NHS BORDERS Wound Formulary 2016/17

Primary Care and Acute Joint Formulary

Wound care formulary, product data and prescribing guidance developed by the Wound Formulary group. Wound formulary compliance will be monitored by the Wound Formulary group subgroup of the Area Drugs and Therapeutics Committee.

Review date: July 2018

Foreword

The NHS Borders Wound Formulary and accompanying data sheets/prescribing guidance have been developed by the Wound Formulary Group. This multidisciplinary group has developed this resource to provide practitioners with guidance and a selection of products to guide Healthcare Professionals in selecting the most appropriate dressings/products to use in practice.

The first section provides an easy to use reference for formulary products that can be printed separately to the whole document. Appendices are included to provide approved wound assessment guides. All wounds should be documented using the *NHS Borders Wound Assessment Guide* which is available pre-printed from stores.

Implementing a wound formulary provides assurance that the dressings/products being used in practice have been assessed as suitable for use, effective both clinically and in terms of cost, acceptable to patients/clinicians and are supported by a strong evidence base.

Taking a formulary approach to wound care can provide benefits in terms of aiding continuity and can save time in nurse decision making. By rationalising the products in use there is assurance that only clinically proven and cost effective products are used. However it is recognised that variation in product choice may occur in specialist areas or according to individual patient need.

Practitioners should aim to use a product included in the Formulary in most cases and only use a non-formulary product when there is a good clinical reason for doing so. If prescribing a non formulary product or if clinicians wish to have a new/different product considered for inclusion on the formulary (or to provide feedback on current products) a Non Formulary request form must be completed.

When using the formulary Prescribers' should follow the principles of mindful prescribing, taking into account the volume and duration of products prescribed and maintaining a two week challenge/review/reassessment of wounds where appropriate.

Prices have been included as a guide to product cost, they were correct at time of print but will be subject to market changes.

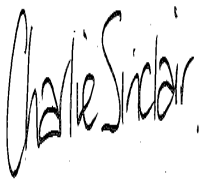
The formulary will be used as a tool for measuring practice and for identifying those clinical areas where prescribing is not consistent. In these areas the formulary will be used as an educational tool to promote clinical and cost effective prescribing of wound-care products across NHS Borders.

Specialist products (denoted with an 'S') require the completion of a *Specialist Initiation for Wound Dressing Products* order form. This must accompany any order for a specialist product *(See appendix 3).*

Mark Clark

Non Medical Prescribing Lead

Charlie Sinclair



Associate Director of Nursing

NHS Borders Wound Formulary Primary Care and Acute Joint Formulary

NHS Borders quick reference Wound Formulary

	Dressing	Size and cost per product				
Basic Wound dressings (Low adherent)						
	N-A Ultra	9.5cm x 9.5cm 33p (34p)	19cm x 9.5 cm 63p (73p)			
	Jelonet	10 x 10 cm 41p (27p)				

Absorbent Dressings:						
LIGHT EXUDATE with adhesive border						
	Premierpore	5cm x 7cm 5p (3.7p)	10cm x 10cm 12p (7.8p)	10cm x 15cm 18p (9.36p)	10cm x 20cm 32p (13p)	10cm x 30cm 45p (18p)
LIGHT EXUDATE Absorbent perforated plastic film faced dressing						
	Telfa	10 x 7.5 cm 16p (7p)	20 x 7.5 cm 29p (10p)			
HIGH EXUDATE						
1st choice (non-wicking)						
	Premier Pads sterile	20 x 10cm 18p (0.08p)	20 x 20cm 25p (0.15p)	40 x 20cm (0.31p)		
2nd choice(wicking)						
	Kliniderm Superabsorbent	10cm x 10cm 49p (21p)	10cm x 20cm (36p)	20cm x 20cm £0.99 (69p)	20cm x 30cm £1.49 (£1.17)	

Soft Polymer Dressings						
With absorbent pad						
	Kliniderm Foam Silicone	5cm x 5cm £0.60 (£0.56)	10cm x 10cm £1.95 (£1.64)	10cm x 20cm £3.49 (£3.12)	15cm x 15cm £3.95 (£3.52)	20cm x 20cm £6.50 (£6.24)
		10cm x 17.5cm Heel £3.15 (£2.86)				
	Kliniderm Foam Silicone Border	7.5cm x 7.5cm £1.18 (£0.99)	10cm x 10cm £1.63 (£1.38)	12.5cm x 12.5cm £2.33 (£2.28)	15cm x 15cm £3.95 (£3.54)	10cm x 20cm £3.20 (£3.06)
		15cm x 20 cm £5.00 (£4.68)	18cm x 18cm Sacral £3.90 (£3.86)			
Without absorbent pad						
	Silnet	5cm x 7.5cm 99p (100p)	7.5cm x 10cm £2.01 (£2.05)			

Clear film dressings						
Use this for secondary dressings i.e. occluding a hydrogel (high vapour permeable is expensive for use as a primary wound contact layer only)						
	365 Film	6cm x 7cm 4p (0.12p)	10cm x 12cm - 16p (0.26)			
Vapour permeable film dressing						
Hydrofilm is an expensive high vapour permeable for use as a primary wound contact layer only						
	Hydrofilm	6 cm x 7cm 23p (0.19p)	10cm x 12.5cm 42p (0.34p)	15cm x 20cm 97p (0.62p)	20cm x 30cm £1.61 (£1.35)	
Vapour-Permeable Film dressing with absorbent pad						
Tegaderm plus is an expensive high vapour permeable for use as a primary wound contact layer only						
	Tegaderm plus pad	5cm x 7cm 22p (21p)	9cm x 10cm 57p (49p)	9cm x 15cm 83p (67p)		

Hydrogel Dressings				
	Sheet: Hydrogel hydrosorb	5cm x 7.5cm – £1.56 (£1.11)	10cm x 10cm - £2.24 (£1.46)	
	Hydrosorb comfort (film border)	4.5cm x 6.5cm – £1.87 (£0.94)	12.5cm x 12.5cm - £3.61 (£1.67)	

Prescription prices listed. **Secondary care price in brackets** *prices are subject to change and for reference purposes only.*
Primary care should choose the most cost effective ordering route

S: Specialist initiation only P: Pharmacy only

	Gel: ActivHeal Hydrogel	8g - £1.23 (1.12p)			

Hydrocolloid Dressings						
Thin hydrocolliod for sloughy wounds or for occlusion						
	Comfeel Plus Transparent	5cm x 7cm 62p (38p)	10cm x 10cm £1.19 (72p)	9cm x14cm £2.27 (£1.36)		
Thick hydrocolloid for debriding thickly sloughed or necrotic wounds						
P	Askina hydro	10cm x 10cm £1.40	15cm x 15cm £2.76	20cm x 20cm £5.72		

Aquafibre Dressings						
	ActivHeal Aquafibre	5cm x 5cm 67p (74p)	10cm x 10cm £1.58 (£1.26)	15cm x 15cm £3.00 (£2.02)		

Fibrous Hydrocolloid Dressings						
	Kliniderm CMC	5cm x 5cm 59p (62p)	10cm x 10cm £1.42 (£1.38)	15cm x 15cm £2.67 (£2.26)	2cm x 45cm £1.75 (£1.81)	

Protease Modulating Dressings					
S	Urgostart Contact	5cm x 7cm £2.97 (2.68p)	10cm x 10cm £4.20 (3.81p)	15cm x 20cm £10.01 (£9.12)	

Foam Dressings					
	ActivHeal Foam Non-Adhesive	5cm x 5cm 66p (74p)	10cm x 10cm 99p (99p)	10cm x 20cm £2.06 (£2.71)	
	ActivHeal Foam Adhesive	7.5cm x 7.5cm £1.04 (£1.09p)	10cm x 10cm £1.43 (£1.26)	15cm x 15cm £1.89 (£2.02)	
	Permafoam sacral/heel	18x18cm sacral £3.34 (2.66)	18x16.5cm heel concave £4.06 (£3.23)		

