Community Wound Care for Street Outreach

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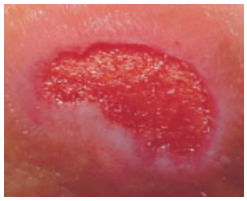
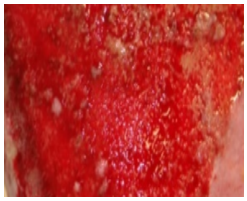
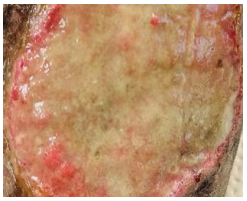
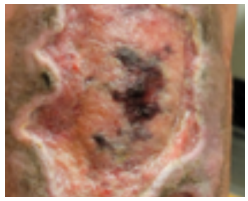
Chicago Street Medicine | Last Updated January 2026 (v1.4)

Purpose of this Guide

- Unified approach for wound care to minimize conflicting care/advice for the community
- Suggested formulary and supplies for outreach teams and any distributed wound care kits
- For outreach teams who frequently encounter wounds & foundation for street medicine teams
- Does not supercede direct clinical judgment

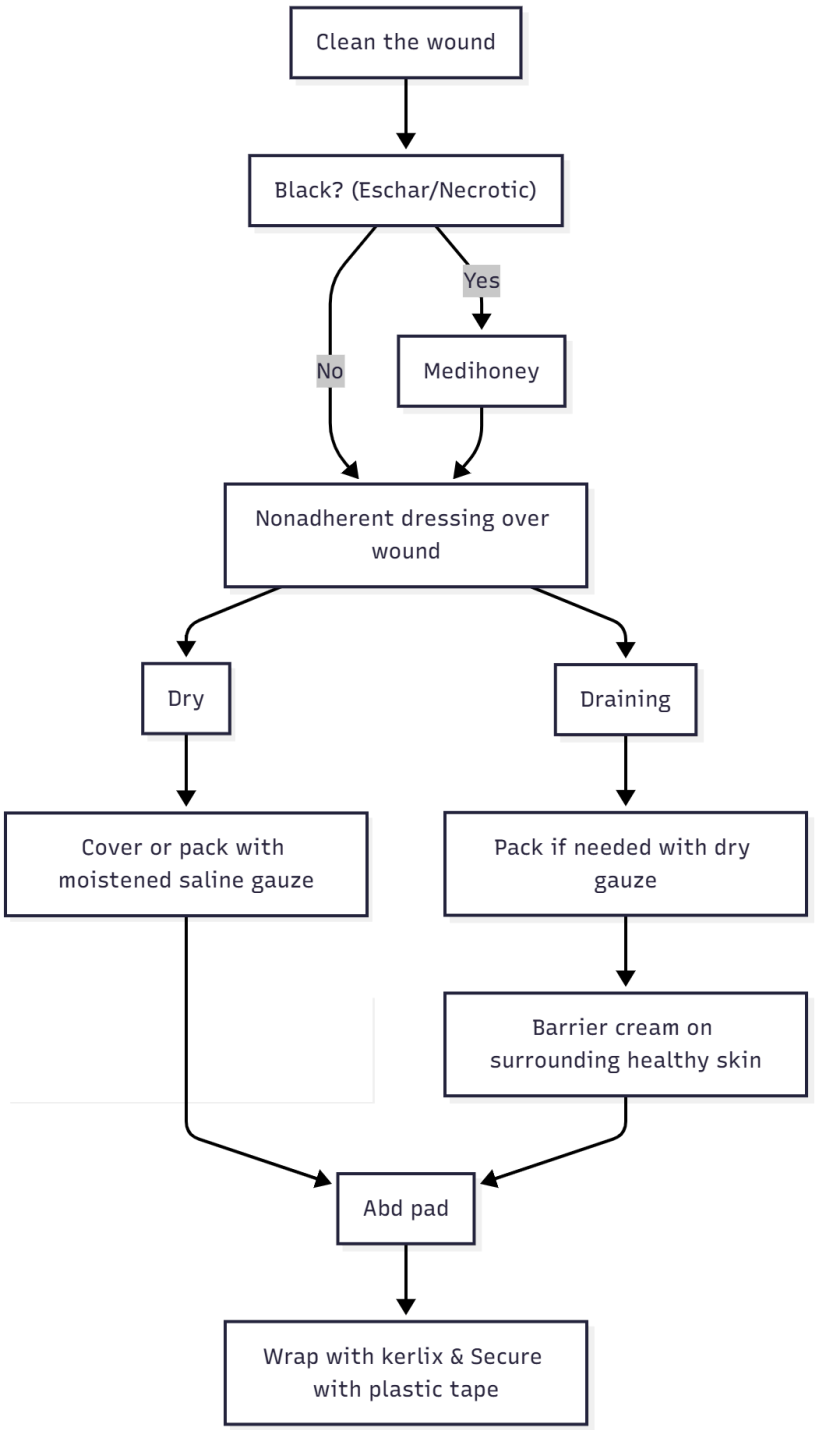
Contents

Identification

Epithelial	Granulation	Slough	Eschar/Necrotic	Deep/Ulcerations
				
• Pink • Looks like healing skin • Good sign	• Red, shiny, and bumpy • Generally good sign	• Yellow/gray and often soft or stringy • Dead tissue • Remove with dressing changes	• Hard and black • Often needs mechanical debridement (i.e. removal by specialist)	• Anything where putting a bandage on leaves a gap • Needs padding or packing

