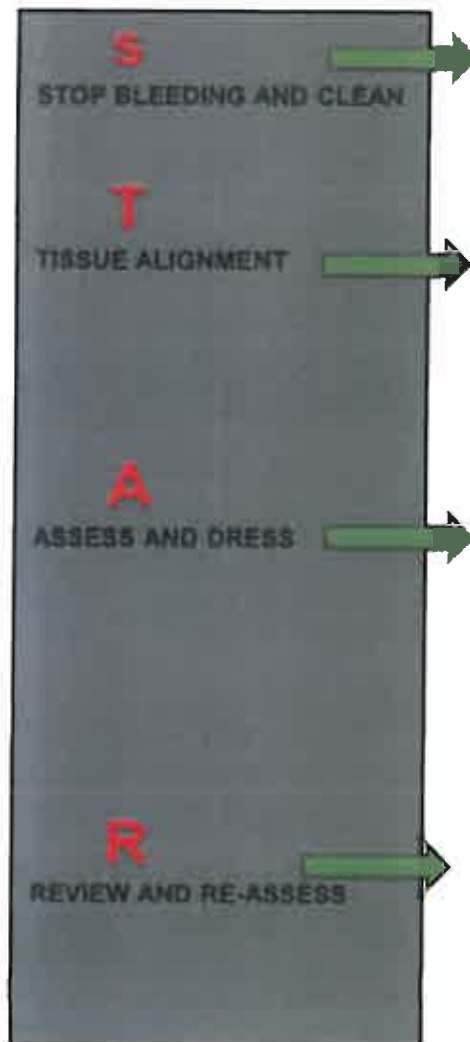


DRESSING SELECTION AND MANAGEMENT

The dressing selection and management follows the **STAR** acronyms below.



- Select cleansing product
- Control Bleeding (compression/elevation)
- Clean the wound bed
- If the skin flap is viable, roll skin flap back into place, using a moistened cotton bud.
- Secure the flap. Consider steri-strips to secure edges of flap(s).
- Leave a space between each strip to facilitate exudate drainage.
- **DO NOT** attempt to completely approximate edges.
- The flap should be left in place for approximately 5 days (unless dark or dusky – see below) to allow for the skin flap to “take”.
- Assess the degree of tissue loss and skin flap colour using the STAR Classification system.
- Refer to General Practitioner if surgical intervention required
- Consider factors affecting wound healing
- Inspect surrounding skin and environment for re-injury risk
- Consider non-adhesive foam or silicone/adhesive foam products
- **Mark the outer dressing with an arrow towards the non-attached margin to indicate the direction in which to remove the dressing.**
- Mark the date for removal
- Apply a tubular bandage to facilitate haemostasis and for ongoing protection
- Complete the Wound Chart and document interventions in progress notes.
- If skin flap is dusky / darkened – reassess in **24 to 48** hours
- Determine and document date of wound review in 5 days
- Monitor for changes in wound status
- Maintain skin integrity

Note: Unless wound assessment, indicates otherwise, leave the primary dressing intact for 5 days or as per dressing recommendation. The secondary dressing may be changed as required.