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Glycerine and Surfactant Impregnated dressings					
SP	Polymem Adhesive	5cm x 7.6cm £1.01			
S	Polymen non-adhesive	8cm x 8cm £1.40 (£1.50)	10cm x 10cm £2.18 (£2.35)	10cm x 61cm £11.56 (£12.04)	
SP	Polymem Wic	8cm x 8cm £3.69			

Alginate Dressings			
	ActivHeal Alginate	10cm x 10cm - £1.01 (83.7p)	
	Urgosorb	10cm x 20cm £3.87 (2.25)	
	ActivHeal Rope (use sterile forceps for packing)	2.5cm x 30cm - £2.13 (£1.53)	
Highly absorbent for use with prolonged dressing intervals:			
	Sorbsan Plus	10cm x 15cm - £3.10 (£3.68)	

Odour Absorbent Dressings					
Primary charcoal dressing					
	CarboFLEX®	10cm x10cm £3.01 (£2.90)	8cm x 15cm £3.62 (£3.48)	15cmx20cm £6.86 (£6.61)	
Secondary charcoal cloth					
	Clinisorb®	10 x 10 cm £1.89 (£1.83)	10cm x 20cm £2.51 (£2.44)	15cm x 25cm £4.05 (£3.93)	

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S	**Topical Antimicrobial Dressings**			
	Inadine®	5cm x 5cm 29p (38p)	9.5cm x 9.5cm 43p (56p)	
SP	Iodoflex® (Paste)	5gm £3.61	10gm £7.21	17gm £11.24
SP	Iodosorb® (Ointment)	10gm £3.98	20gm £7.97	
S	Flaminal® Forte Gel	15gm £6.27 (£7.68)	50gm £20.76 (£25.42)	
S	Flaminal® Hydro Gel	15g £6.27 (£7.68)	50g £20.76 (£25.42)	
S	Prontosan gel	50g £10.32 (£12.51)	250g £27.38 (£2.87)	
Silver				
S	Silvercel Non-Adherent	2.5cm x 30.5cm £3.92 (£3.10)		
S	Polymem Silver	8cm x 8cm £7.05 (£1.52)		
Other Antimicrobials				
SP	Metronidazole gel	0.75% 30gm £12	0.75% 40gm £19.90	

Debridement			
S	UCS debridement pad	Cloth £3.25 (3.90)	

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Larval Therapy – *see larval therapy guidelines*						
SP	**Biomode**					
	(bagged)	Biobag 2.5x4cm £244.91	Biobag 4x5cm £281.74	Biobag 5x6cm £306.29	Biobag 6x12cm £343.12	Biobag 10cm sq £367.67
Hydrogel for pre-larval therapy						
S	Purilon 8G (£1.61)					
S	Actiform Cool 5x6.5cm (£1.50)		Actiform Cool 10cmX 10cm (£2.20)			

Topical negative pressure systems					
SP	VAC	Accessories Drape 30.5x26cm - £9.39 (£7.84) Gel strip 14x3cm - £3.76 (£3.36) Tubing cap – 20p ATS canister with gel 500ml (x10) - £30.00 (£0.01P) Freedom canister with gel 300ml - £28.85 (£0.01P) ***We get canister FOC.**	VAC Granufoam – round foam dressing kit 12.7x3.2cm - £6.60 bridge dressing kit - £32.04 sense TRA technology dressing kit small – £22.95 med- 27.32 lge - £31.70 heel - £8.40 thin - £6.60	VAC simplace ex dressing kit Small - £26.60 Med - £30.58 VAC VIA 7 day kit £334.13 Negative pressure wound therapy advanced drape £8.82	VAC Whitefoam Dressing Small - £10.64 (£9.28) Large - £17.04 (£14.48) Dressing kit Small - £25.91 Large - £33.54
SP	Nanova Therapy system	Starter kit 18cm x 18cm – £97.98	Multi-dressing kit 18cm x 18cm - £39.72		

Irrigation solutions				
Use tap water for routine chronic wound irrigation				
Use Sterile sodium chloride for surgical wounds or neutropenic patients				
Irrigation for bio-film removal				
S	Prontosan soak	Solution gel 30ml £5.60 **(£7.16)**	Solution bottle 350ml £4.19 **(£5.36)**	

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Cotton Stretch Bandage						
Type 1 retention bandage						
	Premierband conforming cotton stretch	5cmx4m 0.06p (0.76p)	7.5cmx4m 0.09p (£1.05)	10cmx4m 0.1p (1p)	15cmx4m 0.16p (18p)	
Type 2 retention bandage						
	Premierband cotton stretch	5cm x 4m 12p (**7p)**	7.5cm x 4m 14p (9p)	10cm x 4m 17p (12p)	15cm x 4m 25p (18p)	

Wadding Bandage						
	Lantor FormFlex (natural)	5cm x 2.7m 33p **(14p)**	7.5cm x 2.7m 39p (19p)	10cm x 2.7m 48p (25p)	15cm x 2.7m 62p (36p)	20cm x 2.7m 69p (50p)
NHS Supplies only	Soffban (eco)	5cmx2.7m (0.1p)	7.5cm x 2.7m (0.18p)	10cm x 2.7m (0.22p)	15cm x 2.7m (0.32p)	20cm x 2.7m (0.44p)

Tubular retention bandages						
	Clinifast tubular bandage (Clinisupplies)	3.5cm x1m- red line 56p- (3.5cm x 10m £1.68)	5cm x 1m green line 58p, 5cm x 3m green line £1.62 5cm x 5m green line £2.81 (5cm x10m green line £1.86)	7.5cm x1m - blue line 77p 7.5cm x 3m - blue line £2.13 7.5cm x 5m - blue line £3.74 (7.5cm x10m- blue line £1.99)	10.75cm x 1m £1.20 10.75cm x 3m £3.49 10.75cm x 5m £6.04 (10.75cmx10m) yellow line £3.02)	
	Molnlycke Ribbed bandage elasticated Tubular Stockinette	7.5cm x 5m - £3.30 7.5cmx10m (£4.08)	10cm x 5m - £4.38 10cmx10m (£5.70)			
	Comfinette lightweight surgical stockinette	(34) 4.5cm x 20m -£7.29 (£1.87)	(56) 7.5cm x20m - £8.27 (£2.94)	(78) 8.8cm x 20m - £6.41 (£2.41)	(T1) 15cm x 20m - £7.24 £4.95	(T2) 20cm x 20m - £8.97 (£5.01)
		30cm x 20m - £11.27 (*NOT available from supplies*)				
P	**Stockinette garments - Prescription only**	Choose most cost effect garment to meet clinical need				

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Bandage Elasticated Tubular. Latex Free				
CLINIgrip				
P	Size A	1m x 4.50cm £1.10	0.5 x 4.50cm £0.61	
P	Size B	1m x 6.25cm £1.10	0.5m x 6.25cm £0.61	
P	Size C	1m x 6.75cm £1.17	0.5m x 6.75cm £0.66	
P	Size D	1m x 7.50cm £1.19	0.5m x 7.50cm £0.74	
P	Size E	1m x 8.75cm £1.26	0.5m x 8.75cm £0.74	
P	Size F	0.5cm x 10.0cm £0.74	1m x 10.0cm £1.26	
P	Size G	1m x 12.0cm £1.47	0.5m x 12.0cm £0.77	
P	Size J	1m x 17.50cm £1.59	0.5m x 17.50cm £0.92	

