

PPMC Wound Care Guidelines:  
**Xylazine-Induced Wounds**



**Pre-medicate! And give time for meds to work!**

Soak the dressing with NS to decrease pain when removing  
 Ask the patient if they would rather remove the dressing themselves

**WHAT ARE XYLAZINE-INDUCED WOUNDS?**

Xylazine (tranq) is a veterinary sedative that is increasingly being found in the opioid supply sold on the street. A hallmark of chronic xylazine use is the **associated skin ulcerations** characterized by non-viable tissue.

Wounds can develop at the site of injection, or away from the injection site (e.g. arms or legs that we never injected), or in a patient who does not inject but consumes this drug through other routes (e.g. smoking).

**When do you need to place a consult?**

Wound care consults:

If there is concern for infection, or if non-viable tissue is present in the wound bed, place a wound care consult.

Consults for surgery:

Optimal treatment for these wounds is debridement. Discuss with the provider if there is need for involvement of additional services.

- Ex: general surgery, plastics, ortho



**Step 1:  
 Cleanse the Wound**

**NS or Sea-clens**  
 for odor and/or purulent drainage:  
**Dakin's 0.125%**

Purpose of wound cleansing is to remove surface bacteria and debris from the wound bed. After removing a wound dressing, the wound and surrounding skin should be gently cleansed and dried. Be sure to remove dressing and cleanse wound **before** assessing the wound for any odor.

**Step 2: Apply dressing**



**Is there a clean wound bed?**

**Xeroform**  
 Cut the dressing to the wound size to prevent maceration

+ pick 1

**Island dressing (scant/small drainage)**  
**ABD and kerlix (moderate/large drainage)**  
**Mepilex (hard to dress areas)**

→ Δ daily and prn



**Is there non-viable tissue in the wound bed? Slough or eschar present (but no s/s infx)**

Consult wound care. Discuss with provider if general surgery should be consulted to further evaluate.

**Medihoney\***  
 Apply to wound bed

+ pick 1

**Xeroform**  
 Cut the dressing to the wound size to prevent maceration

+ pick 1

**Island dressing (scant/small drainage)**  
**ABD and kerlix (moderate/large drainage)**  
**Mepilex (hard to dress areas)**

→ Δ daily and prn

*\*Do not use medihoney if patient has allergy to bees or honey. Skip medihoney, and apply xeroform + secondary dressing.*



**Is there concern for infection? S/S to look for: Purulent drainage, odor, surrounding warmth, erythema, or induration**

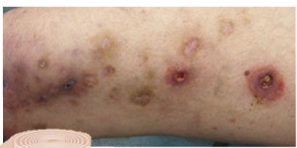
Consult wound care. Discuss with provider if general surgery should be consulted to further evaluate.

**Dakin's 0.125% - moistened gauze**  
 Must be ordered from pharmacy

+ pick 1

**Island dressing (scant/small drainage)**  
**ABD and kerlix (moderate/large drainage)**  
**Mepilex (hard to dress areas)**

→ Scant/small drainage: Δ daily and prn  
 Mod/large drainage: Δ q12 and prn



**Are there multiple small wounds?**

**Intact scabs:**

Leave ota

**Superficial wounds, partial scabs:**

Apply A&D, leave ota

**Small wounds with drainage:**

Xeroform + foam dressing, change daily

**Small wounds with slough:**

Medihoney + foam dressing, change daily

**Collaborate with the provider to obtain wound care orders per these guidelines**

Have a "go bag" ready for the patient with **1 week's worth** of dressing supplies. Keep in the room in case the patient is discharged or decides to leave.

