial Non-Adherent Contact Layer (Bactigras or UrgoTul Ag) with appropriate dressing based on wound appearance, moisture balance and depth of wound.

* **SWAN** = Skin Wellness Associate Nurse.
 ** **Secondary (Cover) Dressing:** Unless directed otherwise above, based on wound size and expected amount of wound exudate choose from [Mepilex](#) (silicone), [Mepilex Lite](#) (silicone), [Mepilex Border Flex](#) (silicone), or [Mepilex Border Flex Lite](#) (silicone), [Mesorb](#), [Mextra](#), Classic Pad or Abdominal Pad. In most cases, using a silicone cover dressing over a non-adherent contact layer is not indicated.



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What you need to know: Dressing selection is only one part of the wound treatment plan and overall care plan. Wound etiology specific guidelines and guideline summaries (found at www.clwk.ca) provide details to support care planning.
What you need to do: 1. Cleanse wound, periwound skin & surrounding skin. **Do not** cleanse wounds with 100% dry eschar. 2. Complete wound assessment. 3. Select the appropriate dressing based on goal of wound care, wound assessment findings and predominant wound bed tissue type (use table below). 4. Refer to product information sheets (found at www.clwk.ca) for key points, indications, precautions, contraindications and directions for use for wound care products. 5. Consider having a health care professional with wound care knowledge and experience (e.g. RN, SWAN*/Wound Champion, NSWOC, Wound Clinician (WC), MRP) review the wound treatment plan. 6. Refer to [Guideline: Wound Dressing Selection](#).

Wound Appearance						
Wound Bed	Hypergranulation: Beefy, bright red overgrowth of granulation tissue. Friable. Associated with bioburden, localized infection and/or excess moisture.	Superficial Pink/Red: Partial thickness wound. Pink or red tissue.	Epithelializing Tissue: New pink epithelial tissue over all or part of wound bed.	Malignant: Cancerous tumour that invades the skin. May present as ulcerations or nodular lesions (fungating) on the skin.	Blister: Accumulation of fluid (clear, serous, blood or pus) separating dermis from epidermis. Caused by friction, shear and/or infection.	Cellulitis: Bacterial skin infection. Often leads to blisters, erythema, edema and large to copious amounts of exudate.
Treatment Goals	Manage exudate. Manage bioburden/infection.	Maintain moisture balance. Promote epithelialization. Protect wound.	Maintain moisture balance. Promote epithelialization.	Manage bleeding. Manage exudate. Manage odour.	Maintain intact blisters. Promote moist wound healing with ruptured blisters.	Manage infection. Manage exudate. Decrease edema.
Recommendations for Shallow Wounds (depth less than 1 cm): Use a dressing to achieve the appropriate moisture balance.	Add Moisture? Not applicable Maintain Moisture? Not applicable. Absorb Moisture? Wound Filler Mesalt OR (Kaltostat or Aquacel Extra) + Cover Dressing**.	Add Moisture? Hydrogel (Intrasite Gel) + Cover Dressing**. Maintain Moisture? Cover Dressing (Tegaderm Absorbent Clear Acrylic , Mepilex or Mepilex Border) OR Non-Adherent Contact Layer (UrgoTul , Jelonet , Adaptic , Mepitel One or Mepitel) + Cover Dressing**. Absorb Moisture? Wound Filler (Kaltostat or Aquacel Extra) + Cover Dressing** OR Non-Adherent Contact Layer (UrgoTul , Jelonet , Adaptic , Mepitel One or Mepitel) + Cover Dressing**.	Non-Adherent Contact Layer (UrgoTul , Jelonet , Adaptic , Mepitel One or Mepitel) + Cover Dressing**. Minor Bleeding and/or Exudate: Calcium Alginate (Kaltostat) + Cover Dressing**. If major bleeding notify MRP.	If blister is related to burn, frost bite or pressure injury, over a joint, or on a weight bearing surface notify MRP or NSWOC/WC. Intact Blisters: Keep intact. Do not aspirate fluid. Non-Adherent Contact Layer (UrgoTul , Jelonet , Adaptic , Mepitel One or Mepitel) + Cover Dressing**. Secure loosely with Kling.	Refer to MRP. Antimicrobial Dressing (Inadine or Acticoat Flex or PHMB Gauze Kerlix) + Cover Dressing**.	
Recommendations for Wounds with S&S of infection: Use antimicrobial dressing to achieve the appropriate moisture balance, fill any dead space and notify MRP.	Absorb Moisture? Antimicrobial Wound Filler (Mesalt , Iodosorb , Hydrofera Blue Classic , Hydrofera Blue Ready) + Cover Dressing**	Add Moisture? Silvasorb gel + Cover Dressing** OR Saline moistened PHMB Gauze + Cover Dressing**. Maintain Moisture? Antimicrobial Non-Adherent Contact Layer (Bactigras , Inadine or UrgoTul Ag) + Cover Dressing* OR Antimicrobial Wound Filler (Acticoat Flex , or saline moistened PHMB Gauze) + Cover Dressing*. Absorb Moisture? Antimicrobial Non-Adherent Contact Layer (Bactigras , Inadine or UrgoTul Ag) + Cover Dressing** OR Iodosorb + Cover Dressing**	Not applicable	Odour: Antimicrobial Non-Adherent Contact Layer (Bactigras or UrgoTul Ag) + Cover Dressing** OR Charcoal Dressing (Actisorb 220) + Cover Dressing**. Consult NSWOC/Wound Clinician to consider cleansing with Antimicrobial Wound Cleanser (Anasept or Vashe).	Non-Intact Blisters: Choose dressing based on wound bed appearance (see page 1 of this document).	If concerns regarding adherence of the dressing due to decreased exudate consider: Antimicrobial Non-Adherent Contact Layer (Bactigras or UrgoTul Ag) + Cover Dressing**.

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