Adhesive Tapes					
Cloth tapes					
	Clinipore® Adhesive tape	1.25 cm x 5m 35p (9p)	2.5cm x 5m 59p (19p)	2.5 cm x 10m 73p	5cm x 5m 99p (£1.18)
	Primafix® Permeable adhesive tape	5cm £1.59 (98p)	10cm £2.33 (£1.94)	15cm £3.45 (£2.73)	20cm £4.24 (£3.81)
Permeable Plastic Surgical Tape					
	CliniporeClear® (not available on prescription)	1.25cm x 10m (18p)	2.5cm x 10m (36p)	5cm x 10m (54p)	7.5cm x 10m (72p)

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Paste bandages			
P	Steripaste	7.5cm x 6m £3.24	
P	ZIpZoc	£3.13	
	Ichthopaste	7.5cm x 6m £3.68 (£5.56)	
	Viscopaste	7.5cm x 6m £3.65 (£5.04)	

Astringents			
SP	Potassium permanganate	Permitabs (30 x 400mg) £17.50	
SP	Benzalkonium chloride	1% soln - 100ml £3.14	
P	Eosin	2% soln –x 100ml £30.00	

Silver nitrate solution				
SP	Silver Nitrate solution 0.5%	100ml £11.93	500ml £29.00	
P	Silver nitrate sticks (avoca 75%)	£0.44		

Barrier creams				
P	Zinc and castor oil ointment	100g £2.10	500g £5.35	
P	Yellow soft paraffin	15g £1.28	500g £3.39	

Barrier applicators				
	Secura skin protective barrier film	Spray £4.73 **(3.60)**	Foam applicators 25 x 1ml £0.77 (*NOT available from supplies*)	

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Primary care should choose the most cost effective ordering route

S: Specialist initiation only P: Pharmacy only

Low adherent

BNF category: Low adherent dressings **N-A Ultra® (Systagenix)**	
Description: Primary wound contact layer consisting of a knitted viscose rayon sheet with a silicone coating **Sizes** **9.5 x 9.5cm** **9.5 x 19cm**	
Indications for use	Provides a contact layer directly onto the wound surface. Basic wound dressing for non-complex wounds: • Minor burns • Abrasions • Superficial wounds • As a leg ulcer contact layer under compression bandage on leg ulcers
Contraindications/ cautions	Do not use if allergic to silicone
How to apply/remove	**Apply:** Place flat onto the wound surface **Removal**: Should lift off wound with no adherence. Apply water or saline to loosen if attached to any exudates or crust
Frequency of dressing changes	Dependent on the nature of the wound, can be left in place for up to 7 days
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Usually used for wounds where adhesive dressing not appropriate
Specialist initiation	No

BNF category: Low adherent dressings

Jelonet® (Smith & Nephew)

Description: Knitted Polyester Primary Dressing Impregnated with Neutral Triglycerides, conforms to wound bed. Petrolatum free.

Sizes
10 x 10cm

Indications for use	Provides a contact layer directly onto the wound surface. Simple dressing for: • Minor burns (Jelonet, usually initiated in acute care for burns management or dermatology conditions) • Abrasions • Superficial wounds • Blisters • A cost effective alternative to silicone contact layer products when dressings are changed more than once a week
Contraindications/ cautions	• Compression; risk of adherence to wound bed if minimal exudate present. • Use with caution on chronic low exuding wounds with viscous exudate which may result in pooling and restricted drainage through dressing pores.
How to apply/remove	**Apply:** Place flat onto the wound surface with 2.5cm border Jelonet may be applied in multiple layers "fluffed" up to reduce risk of adherence and frequency of dressing changes **Removal**: Raise corner and peel back off wound
Frequency of dressing changes	• Dependent on the nature of the wound, recommended changing at least daily to prevent drying out and adherence • If secondary dressing allows strike through e.g. bandages or dry dressings there is a risk of bacterial ingress with requirement for review of dressing regimen or more frequent changes Patient may prefer to change their own dressing when carrying out general social hygiene and to promote independence.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Usually used for low exuding wounds • Silnet should be considered in place of Jelonet dressings if greater than 24hour dressing changes are required
Specialist initiation	No

Absorbent Dressings

Light Exudate with adhesive border

BNF category: Absorbent dressings
Light exudate with adhesive border

Premierpore® (Shermond)

Description: An adhesive, absorbent, island dressing

Sizes
5 x 7cm
10 x 10cm
10 x 15cm
10 x 20cm
10 x 30cm

Indications for use	• Post operative incision sites • Lightly exuding wounds
Contraindications/ cautions	Any known sensitivity to adhesives
How to apply/remove	**Apply:** Place directly over wound ensuring the absorbent pad covers the wound and/or suture line **Removal:** Lift one corner and peel back gently (for paediatric patients always use a silicone adhesive remover)
Frequency of dressing changes	• Post operative dressings should be removed 48 hours post op or as surgeons instructions • Remove and inspect wound if large amount of exudates is visable on the outer dressing
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Care must be taken on removal to prevent skin stripping • Do not use as primary dressing on wounds with moderate to heavy levels of exudates; this will result in strike though, increased risk of bacterial contamination and increased frequency of dressing changes.
Specialist initiation	No

Light Exudate absorbent perforated plastic film faced dressing

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BNF category: Absorbent dressings

Telfa® (Aria Medical)

Description: Absorbent cellulose pad with fluid repellent backing

Sizes
10 x 7.5cm
20 x 7.5 cm

Indications for use	• Basic wound pad • Use as primary or secondary dressing for lightly exuding wounds
Contraindications/ cautions	None known
How to apply/remove	**Apply:** Direct to wound bed
Frequency of dressing changes	As exudate dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Alternative to secondary foam or silicone dressing only if exudates light • May adhere to wound in certain circumstances and require 'soaking off'
Specialist initiation	No

High Exudate non-wicking

BNF category: Absorbent dressings
Moderate exudate

Premierpad™ (Shermond)

Description: Sterile (EO), latex free highly absorbent wound pad. Made from nonwoven polypropylene (non adherent and non linting) outer layer, with highly absorbent cellulose fibres. The cellulose fibres are permeable to air and water to minimise risk of skin irritation and allow the skin's natural functions to continue.

Sizes (Sterile)
10 x 20 cm
20 x 20 cm
20 x 40 cm

Indications for use	• As a secondary dressing to treat heavily exuding wounds, where high evenly distributed fluid absorption is required. It will adhere to broken skin when in primary contact • Suitable for use to cushion and protect wounds.
Contraindications/ Cautions	**Contraindications** • Application to bleeding wounds (especially arterial bleeds). • Not suitable for use with dry wounds. **Cautions** • Use of skin applications (such as ointments and creams) may affect dressing absorption performance. • Premierpad dressing does *not* have a hydrophobic layer to prevent strike through. Always change dressing immediately if strike through occurs.
How to apply/remove	**Application** Do not apply direct to wound bed Apply with the "seam side" is up and away from the wound. **Removal** Wash hands and apply gloves. Remove fixation bandage/tape. Begin removing the dressing in the direction of hair growth if applicable. Following dressing removal, clean and redress the wound based on exudate levels/wound healing needs. Always follow local clinical wound management guidelines.
Frequency of dressing changes	As exudate levels dictate. Avoid strike through of exudate. Follow local clinical wound management guidelines.
Prescribers'' guidance	
Specialist initiation	No

High Exudate wicking

BNF category: Absorbent dressings
Moderate– Heavy exudate

Kliniderm Superabsorbent (Aria Medical Ltd)

