

Split Thickness Skin Graft (STSG) Care:

Initial dressing done in OR:

Graft secured with dermabond or staples → bridal veil (N-terface, conformant) → sulfamylon soaked kerlix and burn flat → dry kerlix and burn flat → Stretch net (spandage) or burn vest to secure.

Initial takedown on POD # 3 or 4

(OR Tuesday = down Friday, OR Thursday = down Monday)

Performed in tub room +/- conscious sedation

Gently remove all layers with warm water and soap

Wash gently and pat dry

Call PT/OT and providers for evaluation

Ask provider if ready for staple removal

Dress with gentamicin ointment 0.1% and xeroform

Secure with kling wrap (digits), kerlix (extremities), or burn flats (torso) and stretch net (spandage)

PT/OT to apply splints and compression wraps as appropriate

Donor Site Care:

Absorbent tegaderm (Tegasorb):

Check dressing daily. If leaking outside of tegasorb then remove, cleanse and replace with new tegasorb.

On initial dressing takedown day: Remove tegasorb, cleanse and place in xeroform dressing and leave open to air if expected discharge of patient is within 2 days.

If expected discharge is 3 days or more, then place in new tegasorb until day of discharge.

Xeroform:

On POD #1 takedown outer dressing to level of xeroform. Leave xeroform adhered and open to air to allow to dry out. Donor site wounds that are exposed or where xeroform is not adhered, cleanse and apply gentamicin ointment with xeroform daily.