

Xylazine Information Sheet

Xylazine is a pharmaceutical drug used for sedation, anesthesia, muscle relaxation, and analgesia in animals such as horses, cattle, and other non-human mammals.

- *Profound Sedation, not controlled*
 - Reduces oxygen levels in lungs
 - Extended immobility (4+ hours)
 - Decreases blood pressure
 - Slows heart rate
- *Severe Wound Complications w/any Exposure*
 - Sterile, not bacterial, atypical
 - Necrosis with thick eschar (dead tissue)
 - Abnormal blood glucose levels
 - Difficulty to treat can result in amputation
- *Unsure why are these wounds are occurring?*
 - Increased tissue death?
 - Inhibits endothelial cell growth?
 - Tissue compression from extended periods of immobility?
- *What to know...*
 - Comes in MANY forms!
 - Liquid, Powder
 - All different colors, shapes and sizes.
 - *Greatly* increases overdose risk
 - *Severe sedation after Narcan distribution can be indicative of xylazine. Always call 911 after distributing Narcan.*
 - Prolongs the duration of fentanyl.
- *What to look for...*
 - *Strong* chemical smell
 - Mouth gets *exceptionally* dry.
 - *Ask: Do you have any weird wounds that won't heal?*

XYLAZINE WOUND CARE: a guide!

Work in progress compiled with help of wound care wisdom of Tehya Johnson, Claire Zagorksi, & Bill Kinkle

BASIC THINGS TO KNOW:

HEALTHY WOUND BED →

- Dressings should be changed every day, or every other day
- Treat every part of the wound separately depending on how it looks & heals
- Pale, DRY wounds, or wounds with black (necrosis) cannot heal; they need to be debrided (in other words that top pale layer or black stuff needs to be eased off!)
- “Healthy” (healing) wounds are look red, beefy, and somewhat moist → (this is called “granulation tissue” and is what we want for healing!)
- Keeping skin areas around wounds as healthy as possible is important too! Sometimes this means adding moisture & sometimes this means keeping moisture away
- Covering wounds helps ensure no outside bacteria get into them to cause infection.



Early wound care – before the wound bed looks healthy

(1) DEBRIDEMENT: Getting dry slough or black necrotic tissue off of wounds.

- EVERY DAY if possible, soak 4”x4” gauze in Vashe solution, wring out excess liquid, and place on open wounds that have black areas and/or pale dry areas
- Leave soaking for 10-15 minutes
- Then, GENTLY brush/wipe to remove tissue as you remove gauze

If this doesn’t work, or isn’t practical:

- Santyl ointment (cover wound with nickel thickness layer, then cover with gauze, change daily) is wonderful, but expensive & difficult to get approved (prescription)
- Medihoney gel or gauze (cover whole wound area) may help with debridement too



Once wounds (or part of wounds) have red, beefy appearance, stop debriding those parts and skip to step 2.

(2) KEEP THE WOUND BEDS MOIST & PROTECTED: use products that promote moisture & have antibacterial qualities. Replace these dressings every day if possible, or otherwise every other day.

- Option 1: Manuka honey (Medihoney) gel: cover wound bed [do NOT use store-bought honey!]
- Option 2: Hydrogel or petroleum-impregnated gauze (i.e. Xeroform): cut to shape of open wound & place in, change often enough that it doesn’t get dry!
- You can try either/or option or try them both! See what is easiest and seems to keep wound bed looking good (good = red + beefy without pale areas or black areas)

(3) PROTECT SURROUNDING SKIN: make sure closed skin around wound is moisturized & protected. Use “A&D” ointment or petroleum jelly!

(4) COVER WHOLE AREA TO SECURE PRODUCTS, KEEP IN MOISTURE, AND KEEP OUT DIRT AND BACTERIA: lots of options but overall use what is available & practical!