Description: Super absorbent cellulose and polymer primary dressing

Sizes
10 x 10cm
10 x 20cm
20 x 20cm
20 x 30cm

Indications for use	**Kliniderm superabsorbent** dressings are indicated for moderate to highly exuding chronic and acute wounds, including: ▪ Diabetic foot ulcers ▪ Pressure ulcers ▪ Venous and arterial leg ulcers ▪ Post-operative wounds ▪ Traumatic wounds • Can be used under compression bandaging
Contraindications/ cautions	Can NOT be used on dry wounds, heavy bleeding wounds, third degree burns and surgical implantation.
How to apply/remove	**Apply :**Gently apply the super absorbent dressing directly on the wound site with the white hydrophilic side of the dressing onto the wound surface
Frequency of dressing changes	Up to 7 days depending upon exudates levels
Prescribers'' guidance	Can be used in conjunction with other dressings based on clinical assessment Select a dressing size that would incorporate at least 1.5 cm of surrounding healthy skin
Specialist initiation	No

With absorbent pad

BNF category: Soft Polymer dressings with absorbent pad

Klinidern Foam Silicone (Aria Medical Ltd)

Description:
Absorbent soft silicone dressing with polyurethane foam

Sizes
5 x 5 cm
10 x 10cm
15 x 15cm
10 x 20cm
20 x 20cm
10 x 17.5cm (Heel)

Indications for use	**Kliniderm Foam silicone** is indicated for many types of exuding wounds including • Leg ulcers • Pressure Ulcers • Superficial and partial thickness burns • Donor sites • Postoperative wounds • Skin abrasions
Contraindications/ cautions	Discontinue Use if the patient is allergic to any component of the product .
How to apply/remove	Ensure the wound area is clean and dry Select a dressing that overlaps the wound margin by at least 2cms
Frequency of dressing changes	The interval between dressing changes will normally be determined by the level of exudate .The wound dressings can be left in situ up to 7 days.
Prescribers'' guidance	The wound contact surface of the silicone foam dressing is coated with a layer of soft silicone that does not stick to the surface of the wound and reduces trauma to delicate new tissue upon removal The dressing can be used as both a primary and secondary dressing Replaces Mepilex and Allevyn Gentle
Specialist initiation	No

BNF category:Soft Polymer dressings with absorbent pad

Kliniderm Foam Silicone Border (Aria Medical Ltd)

Description:
Absorbent soft silicone dressing with polyurethane foam and Silicone adhesive border

Sizes
7.5 x 7.5 cm
10 x 10cm
12.5 x 12.5cm
15 x 15cm
10 x 20cm
15 x 20cm
18 x 18cm (sacral)

Indications for use	**Kliniderm Foam Silicone Border** is indicated for many types of exuding wounds including • Leg ulcers • Pressure Ulcers • Superficial and partial thickness burns • Donor sites • Postoperative wounds • Skin abrasions
Contraindications/ cautions	Discontinue Use if the patient is allergic to any component of the product
How to apply/remove	Ensure the wound area is clean and dry Select a dressing that overlaps the wound margin by at least 2cms
Frequency of dressing changes	The interval between dressing changes will normally be determined by the level of exudate .The wound dressings can be left in situ up to 7 days.
Prescribers'' guidance	The wound contact surface of the silicone foam dressing is coated with a layer of soft silicone that does not stick to the surface of the wound and reduces trauma to delicate new tissue upon removal The dressing can be used as both a primary and secondary dressing Replaces Mepilex Border and Allevyn Gentle Border
Specialist initiation	No

Without absorbent pad

BNF category: Soft Polymer Dressing without absorbent pad

Askina® SilNet (BBraun)

Description: Primary wound contact layer that is designed to allow exudate to pass through into an absorbent secondary dressing.

Sizes
5 x 7.5cm
7.5 x 10cm

Indications for use	• Cuts and abrasions • Skin tears • Traumatic wounds • 1st & 2nd degree burns • Fixation of skin grafts • Donor sites • Surgical wounds • Lacerations Askina® SilNet is made of a conformable non-woven material, coated on both sides with soft silicone. It is used as a wound contact layer, it conforms to the wound surface and adheres safely to the surrounding skin. The wound site is protected from mechanical disruption during dressing changes. The use of Askina® SilNet thus minimizes the trauma associated with dressing change.
Contraindications/ cautions	None known
How to apply	• Remove the transparent liner. • Apply Askina® SilNet on the wound surface and gently remove the blue liner. • Apply suitable absorbing secondary dressing • Mode of action of Askina® SilNet: its porous structure allows vertical passage of exudate into the secondary absorbing dressing, with no risk of maceration.
Frequency of dressing changes	Silnet is designed to stay in place for at least 7 days to protect fragile tissue from damage on dressing removal. Change secondary dressing as dictated by level of exudates and only change Silnet earlier if necessary If wound requires a daily dressing change consider using Jelonet
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Absorbent secondary dressing needed.
Specialist initiation	No

Clear Film Dressings

<table>
<tr><td colspan="2">BNF category: Vapour permeable adhesive film dressing
365 Film® (365 Healthcare Ltd)</td></tr>
<tr><td colspan="2">Description: Thin polyurethane film coated with acrylic adhesive.
<table>
<tr><th>Sizes</th></tr>
<tr><td>4cm x 5cm</td></tr>
<tr><td>10cm x 12cm</td></tr>
</table></td></tr>
<tr><td>Indications for use</td><td>365 Film can be used as a primary or secondary dressing where there is no exudate, or light levels of exudate.
Cuts and abrasions
Clean, closed, post-operative wounds
Superficial pressure damage
Leg ulcers
Protection of donor sites
Protection against skin breakdown due to friction or continuous moisture exposure
A fixation device for catheters
Minor burns
As a secondary dressing to occlude hydrogels</td></tr>
<tr><td>Contraindications/ cautions</td><td>Moderate to heavily exuding wounds
Known sensitivities</td></tr>
<tr><td>How to apply/remove</td><td>Dressing Application:
Peel the liner from the dressing to expose the adhesive surface.
Position the dressing centrally over the wound bed.
Press the exposed adhesive side of the dressing onto the skin.
Slowly remove the frame while smoothing down the dressing edges.
Then smooth the entire dressing from the centre toward the edges using firm pressure to enhance adhesion.
When applying to a contoured area, 365 Film may be cut in order to aid adhesion (the bacterial barrier property is compromised if the dressing is cut).
Dressing Removal:
To remove 365 Film from the wound, gently peel and lift one corner of the dressing from the skin.
Support the skin whilst peeling the dressing off by stretching horizontally (not vertically) and in the direction of hair growth.
Care should be taken to avoid skin damage with repeated applications, or on patients with fragile skin.
Use existing clinical protocols to clean the wound in order to remove any remaining exudate residue before wound assessment or the application of further dressings.</td></tr>
<tr><td>Frequency of dressing changes</td><td>The frequency of dressing change will depend on the clinical circumstances. 365 Film dressings may be left in place for up to seven days. If signs of clinical infection are observed the dressing should be removed.</td></tr>
<tr><td>Prescribers'' guidance</td><td>Consideration should be given to the following when prescribing:
Film allows inspection of wound and surrounding skin when used as a primary dressing
No absorbency capacity</td></tr>
<tr><td>Specialist initiation</td><td>No</td></tr>
</table>

Vapour Permeable film dressing

BNF category: Vapour permeable films and membranes

Hydrofilm® (Paul Hartman)

Description: High MVTR Transparent Film Dressing

Sizes
6cm x 7cm
10cm x 12.5cm
15cm x 20cm
20cm x 30cm

Indications for use	Hydrofilm® is indicated as a primary or post operative dressing to protect and cover non-exuding wounds
Contraindications/ cautions	Not to be used on infected wounds. For optimal use ensure Hydrofilm® is room temperature prior to application.
How to apply/remove	**Apply:** • Remove printed liner to reveal wound contact layer • Apply to wound bed leaving 2-3cm margin • Peel off frame surrounding film and smooth edges **Removal:** • Gently lift corner and pull backwards towards centre of wound.
Frequency of dressing changes	Wear time is dependent on the wound type and clinical evaluation, Hydrofilm® can stay in situ for up to 6 days.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Film allows inspection of wound and surrounding skin when used as a primary dressing • No absorbency capacity
Specialist initiation	No

Vapour Permeable Film Dressing with absorbent pad

BNF category: Vapour permeable films and Membranes

Tegaderm® + pad (3M)

Description: Thin polyurethane film coated with acrylic adhesive with absorbent pad.

