

# Donor Site Dressings

**Xeroform** is our most common dressing for donor sites which usually take 10-14 days to heal. It is effective and low-cost. Xeroform has best results when

- it is kept clean,
- not manipulated, &
- moisture-controlled.

**POD #1** – Remove outer dressings (ace, kerlix, softsorb etc) and leave open to air for remainder of hospital stay.

- May replace dressing at night for comfort.
- Use heat lamps for drying. Two hours on and two hours off as tolerated.

**POD #2-9** - Evaluate donor site daily for colonization, intactness, and moisture.

- If access drainage present, increase drying periods / lights and start softsorbs with ¼ dakins solution over xeroform site.
- Avoid removing xeroform dressing unless directed by burn provider.
- If infection is severe or progresses, wound culture, broad spectrum antibiotics, & increase potency of topical solution

**POD #10-14** - Xeroform or other dressing can be considered for removal. Application of Silvadene to xeroform dressing for painless removal and patient may now begin to shower and wash donor site. Allow xeroform to peel naturally and trim as indicated.

- Bactroban and daily dressings changes if indicated.

## Alternate Dressings:

- Kaltostat - Assess for leaking of dressing and re-enforce with opsites as indicated. Dressing will be changed as needed by wound care center. Nursing may add pads if needed.
- Mepitel- Typically sutured on, monitor daily. May require outer dressings daily. Can consider removal on POD #10-14 and transition to daily dressing changes with topical Bactroban if indicated.