



Foam dressing

By Nancy Morgan, MBA, BSN, RN, WOC, WCC, CWCMS, DWC

Each month, *Apple Bites* brings you a tool you can apply in your daily practice.

Description

- Semipermeable polyurethane foam dressing
- Nonadherent and nonlinting
- Hydrophobic or waterproof outer layer
- Provides moist wound environment
- Permeable to water vapor but blocks entry of bacteria and contaminants
- Available in various thicknesses with or without adhesive borders
- Available in pads, sheets, and cavity dressings

Indications

- As primary or secondary dressing for

View: Clinical adhesive foam dressing



partial- and full-thickness wounds with minimal to heavy drainage

- Works well for granulating and epithelializing wounds
- Provides insulation to keep wound warm
- As secondary dressing for wounds with packing
- Can be used to absorb drainage around tubes
- Helpful for hypergranulation tissue along with compression

Advantages

- Provides moist wound healing
- Doesn't adhere to the wound
- Provides cushioning
- Easy to apply and remove
- Can be used with infected wounds
- Provides bacterial barrier
- Effective with hypergranulation
- Can be used under compression



Foam dressings

- May be able to be cut to accommodate tubes

Disadvantages

- Could be expensive if exudate requires daily dressing change
- Wound bed may desiccate if there is no exudate from the wound
- May require secondary dressing
- Can lead to maceration of the peri-wound if it becomes saturated
- Contraindicated for use with third-degree burns, dry eschar, and sinus tracts

Tips

- Dressing should be 1" to 2" (2.5 to 5 cm) larger than the wound.
- Change the dressing every 3 to 7 days or as necessary.

- When using nonadhesive foam, add a secondary wound dressing for securement.
- You may facilitate dressing removal by stretching the adhesive border laterally.

Examples/Coding

- Mitriflex, Flexan, Hydrasorb, Lyofoam, Allevyn, PolyMem
- Healthcare Common Procedure Coding System (HCPCS) Code A6209 – A6215 ■

Nancy Morgan, cofounder of Wound Care Education Institute, combines her expertise as a Certified Wound Care Nurse with an extensive background in wound care education and program development as a nurse entrepreneur. Read her blog "[Wound Care Swagger](#)."

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Lymphedema 101

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Next step: Treatment

Once a diagnosis is made, the next step is treatment. Part 2 of this series covers lymphedema treatment. ■

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