Sizes
5cm x 7cm
9cm x 10cm
9cm x 15cm

Indications for use	• Dry or low exuding wounds • Minor traumatic wounds such as grazes, abrasions and lacerations • Post operative surgical wounds • Superficial burns • Secondary dressing for use with hydrogel and antimicrobial dressings.
Contraindications/ cautions	• Heavily exuding wounds • Known sensitivities
How to apply/remove	**Apply:** • Remove film backing • Apply to wound ensuring absorbent pad is covering the wound bed or incision line • Peel off frame and smooth edges **Removal:** • Gently lift corner and pull backwards towards centre of wound
Frequency of dressing changes	As exudate dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Film allows inspection of wound and surrounding skin when used as a primary dressing • Low absorbency capacity • Risk of blistering if skin is stretched during application • Natural cooling and soothing effect may assist in reducing wound pain
Specialist initiation	No

Hydrogel Dressings :

Hydrogel Sheet

BNF category: Hydrogel Dressing **Hydrogel Hydrosorb® (Paul Hartman)**	
Description: Hydrosorb is a transparent hydrogel dressing made of absorbent polyurethane polymers containing approximately 60% water. When applied to the wound Hydrosorb supplies the tissue with moisture and at the same time the hydrogel absorbs excess wound exudate and locks it into the gel structure. **Sizes** 5cm x 6.5cm 10cm x 10cm	
Indications for use	Suitable for: • all wounds in granulation, epithelialisation phase • use in debriding
Contraindications/ cautions	Hydrosorb should not be used on wounds which are clinically infected, on third degree burns or on profusely exuding wounds.
How to apply/remove	**Apply –** Use a marker to trace the outline of the wound on the dressing. Using clean scissors cut the hydrogel sheet to the size of the wound. Apply the sheet to the wound bed, taking care not to overlap onto intact skin. Cover the sheet with a secondary wound dressing. The wound dressing should cover the entire wound bed. Dispose of waste in an appropriate container. Remove your gloves and discard; then wash your hands. **Removal –** Wash your hands and put on gloves. Gently remove the secondary wound dressing. Remove the hydrogel dressing by gently lifting one edge of the dressing and peel it back slowly. If the dressing has adhered to the wound surface, saturate the dressing with wound cleanser or normal saline to soften it; then gently remove. Check the removed dressing for type, amount, color, and consistency of exudate. Discard the old dressing in an appropriate container. Remove your gloves and discard; then wash your hands.
Frequency of dressing changes	Depends on nature of wound but can be left in-situ for up to 7 days.
Prescribers'' guidance	Secondary dressing choice should be 365 Film Maceration can be limited by use of a barrier preparation such as secura
Specialist initiation	No

Hydrogel Gel

BNF category: Hydrogel Dressing

Activheal Hydrogel (Advanced Medical Solutions)

Description: Contains 85% water and a collection of polymer chains that are water insoluble. No animal derived ingredients

Sizes
8g

Indications for use	Used as a primary dressing indicated for use on necrotic and sloughy wounds with nil to low exudate including: • Pressure ulcers • Leg ulcers • Diabetic foot ulcers • Cavity wounds • Skin donor sites
Contraindications/ cautions	Hydrogel dressings are *not* recommended for wounds with heavy exudate, in addition: • some require a secondary dressing • some are difficult to secure • they may cause periwound maceration • they can dehydrate easily if not covered.
How to apply/remove	Direct to wound bed, half fill cavity to reduce risk of maceration to surrounding skin and number of dressing changes required.
Frequency of dressing changes	The frequency of dressing changes varies from daily to every 4 days as exudate and slough dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Seek specialist advice in diabetic foot conditions and arterial insufficiency • Easy to use and reduces the need for secondary foam or silicone dressing • Use 365 film as secondary dressing • Maceration can be limited by using Secura barrier film if required
Specialist initiation	No

BNF category: Hydrocolloid Dressing

Comfeel Plus Transparent (Coloplast)

Description: Low absorbency alginate and hydrocolloid adherent dressing

Sizes
5 x 7cm
10 x 10cm
9 x 14cm

Indications for use	• Superficial low exuding wounds • To debride low levels of slough • Primary dressing on clean granulating/epithelialising wound • Secondary dressing over hydrofibre or alginate dressing • To protect peri-wound margins when using Negative Pressure Wound Therapy or larvae therapy
Contraindications/ cautions	• Any known sensitivities • Product is latex free
How to apply/remove	Peel back layer and place directly on wound bed
Frequency of dressing changes	As exudates dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Can cause maceration when used on moderate to heavily exuding wounds • Caution in friable, fragile skin and poorly perfused tissue at risk of anaerobic bacterial activity • Not to be used on exposed muscle or bone
Specialist initiation	No

BNF category: Hydrocolloid Dressings

Askina Hydro (BBraun) *Available on Prescription only*

Description: A particularly strong, long term absorption capacity and outstanding cohesive strength, with less risk of leaving residues in the wound bed. It contains Psyllium Husk particules which reinforce the absorption capacity, bind wound bacteria and reduces malodour.

Sizes
10cm x 10cm
15cm x 15cm
20cm x 20cm

Indications for use	Askina® Hydro may be used for the management of moderately to heavily exuding, partial to full thickness wounds. • Venous leg ulcers • Arterial ulcers • Pressure ulcers • Burns 1st and 2nd degree • Donor sites • Abrasions
Contraindications/ cautions	Ulcers caused by chronic infections (tuberculosis, deep mycotic infections, syphilis) Arteriopathy stage IV Bites and 3rd degree burns Wounds showing clinical signs of infection (temperature, pus, inflammatory signs) should be treated under medical control before use of Askina® Hydro can be resumed
How to apply/remove	**Application -** • Select the appropriate Askina® Hydro size that will completely cover the wound surface, ensuring a 2 to 3 cm margin beyond the edges of the wound. If necessary, several dressings can be overlapped to cover very large wound areas. • Remove the protective printed paper and apply Askina® Hydro directly to the wound surface; gently press on the edges of the dressing. No additional fixation tape is necessary. • In case of venous leg uclers, graduated compression therapy may be used in conjunction with Askina® Hydrotreatment, when so directed by a physician.
Frequency of dressing changes	Askina® Hydro should be changed after 24 hours to 7 days, depending on the amount of exudate from the wound, when a whitish blister has formed and approaches the edges of the dressing. Where leakage occurs the dressings should be changed immediately.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Askina® Hydro will have little benefit if applied to very dry or necrotic wounds. • The use of Askina® Hydro on venous stasis leg ulcers does not replace the need for compressive treatment. • The use of Askina® Hydro on pressure ulcers does not replace the need for normal nursing care.
Specialist initiation	No

BNF category: Aquafibre Dressings

Activheal Aquafibre® (Advanced Medical Solutions)

Description: A soft, conformable, highly absorbent dressing. When in contact with wound exudate, it converts into a soft clear gel and provides a moist wound healing environment

