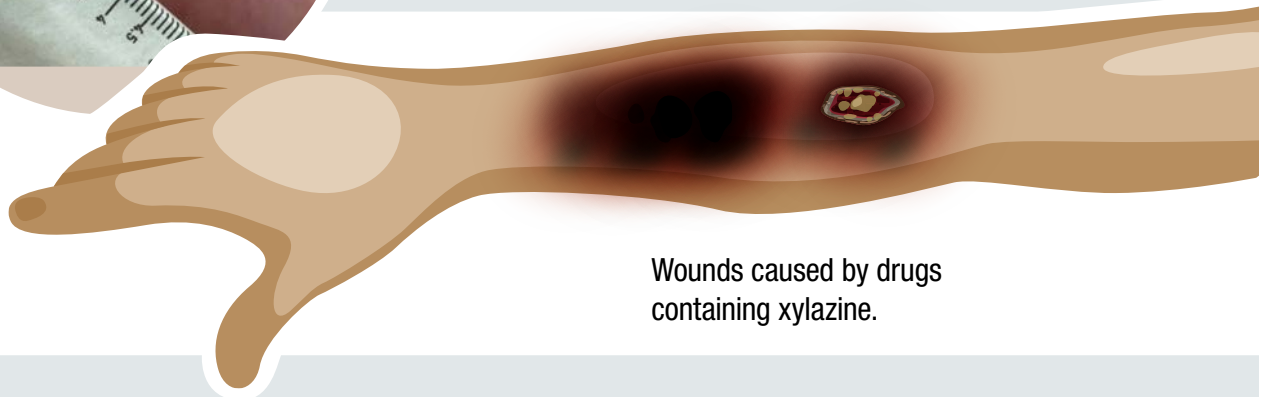


# Guidance for Clinicians on Xylazine-Related Wounds

## What is xylazine?

Xylazine (“tranq”) is a veterinary tranquilizer that is increasingly being found in the illicit drug supply nationwide, especially as an adulterant in illicit fentanyl. Xylazine is an alpha-2 adrenergic receptor agonist that is not FDA approved for human use. Like fentanyl, xylazine can cause sedation, loss of consciousness, respiratory depression, hypotension, bradycardia and physiological dependence. Although xylazine is not an opioid, naloxone should always be given for suspected overdose given the high likelihood of opioid involvement.



Wounds caused by drugs containing xylazine.

Xylazine can also cause peripheral vasoconstriction and severe wounds.

People who use drugs may delay seeking care for xylazine-related wounds to avoid judgment, mistreatment, or stigma. It is important to meet people where they are, treat them with dignity and respect, and empower them to engage with services and systems. This harm reduction approach can ultimately support individuals on their pathways to hope, healing, and health.

## Xylazine-related wound characteristics

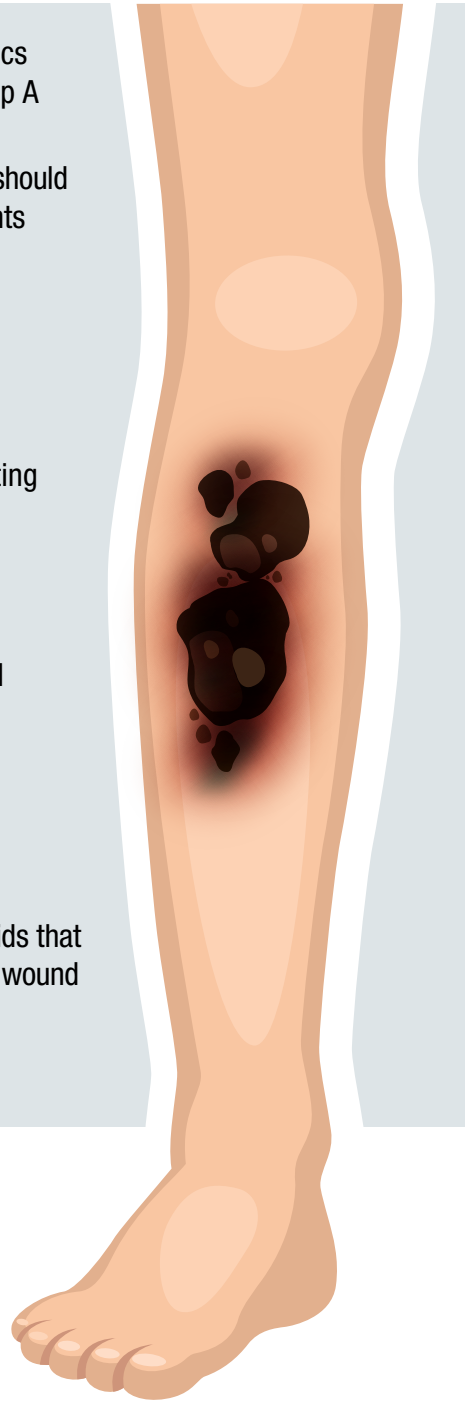
- Distinctive wounds have been reported from injecting, smoking, and snorting fentanyl that has been adulterated with xylazine.
- Wounds often begin as shallow-looking blisters or ulcers on extremities, but can appear anywhere on the body.
- These wounds develop quickly and do not follow typical wound-healing patterns. They can “tunnel” and spread to surrounding tissues, muscles, tendons, and bones. Eschars, granulation tissue, and necrotic tissue may be present.
- These wounds are often more painful than one might anticipate based on their initial appearance. Take note of any specific complaints of localized pain even if the wound appears minor or not yet formed.
- Management of xylazine-related wounds may require debridement, regular cleaning, and long-term