General Steps		Comments
1	Evaluate need for emergency care	See page 3
2	Clean the wound	Clear away debris, dirt, and dead tissue if possible
3	Evaluate need for debridement	Use medihoney if not trained, mechanical if healthcare team with training
4	Evaluate need for packing	Deep wounds
5	Primary dressing	What is put on the wound
6	Secondary dressing	Goes over primary dressing and secures/protects it
7	Evaluate need for escalating care	See page 3

Low Barrier Care Flowchart



Comments

Clean

- Try to remove dead tissue as tolerated using cleaner and gauze

Debridement

- Medihoney (if available) can soften dead tissue and can help with debridement when a trained wound care specialist is not available

Dressing

- Nonadherent dressing
  - Helps dry wounds moisten & less painful when changing dressing
  - Draining wounds can drain through the dressing & also help with pain during dressing change (consider cutting slits in the nonadherent dressing before placing if draining heavily)
- If the wound is deep pack it with gauze:
  - For **dry** wounds use moist saline gauze. Make sure that the gauze is soaked but not dripping (i.e. wring the saline out after soaking)
  - For **draining** wounds use dry gauze. The nonadherent dressing will keep the gauze from sticking to the wound

Other Comments

- Try to give supplies to change dressing at least twice a week
- Advise people who inject drugs to avoid injecting into wound if possible & give harm reduction materials
- Advise people on when to seek further care (next page)

Materials List

- Use the Low Barrier Care column for relatively affordable items & build from intermediate care column if access to resources and experience. Can use list for providing wound care and wound care kits
- Consider creative approaches if low resource/limited accessibility e.g. menstrual pads for abd pads or DIY tube dressing by cutting the end of a tube sock

Category	Low Barrier Care	Intermediate Care	Comments
Cleaning	**Saline** Soap & Water when accessible **Nitrile gloves** **4x4 Sterile gauze**	Chlorhexidine wound cleanser Vashe wound cleanser - generic version exists (Philisa wound solution) Dakin's solution - has bleach, use for very dirty wounds	Avoid alcohol wipes, hydrogen peroxide, and povidone-iodine (can dry out wound or also affect healthy tissue)
Debridement	Medihoney	Scalpels Santyl - do not use with silver dressings Hydrofera blue	Mechanical debridement can hurt; proceed only if trained Medihoney can attract ants
Packing	**4x4 Sterile gauze** Kerlix gauze	Iodoform packing Rope packing	Moisten with saline
Primary dressing	**Nonadherent dressing* (not Xeroform/petroleum gauze)** **Moistened saline gauze**	Moistened Dakin's gauze Moistened Vashe gauze Adaptic Telfa Foam dressing ($$) Alginates	*Covidien Curity brands are usually more affordable Silver (Ag) alginates dressings have antimicrobial properties
Barrier (Draining wound)	Zinc oxide cream **Petroleum jelly**		Put on healthy skin around the wound for protection
Secondary dressing	**Abd pad** **Kerlix gauze** **Plastic tape**	Sleeves e.g. tubigrip Ace wrap - pressure may be uneven Coban - can be too tight	

When to Seek Care

- Find a clinician or street medicine team for urgent care if ☑ cellulitis (hot, red, more painful), ☑ abscess (draining pus, bulging with fluid), ☑ or complicated (see next page)
- Find/refer to a wound care provider if ☑ eschar/necrotic or ☑ tunneling/undermining (skin and base separate in the edges of the wound or form a tunnel)
- Seek emergency care (hospital ideally, street medicine team if unable) if ☑ fevers/chills or other symptoms outside of wound itself, ☑ entire arm/leg becoming swollen, ☑ rapidly worsening, or ☑ exposed bone, muscle, or tendons

Questions & Answers

What body locations is this guide intended for?

This guide applies to the majority of wounds seen on the arms and legs up to the thighs. It can also help with surgical wounds on the body. Wounds on fingers/toes and face/neck can be more complex and benefit from a look by a street medicine team

What is considered a complicated wound (for this guide?)

- Fingers, toes, face, or neck
- Looks bad and you think it needs a medical person to look at it soon
- A lot of black (necrosis)
- Keeps steadily growing or getting deeper

Why is Xeroform or petroleum gauze not on this list?

- These gauzes are occlusive meaning the wound can't drain through the dressing but out the sides causing irritation of surrounding skin; if you do want to use it cut multiple slits to improve drainage
- It can still dry out (if left on for too long) and hurt to remove
- There are better options (Nonadherent dressing)! As an example see https://www.vitalitymedical.com/curity-non-adherent-strips-with-oil-emulsion.html

Why is antibiotic ointment not on this list?

- It doesn't usually help!
- If a patient really wants it it can still be placed over the wound before the nonadherent dressing
- It's usually not needed!
- A sizable minority of people experience an allergic reaction that can worsen wound healing

What's the deal with honey?

Medical honey is a sterile form of honey (often medihoney here in the US) from New Zealand!

It has multiple positive properties:

- Antibacterial
- Anti-inflammatory effects
- Debriding effects
- Can be left on for a few days to do its work

What's the downside?

- Most expensive item on the low barrier materials list
- Can attract bugs (especially ants & sleeping outside) - better if in a tent/shelter or use a bordered foam secondary dressing instead of kerlix
- Does not seem to work as well on xylazine wounds

What should I know about xylazine wounds?

Xylazine makes gnarly wounds that are hard to heal. Here are some tips:

- Xylazine makes blood vessels constrict causing tissues to die and turn black (necrosis)
- The wounds can start small (as a small red dot near the injection site) and slowly grow bigger
- Keep the wound moist with plenty of petroleum jelly then cover with gauze. If the kerlix + tape likes to fall off consider Coban (but again don't make it too tight)