Sizes
5 x 5cm
10 x 10cm
15 x 15cm

Indications for use	Moderately to heavily exuding chronic and acute wounds. Can also be used to control minor bleeding in superficial wounds. • Pressure ulcers • Leg ulcers • Lacerations • Abrasions • Graft wounds • Venous ulcers • Arterial ulcers • Donor sites • Post operative surgical wounds • Diabetic ulcers • Cavity wounds • Trauma wounds • Superficial and partial thickness burns
Contraindications/ cautions	• Sensitivity to this dressing or one of its components. • Do NOT use in sinuses and tracks
How to apply/remove	• Choose size slightly larger than wound. • Apply direct to wound, loosely to fill deeper wounds. • Apply secondary dressing
Frequency of dressing changes	• Remove when clinically indicated i.e. leakage, excessive bleeding, or suspicion of infection. • Can be left in place for up to 7 days • Use absorbant pad or bandage as secondary dressing
Prescribers'' guidance	Consideration should be given to the following when prescribing: Not to be used on dry wounds or to control heavy bleeding.
Specialist initiation	No

Fibrous Hydrocolloid Dressings

BNF category: ***Hydrocolloid-fibrous dressing.***

Kliniderm CMC (Aria Medical)

Description: Kliniderm Fiber CMC is a sterile carboxymethylcellulose (CMC) wound dressing. The dressing is highly absorbent and conformable. As wound exudate is absorbed the CMC forms a soft gel which assists in moist wound healing and aiding the removal of nonviable tissue from the wound without damaging newly formed tissue

Sizes
5 x 5 cm
10 x 10cm
15 x 15cm
2 x 45cm

Indications for use	**Kliniderm FiberCMC** dressings are indicated for • moderate to heavily exuding partial and full thickness chronic and acute wounds and to control minor bleeding in superficial wounds. It can be used for wounds including: • Leg ulcers, pressure ulcers (stage II–IV) and diabetic ulcers. • Surgical wounds (e.g. post-operative, wounds left to heal by secondary intent and donor sites) • Partial thickness burns • Traumatic wounds (e.g., abrasions and lacerations) • Exudates absorption in oncology wounds (eg. Fungating cutaneous tumors, cutaneous metastases and Kaposi's sarcomas). • Cavity wounds and superficial burns Kliniderm Fiber CMC can also be used together with compression therapy.May be used under compression bandaging, cavities and superficial burns
Contraindications/ cautions	**Kliniderm Fiber CMC** is not indicated for use on: surgical implantation; to control heavy bleeding and individuals who are sensitive to or who have had an allergic reaction to the dressing.
How to apply/remove	**Exuding Wounds** 1. Kliniderm Fiber CMC should overlap 1 cm onto the skin

	surrounding the wound. 2. When using Kliniderm Fiber CMC ribbon in deep cavity wounds, leave at least 2.5 cm outside the wound for easy retrieval. Only pack deep wounds up to 80%, as Kliniderm Fiber CMC will expand to fill the wound spaces on contact with wound fluid. 3. Apply the dressing to the wound and cover with an appropriate secondary dressing. 4. Kliniderm Fiber CMC can be left in place for up to 7 days where clinically indicated (except for burns where it can be left in place for up to 14 days). **Dry Wounds** In addition to the directions for use set forth above: 1. Place the Kliniderm Fiber CMC on the wound and wet with sterile water or saline over the wound area only. 2. Cover the dressing with a moisture retentive dressing to avoid drying out of the dressing and subsequent dressing adherence to the wound. **Partial Thickness Burns** 1. The Kliniderm Fiber CMC should overlap at least 5 cm onto the skin surrounding the burn, as the dressing will shrink as it absorbs the exudates. 2. The Kliniderm Fiber CMC should be covered with sterile loosely woven gauze pad and appropriately secured. In the immediate post burn period (up to 4 days)large volumes of wound exudates may require that the saturated dressing be removed and replaced with new CMC Wound Dressings. 3. Remove the cover dressing periodically and inspect the Kliniderm Fiber CMC while it remains in place on the burn. 4. In this indication adherence to the wound bed of the Kliniderm Fiber CMC is a desired characteristic. Non adherence of areas of the dressing may indicate deepening of the wound or infection. Areas of the dressing may be cut away to facilitate assessment. The exposed areas should then be treated appropriately. 5. As the burn wound re-epithelializes, the Kliniderm Fiber CMC will detach or be easily removed. 6. For partial thickness burns, Kliniderm Fiber CMC may be left in place for up to 14 days or until clinically indicated. 7. If the burn is infected frequently, inspection of the wound may be necessary. 8. Discard any unused portion of the dressing.
Frequency of dressing changes	The wound dressings can be left in place for up to 7 days where clinically indicated exceptfor burns where it can be left in place for up to 14 days.
Prescribers'' guidance	If removing the dressing from the wound is difficult, the dressing should be fully saturated with sterile saline or water and removed slowly
Specialist initiation	No

BNF category: Protease Modulating Dressings

UrgoStart Contact® (Urgo)

Description: UrgoStart is a soft-adherent foam dressing comprised of:

- A soft-adherent layer combined with an absorbent polyurethane foam pad,
- A vapour permeable outer film.

Sizes
5 x 7cm
10 x 10cm
15 x 20cm

Indications for use	UrgoStart is indicated for exuding chronic wounds (leg ulcers, pressure ulcers, diabetic foot ulcers, longstanding acute wounds). This is not a first line dressing and should only be considered for chronic wounds that have become static on a trial basis
Contraindications/ cautions	Contraindicated in wounds such as cancerous wounds or fistula wounds which may reveal a deep abscess. Do not use if there is a known sensitivity to UrgoStart.
How to apply/remove	• Clean the wound as per local protocol and rinse with normal saline. • If an antiseptic is first used, rinse the wound thoroughly with saline solution before applying **UrgoStart**. • **UrgoStart** can be cut using sterile scissors to fit the dressing size to the wound if necessary. • Using the tabs, remove the protective film. • Apply the soft-adherent side of **UrgoStart** to the wound. • If required, cover **UrgoStart** with a secondary dressing suitable for the location and level of wound exudate. • Secure the dressing in place with a suitable bandage or an adhesive tape. Apply a compression bandage when prescribed.
Frequency of dressing changes	UrgoStart should be changed every 2 to 4 days, and left in place for up to 7 days depending on the level of exudate and the clinical condition of the wound
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Secondary dressing needed
Specialist initiation	YES

Foam Dressings:

Non-adhesive

BNF category: Foam Dressings

Activheal® Foam Dressing Non-Adhesive (Advanced Medical Solutions)

Description: A polyurethane foam pad with a waterproof, high moisture vapour transmission rate film backing.

Sizes
5cm x 5cm
10cm x 10cm
10cm x 20cm

Indications for use	• Moderate to heavily exuding wounds
Contraindications/ cautions	• Any known sensitivities • Third degree burns • Surgical implantation
How to apply/remove	Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound bed.
Frequency of dressing changes	As exudate and slough dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Do NOT use a foam dressing unless exudate levels and wound conditions indicate it is appropriate
Specialist initiation	No

BNF category: Foam dressings

PermaFoam Sacral/Heal non adhesive foam dressing (Paul Hartmann)

Description: A non adherent absorbent dressing.

Sizes
18cm x 18cm sacral
18cm x 16.5cm heel concave

Indications for use	• Moderately exuding chronic and acute wounds • Can be used under compression
Contraindications/ cautions	• Any known sensitivities
How to apply/remove	• Select a dressing larger than the wound area • Centre the dressing on the wound and apply directly onto wound bed.
Frequency of dressing changes	As exudate and slough dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Do not use a foam dressing unless exudate levels and wound conditions indicate it is appropriate
Specialist initiation	No

Adhesive

BNF category: Foam dressings

Activheal® foam dressing adhesive (Advanced Medical Solutions)

Description: An absorbent foam dressing with adhesive border and waterproof film backing.

