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There are two basic classifications of wound exudates. The first approach includes evaluating the quantity, color and consistency of exudate.

The difficult part in this is to judge the quantity of exudates. This can be done by examining the dressing when it is removed. Examining the dressing will permit the clinician to classify the exudates.

The exudates can be classified into one of the following groups.

- None
- Small
- Moderate
- Large

The first classification of no exudate on the dressing tells us that the wound is nonexudative and has no discharge.

The second classification of small or mild is given to a wound when the exudates on the dressing is covering less than 33 percent of the dressing's surface area.

The next classification of moderate is assigned when the exudate covers between 33 percent and 67 percent of the dressing's surface.

The final classification of large signifies a high level of exudate which is ascertained by the exudates covering more than 67% of the dressing surface.

In addition to the quantity, the quality of the exudate coming out of the wound is also important to moisture balance treatment. Following are some types of exudates:

- Serous exudates “ this is a clear exudate that indicates serum or transudate.
- Sanguinous exudate “ this type of exudates is bright red to dark brown and tells of blood loss from the area. This also tells us that there is a potentially friable wound bed.
- Purulent exudate “ is indicative of the fact that inflammatory cells are present and is at most times a result of infection, necrosis, or sterile inflammation.

It is possible that these exudates types may exist together and individually in a wound.

It is very necessary to know that if the exudate is not controlled, the components in the exudates can retard healing and even cause damage to surrounding tissues.

Moisture balance that is considered optimal can be ensured by choosing the right kind of dressings to put on the wound.

It should also be noted that a doctor or clinicians should always remember to remove the cause of

increased production of exudates. This can be achieved by compression and elevation for venous and lymphedematous leg ulcers.

It is also possible that the person treating the wound (doctor or clinicians) can also use antimicrobials for infection. These have the ability to remove excess exudate and often also the periwound maceration damage.

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