- Option 1: Silicone foam dressing such as Mepilex (protective & keeps moisture in, but pricey and may be difficult if wound is large or surrounding skin is not all intact & healthy)
- Option 2: “Nonadherent” dressings (i.e. ABD or Tefla pads) over open wounds then wrap/secure with gauze wrap (kerlix), secure with tape. Ideally cover whole thing with ace bandage to secure!

As wound(s) look healthier (red/beefy wound bed, without dry/pale areas, without areas of black) and start to be moister on their own.... You want to ensure wound bed stays moist, but that surrounding tissue doesn't get too moist or macerated (maceration is when skin gets soggy, soft and looks white – macerated skin doesn't heal well!)

- **You can stop using debridement products.** Gently rinse wounds with sterile saline when you change dressings instead.
- **Particularly if wounds are weepy/wet, consider switching from Xeroform to Calcium Alginate dressing.** Calcium alginate is better at ABSORBING wetness (so you don't want to use it if wounds are too dry, but if they are weeping a lot, calcium alginate can prevent surrounding area from getting macerated). Calcium alginate also forms gel which can promote healing.
- You can space out dressing changes (i.e. every 3 days) but remember you don't want dressing to get too dry and stick, nor do you want the surrounding tissue to get too wet!
- Particularly if worried about too long between dressing changes, you can put Adaptic in between the wound bed and calcium alginate to prevent sticking !

WOUND CARE SUPPLIES



SELF-CARE STEPS

- 1 Clean hands with soap & water or hand sanitizer before touching wounds
- 2 Gently wash wound with soap & water or with saline at least every 2-3 days
- 3 Put ointment on gauze & place on entire wound. Cover with more dry gauze
- 4 Wrap wound with kerlix and secure with medical tape. Make sure wrap is not too tight
- 5 Cover dressing with ACE wrap or coban or with long sleeves/pants if no other option
- 6 Change dressing every 1-3 days. Watch for red flags

XYLAZINE

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AKA "Tranq" or "Tranq Dope"

A cutting agent making its way into the drug supply. Contamination with xylazine increases risk of sedation, overdose, and wounds that are hard to heal.

This guide focuses on xylazine wounds >>>

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XYLAZINE WOUNDS



Xylazine wounds can appear anywhere on the body regardless of where you are injecting, particularly in **YELLOW** areas.

Check these areas regularly for any wounds that may develop.

Wounds can occur even if you're just snorting or smoking.

Xylazine wounds can look like a combination of:

- Blisters
- Large ulcers
- Small scabs
- Eschar (dark/black pieces of dead tissue)



HELPFUL TIPS

- Keep your skin moisturized with A+D ointment
- Avoid using alcohol/hydrogen peroxide on wounds
- Keep wounds covered with a clean bandage
- Wear long sleeves, pants, socks, and gloves to prevent yourself from scratching your skin
- Eat protein & stay hydrated to help with healing
- Avoid injecting into or around your wounds
- Use new supplies every time and avoid sharing
- Not every wound is infected. Avoid taking non-prescribed antibiotics

RED FLAGS to SEEK MEDICAL CARE

- Fever or chills
- Skin turns dark or black
- Skin is red, hard, & hot to touch
- Thick, smelly yellow or green drainage
- Severe or worsening pain at wound site
- Pain & decreased ability to move joint
- Pieces of tissue falling off
- Exposed bone or tendon
- New numbness

Even though xylazine isn't an opioid, you should still give naloxone in an overdose as opioids are often present.



Webinars & Training

- PAARI - [Qualtrics Survey | Qualtrics Experience Management](#)
- Boston Medical - [Skin and Soft Tissue Infections \(SSTI\) and Wound Care in the Age of Xylazine | Register | Training | Grayken Center for Addiction TTA | Boston Medical Center \(addictiontraining.org\)](#)
- Prevention Technology Transfer Center Network - [Xylazine and Opioid Use: An Update | Prevention Technology Transfer Center \(PTTC\) Network \(pttcnetwork.org\)](#)
- [Learning Thursdays: Xylazine - YouTube](#)