Sizes
7.5cm x 7.5cm
10cm x 10cm
15cm x 15cm

Indications for use	• Moderate to highly exuding wounds
Contraindications/ cautions	• Any known sensitivities • Third degree burns • Surgical implantation
How to apply/remove	Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.
Frequency of dressing changes	As exudate and slough dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Do not use a foam dressing unless exudate levels and wound conditions indicate it is appropriate
Specialist initiation	No

Glycerine and Surfactant Impregnated Dressings

BNF category: Glycerine and Surfactant Impregnated Dressings

PolyMem Self Adhesive (Aspen Medical) ***Available on Prescription only***

Description: Thin polyurethane foam dressing with a vapour permeable film backing and adhesive border. The glycerol and non-toxic cleanser contained in the dressing keeps the wound bed clean, moist and prevents adherence.

PolyMem dressings are thin polyurethane foam membrane dressings containing a tissue friendly cleanser and a moisturiser (glycerol), with a semi-permeable film backing. PolyMem dressings are non-adherent and help to cleanse the wound whilst in place, to minimise procedural pain and trauma when dressings are changed. The unique properties of a PolyMem dressing also help to reduce inflammation, promoting comfort and pain reduction while the dressing is worn.

Sizes
Oval 5cm x 7.6cm

Indications for use	Low to moderately exuding wounds including skin tears and other traumatic wounds, superficial and partial thickness wounds, burns, donor and graft sites, and radiotherapy induced skin reactions.
Contraindications/ cautions	Not suitable for use on full-thickness burns. Do not use in conjunction with solutions containing hypochlorite. Do not use on patients with a known sensitivity to PolyMem or any of its components.
How to apply/remove	**APPLICATION** 1. Initial dressing application: Prepare the wound according to protocol or as directed by a clinician. 2. Select a dressing so that so that the membrane is approximately 0.6 – 5cm) larger than the wound. **Helpful Hint: For dry wounds, moisten dressing slightly with sterile water or saline prior to application.** 3. Apply the dressing film side out and / or printed side out. 4. An increase in wound fluid may be observed during the first few days. This is not uncommon and indicates the dressing is working. **Helpful Hint: Outlining the wound size on the outside of the dressing helps in determining when a dressing change is needed.** 5. Keep the dressing dry and in place.
Frequency of dressing changes	**Dressing Change** 1. Change dressings before the wound fluid, visible through the dressing, reaches the wound margin. Change dressing immediately the wound fluid reaches the edge of the membrane pad. For mildy exuding wounds dressing can be left on for a recommended maximum of seven days. 2. Gently peel the adhesive film toward the center of the dressing. 3. Remove the dressing from the wound site. The pad will not adhere to wound bed, usually assuring pain free dressing changes. 4. Do not disturb the wound bed. Do not cleanse the wound bed or flush with saline or water unless the wound is infected or contaminated. PolyMem formulation dressings contain a wound cleanser and leave no residue. Additional cleaning of the wound may injure regenerating tissue and delay wound healing. The intact skin around the wound may be cleansed while leaving the wound bed undisturbed.
Prescribers'' guidance	Levels of exudate may increase in the first 1-2 weeks and dressing changes may need to be more frequent. Within a further 1-2 weeks, the exudate levels will reduce. When this happens, you should reduce dressing changes. PolyMem Dressings help support new blood vessel formation so it is not uncommon to see blood stained wound fluid and dressings during dressing changes.
Specialist initiation	**YES**

BNF category: Glycerine and Surfactant Impregnated Dressings

PolyMem Non-Adhesive (Aspen Medical)

Description: Non-adhesive thin polyurethane foam dressing with a vapour permeable film backing. Dressing structure contains a wound cleansing agent and glycerol.

Sizes
8cm x 8cm
10cm x 10cm
10cm x 61cm

Indications for use	Low to moderately exuding wounds including • skin tears • burns • donor and graft sites • radiotherapy induced skin reactions.
Contraindications/ cautions	Not suitable for use on full-thickness burns. Do not use in conjunction with solutions containing hypochlorite. Do not use on patients with a known sensitivity to PolyMem or any of its components.
How to apply/remove	Apply directly to wound bed, grid side showing, secure with bandage or tape at edges.
Frequency of dressing changes	As exudate dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Seek specialist guidance before use • Do not use a foam dressing unless exudate levels and wound conditions indicate appropriate • No need to cleanse wound bed as dressing contains cleanser • A dramatic increase in fluid may be observed in first few days which should resolve in this time; if not reassess wound. Do not use with any other wound care product, this is a primary dressing and does not require a secondary dressing.
Specialist initiation	**YES**

BNF category: Foam Dressings

PolyMem WIC *Available on Prescription only*

Description: Designed for cavity wounds; can be used in both open and shallow cavities. Gently expands to fill the cavity, absorbing excess fluid from all sides of the dressing. The glycerol and non-toxic cleanser contained in the dressing keeps the wound bed clean, moist and prevents adherence. Does not have a film backing.
Originally designed for the needs of sensitive and painful burn wounds, PolyMem dressings are thin polyurethane foam membrane dressings containing a tissue friendly cleanser and a moisturiser (glycerol). PolyMem dressings are non-adherent and help to cleanse the wound whilst in place, to minimise procedural pain and trauma when dressings are changed. The unique properties of a PolyMem dressing also help to reduce inflammation, promoting comfort and pain reduction while the dressing is worn. Clinical experience demonstrates that PolyMem dressings actively encourage the healing process, and are also suitable for use on even the most fragile of skins.

Sizes
8 x 8cm

Indications for use	Low to moderately exuding wounds. An appropriate secondary dressing is required. May also be used on flat wounds as a wound contact layer in conjunction with an appropriate secondary dressing, or used between skin folds, fingers and toes e.g. following burn or crush injuries or degloving.
Contraindications/ cautions	Not suitable for use on full thickness burns. Do not use in conjunction with solutions containing hypochlorite. Do not use on patients with a known sensitivity to PolyMem or any of its components.
How to apply/remove	**Application** 1. Initial application: Prepare the wound according to protocol or as directed by a clinician. 2. Size: PolyMem WIC will gently expand about a third when absorbing fluid. Therefore it should be smaller / thinner than third of the wound size. For open wounds, PolyMem WIC is perforated into strips for easy folding or detachment or maybe cut to size. 3. Insertion – For open wounds, gently place one or more layers of Cavity Filler. Reminder WIC will expand 30%. 4. Cover – PolyMem WIC products are primary dressings. Cover with a suitable PolyMem dressing as a secondary dressing. Helpful hint – Draw the wound size on the outside of the secondary dressing to help determine when a change is needed. **Dressing Removal** 1. To remove lift or pull slowly and gently away from the wound. PolyMem WIC will not adhere to the wound bed usually assuring pain free changes. Inspect the dressing and wound to assure all material has been removed. 2. Do not disturb the wound bed. Do not cleanse the wound bed or flush with saline or water unless the wound is infected or contaminated. PolyMem formulation dressings contain a wound cleanser and leave no residue. Additional cleaning of the wound may injure regenerating tissue and delay wound healing. The intact skin around the wound may be cleansed while leaving the wound bed undisturbed. 3. Apply a new dressing.
Frequency of dressing changes	**Dressing Change** For an exuding wound, fluid will become visible through the top of the secondary dressing. Change before fluid reaches the wound margin, maximum wear time 7 days. Change immediately if fluid reaches the edge of the covering dressing.

