

The Use of Wet-to-dry Dressings
Linda J. Cowan, MSN, ARNP, CWS
Joyce Stechmiller, PhD, ARNP
University of Florida

Introduction: Worldwide prevalence of wounds: 62-78 million leg ulcers, pressure sores, surgical wounds healing by secondary intention, & burn wounds. Examination of current treatment modalities (wound dressings) is vital.

Research Questions: This study explores: Current incidence of wet-to-dry dressings, types of wounds they are ordered for, type/specialty of health care provider most often ordering them, & when they *are* ordered, does clinical data (amount of granulating tissue in wound bed) suggest mechanical debridement may be appropriate at the time?

Design: Descriptive correlational. Retrospective chart review of 202 patients with open wounds healing by secondary intention.

Setting: Home care agency & health maintenance organization (HMO) member wound database in Florida.

Methods: Charts reviewed using data collection sheets surveying: age range of patient, sex, ethnicity, co-morbid conditions, smoking status, wound size, wound bed description (% viable & non-viable tissue), color & amount of drainage, infection present, type of dressing ordered & specialty of ordering health care provider. No subject identifying information was collected.

Results & Conclusions: Wet-to-dry dressings in the study represented > 41% of all wound care modalities, followed by enzymatic (7.43%) and, thirdly, dry gauze (6.93%). The majority of open wounds with wet-to-dry ordered were surgical (69%), followed by neuropathic ulcers (10%) and pressure ulcers (5.9%). Of the surgical wounds with wet-to-dry dressings, 51 (88%) were ordered by surgical specialties, 32 (38%) by general surgeons. Data indicated > 78.6% of all wounds with wet-to-dry dressings, mechanical debridement was not indicated (% granulating tissue in wound bed > 75%). Literature to present does not support use of wet-to-dry dressings for wound care of granulating wounds. This study suggests wet-to-dry dressings are the most frequently ordered wound care modality, but appear to be ordered inappropriately. This implies an urgent need for standardized wound treatments & wound care education for all healthcare providers.