

Making the Most of Your Silver Dressings

Dasie Wilson RNC, MPA, ET-CWCN, CCCN
Carlyle Nursing Associates, LLC, Morton Grove, IL

Silver-containing dressings are used for managing wound bioburden and are available as alginates, foams, films, hydrocolloids, hydrogels, contact layers, and collagens. Typically, a silver dressing is chosen because 1) the wound is at risk for infection, 2) the wound demonstrates signs of infection (and systemic antibiotic therapy has been instituted), or 3) the wound shows no signs of improvement after 14 days of other dressing use.

Dressings containing silver often are more expensive than others in the same dressing category — thus, it is important to ensure full use of each dressing, take proactive steps to avoid premature dressing removal or loss, and discontinue use of the silver dressing and step down to a dressing without silver when appropriate.

At our facilities, clinicians take special precautions to ensure all dressings stay in place for the longest appropriate wear time using a five-step approach to applying the outermost dressing:

1. Apply skin prep around all periwound skin.
2. Allow the skin prep dry completely.
3. Reinforce the edges of the dressing with a conformable nonwoven or cloth tape.
4. Cover the entire dressing with the appropriate width silk-type tape to ensure the dressing slides easily against the patient's clothes and bedding.
5. Have staff monitor the dressing regularly to avoid removal until it is replaced at the appropriate time.

In addition, our clinicians closely monitor wound progress so a nonsilver dressing may be substituted judiciously. In order to best manage silver dressing costs, not only should clinicians make sure the dressing stays on the patient, but they also should use a silver dressing only as long as it benefits healing tissues. - OWM

Commentary from Ferris Mfg. Corp.

PolyMem® Silver dressings cleanse, fill, absorb, and moisten wounds and also help reduce pain, inflammation, and edema.¹ The most absorptive, university-tested silver dressings and also among the safest for healing tissues,² the dressings are economical in terms of reducing staff time required for dressing changes, eliminating use of other dressing supplies, and facilitating better healing than expected when compared to other advanced dressings. Additional wound bed cleansing is usually unnecessary after initial cleansing, saving time and supplies while reducing the risk of mechanically removing healing tissue or cooling the wound during the cleansing process.

A representative case study³ involves a heel ulcer that probed to bone in an alert, almost 100-year-old woman with multiple comorbidities. Various dressings had been tried until staff committed to use only PolyMem QuadraFoam® dressings. No additional tapes or covering were needed on top of these dressings because they conformed so well to the wound. No manual wound cleansing was necessary during dressing changes. When the wound displayed clinical signs of infection or exudate increased, the silver version was ordered. The heel ulcer closed in 10 weeks.



May 4: Heel ulcer measures 3 cm x 6 cm. Shapes by PolyMem Silver dressings have been used for 2 weeks.



July 11: Heel ulcer closed in 10 weeks.

References

1. Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmejer L. A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound secondary hyperalgesia. *J Pain*. 2004; 5(1):38-47.
2. Burd A, Kwok CH, Hung SC, et al. A comparative study of the cytotoxicity of silver based dressings in monolayer cell, tissue explant, and animal models. *Wound Repair Regener*. 2007; 15(1):94-104.
3. Yastrub, D. Heel ulcer in hospice patient closed quickly using polymeric membrane dressings. Poster presented at the WOCN Annual Conferenc. Orlando, Fla. June 21-25, 2008.

Pearls for Practice is made possible through the support of Ferris Mfg. Corp, Burr Ridge, IL (www.polymem.com). The opinions and statements of the clinicians providing Pearls for Practice are specific to the respective authors and are not necessarily those of Ferris Mfg. Corp., OWM, or HMP Communications. This article was not subject to the Ostomy Wound Management peer-review process.