

## 1

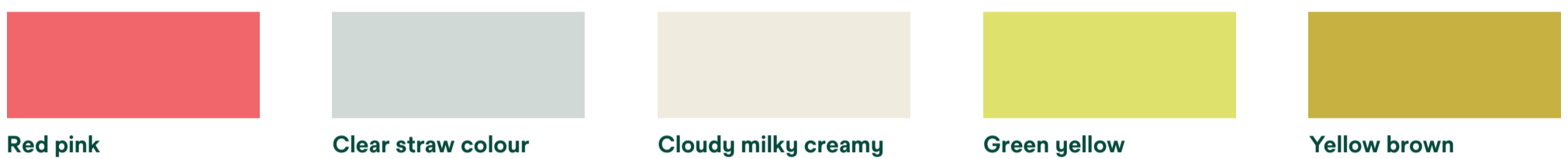
### Practice point 1

When following the exudate pathway ensure that you: assess the patient; identify the underlying cause; confirm diagnosis where possible and treat appropriately.

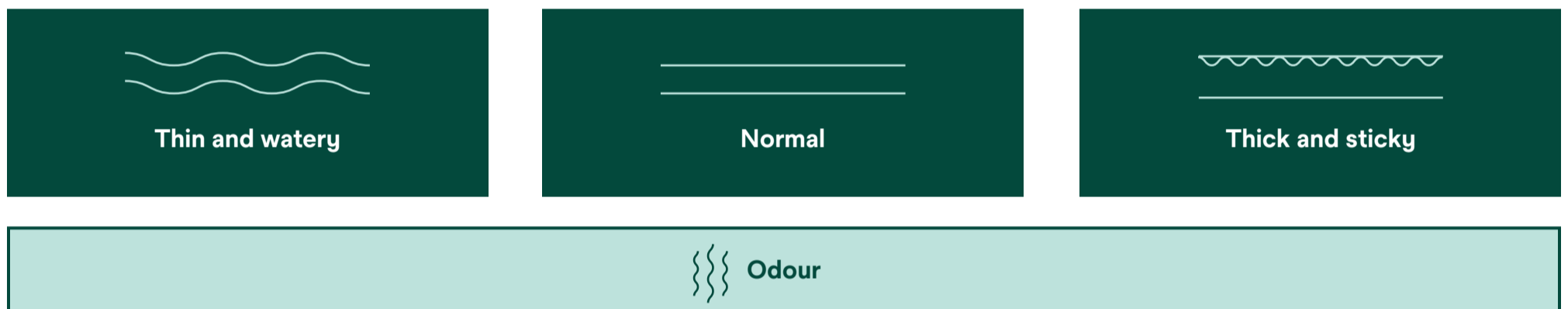
Consider what are the underlying factors that may influence exudate production?



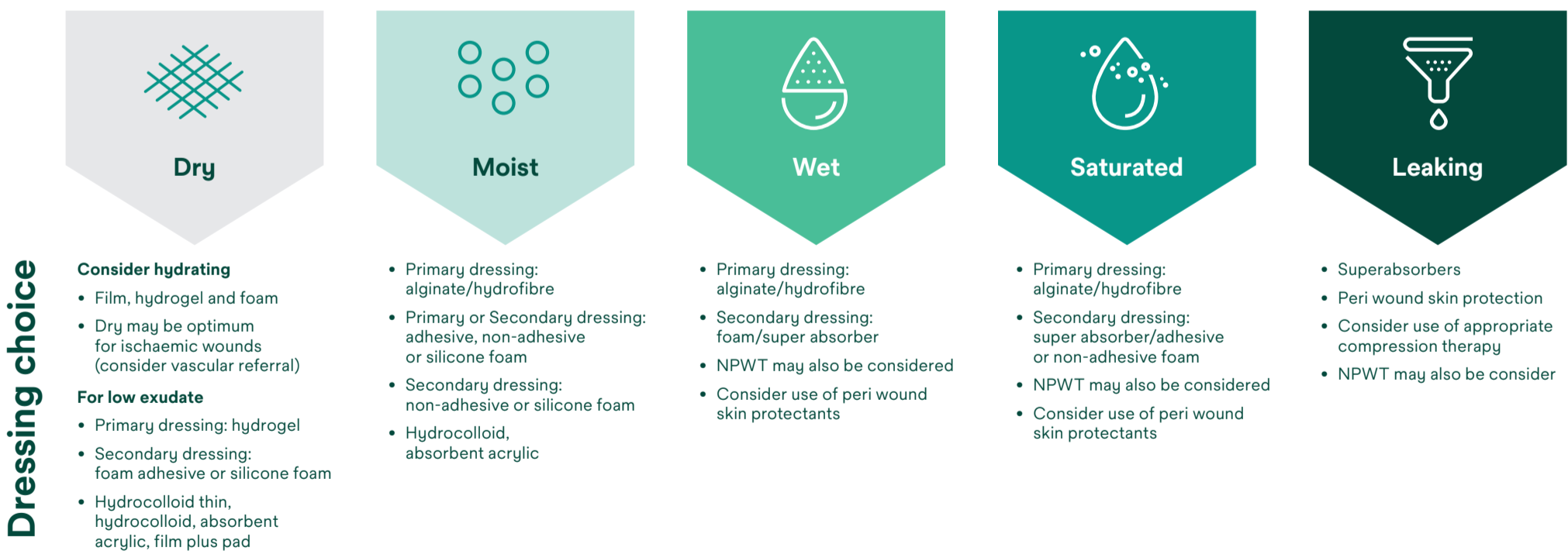
What is the exudate colour and what does that tell you?



