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How to assess wound exudate

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

Exudate (drainage), a liquid produced by the body in response to tissue damage, is present in wounds as they heal. It consists of fluid that has leaked out of blood vessels and closely resembles blood plasma. Exudate can result also from conditions that cause edema, such as inflammation, immobility, limb dependence, and venous and lymphatic insufficiency.

Accurate assessment of exudate is important.

Accurate assessment of exudate is important throughout the healing process because the color, consistency, odor, and amount change as a result of various physiologic processes and underlying complications.

Consistent terminology is crucial to ensure accurate communication among clinicians. Here are terms you should keep

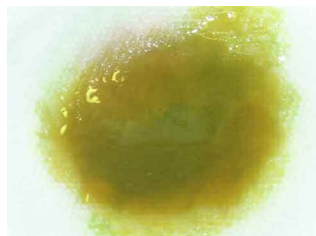
in mind when observing the wound and documenting your findings.

Type

- Serous—thin, clear, watery plasma, seen in partial-thickness wounds and venous ulceration. A moderate to heavy amount may indicate heavy bio-burden or chronicity from a subclinical infection. Serous exudate in the acute inflammatory stage is normal.
- Sanguineous—bloody drainage (fresh bleeding) seen in deep partial-thickness and full-thickness wounds during angiogenesis. A small amount is normal in the acute inflammatory stage.
- Serosanguineous—thin, watery, pale red to pink plasma with red blood cells. Small amounts may be seen in the acute inflammatory or acute proliferative healing phases.
- Purulent—thick, opaque drainage that is tan, yellow, green, or brown. Puru-



lent exudate is never normal and is often associated with infection or high bacteria levels.



Use the terms **dry, moist, saturated, and leaking** to describe the condition of primary and secondary wound dressings.

Amount

- None—Wound tissues are dry.
- Scant—Wound tissues are moist, but there is no measurable drainage.
- Small/minimal—Wound tissues are very moist or wet; the drainage covers less than 25% of the dressing.
- Moderate—Wound tissues are wet; the drainage involves more than 25% to 75% of the dressing.
- Large or copious—Wound tissues are filled with fluid that involves more than 75% of the dressing.

Consistency

- Low viscosity—thin, runny
- High viscosity—thick or sticky; doesn't flow easily

Odor

- No odor noted
- Strong, foul, pungent, fecal, musty, or sweet

Use the following terms to describe the condition of primary and secondary wound dressings:

- Dry—The primary dressing is unmarked by exudate; the dressing may adhere to the wound.
- Moist—Small amounts of exudate are visible when the dressing is removed; the primary dressing may be lightly marked.
- Saturated—The primary dressing is wet and strikethrough occurs.

- Leaking—The dressings are saturated, and exudate is leaking from primary and secondary dressings onto the patient's clothes.

A useful resource to help you with your assessment is the **Bates-Jensen Wound Assessment Tool**. ■

Selected references

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Nancy Morgan, cofounder of the 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.

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