Foam Dressings and Medicare Guidelines

Q: I am a Treatment Nurse in a LTC facility in Houston, TX, and need clarification on appropriate use of FOAM dressings. I am currently treating a wound with a foam dressing that sticks to the wound bed when changing. Please give me your thoughts on utilization of a foam dressing.

A: FOAM dressings are indicated for wounds with moderate to heavy drainage. If the foam dressing sticks to the wound bed, the wound may not have sufficient drainage or the dressing is changed too frequently. Let’s review the details of polyurethane foam dressings.

Description of FOAM
- Waterproof outer layer, and maintains a moist wound environment
- Blocks entry of bacteria and contaminants
- Available in pads, sheets, cavity dressings, with or without adhesive borders

Indications
- Primary or secondary dressing for moderate to heavy drainage
- Can be used to absorb drainage around tubes
- May be used with compression

Advantages
- Maintains moist wound healing
- Doesn’t adhere to the wound
- Provides insulation and cushioning
- Can be used on infected wounds
- Provides bacterial barrier
- Can be used under compression

Disadvantages
- Wound bed may desiccate if there is not sufficient exudate from the wound
- Can lead to maceration of periwound if not changed often enough

Tips
- Dressing should be 1” to 2” (2.5 to 5 cm) larger than the wound
- Change the dressing 2-3 times/week or as necessary
- Non-adhesive foam may be secured with adhesive foam for very heavy drainage
- Facilitate dressing removal by stretching the adhesive border laterally

Best Practice for Treatment of Skin Tears from ISTAP
The International Skin Tear Advisory Panel (ISTAP) warns that 3 categories of products (Hydrocolloids, Transparent Films and especially Closure/Strips) are NOT recommended for treatment of skin tears as they may cause stripping and injury to the healing wound when removed. This is a significant change for most facilities as these products have been traditionally used for treatment. Best practice products include NON-ADHERENT Hydrogel, Foam, Alginate, Silicone or Collagen. Product selection is similar to other wounds based on the skin tear’s drainage or moisture.

For complete “Skin Tear Prevention and Treatment Program Tool Kit”: http://www.skintears.org/Skin-Tear-Tool-Kit/

NOTE: NPUAP Pressure Injury Prevention Points (April 2016) indicates foam may be used for protection of intact skin on heels, sacrum and under medical devices. Unfortunately, Medicare does not cover foam dressings used on intact skin for prevention.