

# Wound Management

## PRODUCT SELECTION GUIDE

A comprehensive portfolio  
of products to support  
the nutritional needs of patients  
with wounds

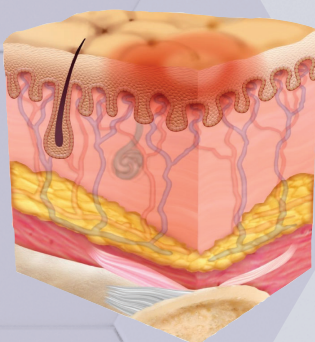




# National Pressure Injury Advisory Panel (NPIAP) Definitions<sup>1</sup>

## Stage 1 Pressure Injury: NON-BLANCHABLE ERYTHEMA OF INTACT SKIN

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.



### ORAL

#### BOOST® HIGH PROTEIN

High protein nutritional drink with 240 nutrient-rich calories and 20 g high-quality protein.



### ORAL

#### BOOST® VERY HIGH CALORIE

High calorie, high protein nutritional drink with 530 nutrient-rich calories (2.24 kcal/mL) and 22 g high-quality protein.



### TUBE FEEDING

#### REPLETE® and REPLETE® FIBER\*

Provides elevated protein to help meet wound management requirements.<sup>4</sup>



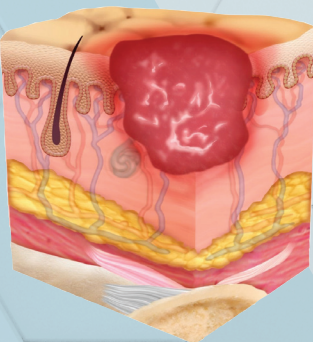
# Assess Malnutrition Risk Factors<sup>2</sup>

- Appetite
- Functional Status
- Nutrient Utilization
- Access to Food

Specialized nutrition supports the body's healing process of a Stage 2 or greater pressure injury in malnourished or at-risk patients.<sup>3</sup>

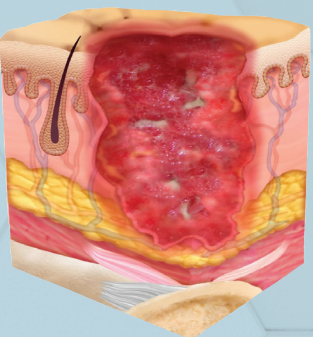
## Stage 2 Pressure Injury: PARTIAL-THICKNESS SKIN LOSS WITH EXPOSED DERMIS

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).



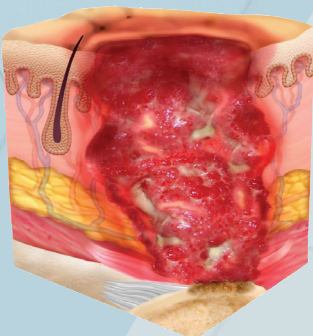
## Stage 3 Pressure Injury: FULL-THICKNESS SKIN LOSS

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an **Unstageable Pressure Injury**.



## Stage 4 Pressure Injury: FULL-THICKNESS SKIN LOSS AND TISSUE LOSS

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an **Unstageable Pressure Injury**.



## ARGININE SUPPLEMENTED PRODUCTS

### ORAL

#### IMPACT ADVANCED RECOVERY®\*

Very high protein (37% of calories) drink supplemented with L-arginine to support wound management.



### TUBE FEEDING

#### IMPACT® PEPTIDE 1.5\*

High protein calorically dense enteral formula supplemented with L-arginine, zinc and antioxidants to support wound management.



## ARGININE SUPPLEMENT

#### ARGINAID®\*

Powdered drink mix providing 30 calories per serving, 4.5 g L-arginine, and supplemental vitamins C and E to support wound management.<sup>5,6</sup>

Consider an additional supplement for protein and calories.



For Stages 2, 3, and 4



# Guidelines recommend increased amounts of these nutrients for malnourished and at-risk patients.<sup>3</sup>

## CALORIES

To meet increased needs for energy.  
(30-35 kcal/kg)

## PROTEIN

To provide increased nitrogen needed for synthesis of tissue.

(1.2-1.5 g/kg/day  
Up to 2.5 g/kg/day for extreme wounds, i.e. burns)

## ANTIOXIDANTS

Reduce oxidative damage from free radicals.<sup>7</sup>

(Vitamin C, Vitamin E, Selenium, Copper, Manganese)

## Stage 2 or Greater Pressure Injury<sup>3</sup>

## ZINC

Co-factor for >200 enzymes involved in all phases of wound healing.<sup>8</sup>

## L-ARGININE

Conditionally essential amino acid supplemented in specialty nutrition products and important to all phases of wound healing.<sup>5,6</sup>

(4.5-9.0 g/day minimum)

USE UNDER MEDICAL SUPERVISION

1-800-422-ASK2 (2752) [www.NestleMedicalHub.com](http://www.NestleMedicalHub.com)

**References:** 1. Edsberg LE, et al. *J Wound Ostomy Continence Nurs* 2016;43(6):585-597. 2. Litchford MD. *NCP* 2014;29(4):428-434. 3. EPUAP, NPIAP & PPPIA. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. Emily Haesler (Ed.). EPUAP/ NPIAP/PPPIA: 2019. 4. Chernoff RS, et al. *JADA* 1990;90(9):A-130. 5. Leigh B, et al. *J Wound Care* 2012; 21(3):150-156. 6. Brewer S, et al. *J Wound Care* 2010;19(7):311-316. 7. Cereda E, et al. *J Nutr Health Aging* 2017;21(6):655-661. 8. Posthauer ME & Marian M. In: Mueller CM, ed. *ASPEN Adult Nutrition Support Core Curriculum*. 3rd ed. Silver Spring, MD:ASPEN;2017:33-56.

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