dressings. If there is purulence or other signs of infection, antibiotics may be indicated and should include coverage for MRSA and Group A streptococcus.

- Individuals with worsening wounds or signs of systemic infection should be evaluated for inpatient care. Referrals to emergency departments and inpatient care should include a plan to manage xylazine and opioid withdrawal.

### Wound prevention counseling for patients

- Counsel patients to:
  - » Use safer injection practices such as new syringes and equipment, cleaning and rotating injection sites, and inserting the needle bevel up at a 15-30° angle in the direction of the heart.
  - » Go as slow and be as careful as possible if injecting. Avoid leaking outside of a vein.
  - » Never inject into a wound—it makes the wound worse and prohibits healing.
- Ensure patients understand the implications of knowingly seeking xylazine additives in their supply.
- Encourage people to seek treatment early at the first signs of a wound developing.
- Beware that localized pain in an individual who may be using opioids that have been adulterated with xylazine may be a warning sign that a wound is developing.



## Wound care

- Clean all wounds regularly with soap and water or sterile saline.
- Keep wounds clean, moist, temperature regulated, and covered.
  - » Special wound care supplies, such as xeroform are now available through the [Save Lives Oregon Harm Reduction Clearinghouse](#)
- While wounds should stay moist, avoid overpacking wounds as it causes discomfort that may cause the individual to remove the packing material.
- Consider protective cream or ointment for healthy skin surrounding the wound to prevent further tissue damage. Keep in mind too much cream will prevent tape adhering to the skin.
- Avoid the use of alcohol and hydrogen peroxide to clean or debride the wound.
- Refer individuals to a wound care specialist if available.

## Patient counseling for wound complications

- If a wound becomes necrotic, the tissue will look dark and discolored. Seek emergency care immediately.
- Seek medical treatment for unusual wounds, wounds that look infected, or if a person has symptoms of infection, such as:
  - » Fever
  - » Warm, red, painful, or swollen skin near the wound
  - » Blood or pus coming from the wound
  - » A foul odor coming from the wound
- Signs of sepsis require immediate emergency medical treatment and may include:
  - » Fever and/or chills
  - » Confusion or disorientation
  - » Difficulty breathing
  - » Fast heart rate or low blood pressure
  - » Sweaty or clammy skin
  - » Decreased urine output
- Severe wounds that are resistant to healing or associated with complications mentioned above may require require surgical interventions, including limb amputation in some cases.



PUBLIC HEALTH DIVISION  
Injury & Violence Prevention Program  
BEHAVIORAL HEALTH DIVISION  
Addiction Treatment Recovery and Prevention unit (ATRP)

Program:  
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/FentanylFacts.aspx>

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Injury & Violence Prevention Program at [IVPP.General@odhsoha.oregon.gov](mailto:IVPP.General@odhsoha.oregon.gov) or 971-673-1222 (voice/text). We accept all relay calls.

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