What is the viscosity of the exudate and what does that tell you?



What are the exudate levels?



## 2

### Practice point 2

Consider the use of an appropriate antimicrobial/antibacterial/antibiotic product for infected or malodorous wounds as clinically indicated.

## 3

### Practice point 3

Reassess your patient's wound and suitability of chosen local interventions at each dressing change and adjust as clinically indicated.

# Frequently asked questions

## Q What is exudate?

**A Exudate defined:** exudate is material composed of serum, fibrin and white blood cells (WBC) that escape into a superficial lesion or area of inflammation. Informally, exudate is also referred to as 'wound fluid', 'wound drainage' or an excess of bodily fluid.

## Q What is the role of wound exudate?

**A Exudate:**

- facilitates a moist wound healing environment
- enables the diffusion of immune mediators and growth factors across the wound bed
- acts as a medium for the migration of tissue repairing cells across the wound bed
- supplies essential nutrients for cell metabolism
- promotes autolysis (the natural separation of dead or damaged tissue from living tissues)

## Q How do you assess wound exudate?

**A** A structured holistic wound assessment (including the assessment of any exudate and the condition of the surrounding skin/peri-wound) should be undertaken and documented as clinically dictated, according to local policy/guidance. Systematic wound assessment frameworks such as **TIME/TIMERS/The Triangle of Wound Assessment** can support clinicians to assess and document a wound and wound exudate in a systematic way.

Patient concerns and the effect of an exuding wound on their HRQoL (Health Related Quality of Life) may differ from the clinician's perceptions/priorities for management, but should be noted, treated with respect and appropriately acted upon.

Assessment of exudate should include identifying and evaluating the type, colour and consistency/viscosity. Reports of any associated odour by the patient or another clinician should be noted and considered.

Exudate production/volume within the wound margins may be assessed clinically with one of the following tools:

- Wound Exudate Score (Falanga, 2000)
- Exudate amount element of Bates-Jensen Wound Assessment Tool (Bates-Jensen, 2001)
- Dressing: exudate interaction (WUWHS, 2007)
- Fletcher, 2010

However, determining and classifying exudate type and levels in an objective manner has been acknowledged as difficult unless a canister-based therapy (NPWT) or an ostomy/fistula appliance is used to collect wound exudate and it is then measured.

## Q How do I choose the most-appropriate local wound interventions?

**A** Further to a holistic patient and wound assessment, a comprehensive and individualised wound management plan should be devised and documented (agreed with the patient), highlighting appropriate aims to inform the reassessment process. Appropriate management includes dressings, which should be selected for their known fluid handling properties and their ability to draw fluid away from the surrounding skin to prevent damage to/minimise the effects of exudate on the peri-wound skin. Skin protectants should also be considered in conjunction with the chosen dressing/wound management device to prevent and treat peri-wound maceration.



### Dressings

In general, dressing products manage fluid through an absorption or evaporation process, dependent upon the products' constituent materials. Some primary dressings require a separate method of fixation, whereas some secondary dressing products can provide both fluid handling and fixation properties.



### Negative Pressure Wound therapy (NPWT)

NPWT may be considered both to assist with the management and the assessment of exudate, especially when wounds are producing large amounts of exudate. Examples would include 'open' surgical wounds, pressure ulcers, diabetic foot wounds, venous leg ulcers, and closed surgical wounds at higher risk of surgical site complications.



### Compression therapy

May be considered to assist the management/reduction of wound exudate, particularly for patients with leg ulcers or lower limb wounds with associated lower limb oedema (further to an appropriate assessment of a patient's lower limb circulation/a vascular referral). The use of compression decreases the pressure difference between capillaries and the surrounding skin, transferring fluid back into the vascular space. This can lead to a reduction of exudate.

See 'The Power of Compression' <https://ewma.org> (campaign materials/materials in English).

## Bibliography and further reading

Chamanga E (2015) Effectively managing exudate BJCN [Effectively managing wound exudate – PubMed \(nih.gov\)](#)

Bates-Jensen BM, Schultz G, Ovington LG (2012) Management of exudate, biofilms, and infection. In: Wound Care, 4th edition. Philadelphia: Wolters Kluwer: 457–76.

Bates-Jensen BM (2001) Bates-Jensen wound assessment tool Cited IN World Union of Wound Healing Societies (2019) Consensus Document. *Wound exudate: effective assessment and management (Page 16)* Wounds International.

Falanga V (2000) Classifications for wound bed preparation and stimulation of chronic wounds. *Wound Rep Reg* 8(5):347–52.

Fletcher J (2010) Development of a new wound assessment form. *Wounds UK* 6(1): 92–8.

Fletcher J, Beeckman D, Boyles A *et al* (2020) International Best Practice Recommendations: Prevention and management of moisture-associated skin damage (MASD). *Wounds International*. Available online at [www.woundsinternational.com](http://www.woundsinternational.com)

Winter G (1962) Formation of the Scab and the Rate of Epithelization of Superficial Wounds in the Skin of the Young Domestic Pig. *Nature* 193,293–294.

Wounds UK (2013) Best practice statement: effective exudate management *Wounds UK*. Available online at [www.wounds-uk.com](http://www.wounds-uk.com)

World Union of Wound Healing Societies (2007) Principles of best practice: wound exudate and the role of dressings. A consensus document. London: MEP Ltd. Available online at [www.woundsinternational.com](http://www.woundsinternational.com)

WUWHS (2019) Wound Exudate: effective assessment and management. *Wounds International*. Available online at [www.woundsinternational.com](http://www.woundsinternational.com)