Prescribers'' guidance	You may find the levels of exudate increase in the first 1-2 weeks of use. This is normal, and the wound should also be cleaner and less inflamed / painful. Dressing's changes may need to be more frequent during this time. Within a further 1-2 weeks of use, the exudate levels will reduce again. When this happens, you should achieve a longer wear time. PolyMem Dressings help support new blood vessel formation so it is no uncommon to see blood stained wound fluid and dressings during dressing changes. Secondary dressing should be a foam dressing
Specialist initiation	**YES**

BNF category: Alginate Dressings

ActivHeal Alginate (Advanced Medical Solutions)

Description: ActivHeal Alginate Dressings are manufactured by processing natural elements found in seaweed to produce a flat felt dressing. The dressings are soft and conformable and can be placed onto flat wounds such as leg ulcers.

Sizes
10 x 10cm

Indications for use	ActivHeal® Alginate is indicated for moderately to heavily exuding wounds that are granulating or with areas of slough including: • Pressure ulcers • Leg ulcers • Venous ulcers • Arterial ulcers • Diabetic ulcers • Lacerations • Abrasions • Graft wounds • Donor sites • Post operative surgical wounds • Superficial and partial thickness burns • To control minor bleeding.
Contraindications/ cautions	Known sensitivity to any of the ingredients
How to apply/remove	**Apply:** - for haemostasis apply directly to bleeding area and remove when bleeding has stopped - ActivHeal should be trimmed / folded to the exact size of the wound - For heavily exuding wounds, ActivHeal should be applied dry onto the wound and gels in moisture
Frequency of dressing changes	Dressings can be changed every 2 – 7 days depending on wound requirements
Prescribers'' guidance	• Not to be used on wounds with low exudate.
Specialist initiation	No

BNF category: Alginate Dressings

UrgoSorb (Urgo)

Description: Urgosorb is a sterile dressing composed of calcium alginate fibres and hydrocolloid particles (sodium carboxymethylcellulose), natural polymers known for their high absorbency.

Sizes
10 x 20cm

Indications for use	**Wound Healing** • **Urgosorb** is a dressing intended for local treatment of moderate to highly exuding wounds, particularly for sloughy and granulating wounds: - post surgical wounds (amputation stumps, cavity wounds) - chronic wounds (pressure ulcers, leg ulcers) • **Urgosorb** can be used on wounds with signs of clinical infection under medical supervision. **Haemostasis** • Through platelet activation, **Urgosorb** is a dressing which promotes primary haemostasis and can control minor bleeding in superficial acute and chronic wounds, through the natural haemostatic properties of calcium alginate.
Contraindications/ cautions	• Endonasal gauze packing in rhinosinusal surgery. • Dry necrotic tissue or pressure ulcer and deep burns.
How to apply/remove	**Applying Dressings:** • Apply directly to the wound • Maintain **Urgosorb** in place with a secondary dressing if necessary and secure with a retention bandage. • In case of a sacral ulcer and incontinence, cover with an adhesive secondary dressing to protect the wound and avoid contamination. • Discard any unused parts of the dressing according to local procedures. **Dressing removal:** • Remove the secondary dressing then the **Urgosorb** dressing. • If the **Urgosorb** dressing has adhered to the wound, it can be moistened with normal saline to aid removal.
Frequency of dressing changes	• The **Urgosorb** dressing should be changed when it is saturated. • The frequency of dressing change will depend on the level of wound exudate: - Daily for desloughing of necrotic sloughy residues, heavily exuding or infected wounds. - Every 2 days for moderately exuding wounds.
Prescribers'' guidance	• As it is not absorbable, **Urgosorb** should not be used as an implantable surgical compress. • **Urgosorb** must not be used on low exuding wounds or on 3rd degree burns. • Do not use **Urgosorb** dressings with alkaline solutions. If an antiseptic has been used, rinse thoroughly with a normal saline solution before applying **Urgosorb** dressing.
Specialist initiation	No

BNF category: Alginate Dressings

ActivHeal Alginate Rope (Advanced Medical Solutions)

Description: ActivHeal Alginate is manufactured by processing natural elements found in seaweed to produce rope dressings which are packed into the cavity to promote healing from within. The absorbent properties allow exudate to be absorbed into the dressing to form a cohesive gel ensuring the wound does not dry out during the healing process.

Sizes
2.5cm x 30cm Rope

Indications for use	ActivHeal® Alginate rope is indicated for moderately to heavily exuding wounds. The rope can be layered into cavity wounds.
Contraindications/ cautions	Known sensitivity to any of the ingredients
How to apply/remove	**Apply:** When using Activheal Rope in cavity wounds 2.5cm of dressing should be left outside to facilitate easy retrieval of dressing. **Removal:** Can be assisted by saturating the dressing with normal saline (not water)
Frequency of dressing changes	Dressings can be changed every 2 – 7 days depending on wound requirements
Prescribers'' guidance	• Not to be used on wounds with low exudate.
Specialist initiation	No

Highly absorbent for use with prolonged dressing intervals

BNF category: Alginate Dressings Sorbsan Plus	
A sterile, calcium alginate wound contact layer, bonded to a secondary absorbent viscose layer. The non-woven Sorbsan calcium alginate is high in Mannuronic acid, and low in Guluronic acid. The secondary viscose layer absorbs excess exudate. This combination makes Sorbsan Plus highly absorbent. Sizes: 10 x 15cm	
Indications for use	Wounds where there is a high level of exudates: • Partial thickness and full thickness wounds • Arterial, venous, and diabetic leg ulcers • Pressure ulcers • Post-operative wounds • Fungating lesions May be used in conjunction with graduated compression therapy for the management of venous leg ulceration. Suitable for the management of minor bleeding wounds: • Following toe-nail avulsions • Pressure ulcers • Donor and graft sites • Traumatic Wounds
Contraindications/ cautions	Sorbsan Plus may be used on wounds which are clinically infected when: • Underlying causes are addressed • Sorbsan Plus is changed daily to allow visual inspection of the wound.
How to apply/remove	PREPARATION: Clean/debride the wound, ensure that the skin surrounding the wound is clean and dry. Select a dressing that is of a suitable size and shape. Ensure a 5mm overlap around the wound edge to allow for the dressing gelling and conforming. Does not need to be cut to the size and shape of the wound. DRESSING APPLICATION: Position with the alginate layer facing downwards, and the pink side facing away from the wound. Apply centrally over the wound bed, covered with a suitable secondary dressing to prevent the dressing from drying out. The appropriate choice of secondary dressing is dependent upon the amount of exudate produced by the wound. DRESSING REMOVAL: To remove from the wound, peel at each edge, and then lift away the secondary viscose layer, along with the non-gelled part of the dressing. Irrigate the wound with sterile saline (0.9%) solution to remove exudates and gel left in the wound site.
Frequency of dressing changes	When exudate is visible at the edge of the dressing, as visible through the pink indicator layer, Sorbsan Plus has reached saturation and should be changed. • When exudate levels are at their highest, it may be

	necessary to change dressings daily. • Where clinically appropriate, the frequency of dressing changes may be reduced as the exudate levels decrease • When exudate levels are low, good clinical practice indicates that wound dressings should be replaced at least once every seven days. This enables assessment of wound condition and a review of the effectiveness of current treatment practices to be made. • In wounds where clinical infection is observed Sorbsan Plus should be changed daily to allow visual inspection of the wound. Always consult a medical practitioner, review the current wound treatment protocols, address the underlying causes and instigate appropriate antimicrobial therapy when so directed. • Once haemostasis has been achieved the wound and the dressing choice should be re-assessed. • In the management of bleeding wounds the dressing should be changed after a maximum of three days or use in line with existing clinical protocols.
Prescribers'' guidance	WARNINGS/OBSERVATIONS: Not indicated for heavily bleeding wounds. Not intended to control heavily bleeding wounds. Alternative measures must be considered in situations where excessive loss of blood is incurred.
Specialist initiation	No

Primary charcoal dressing

BNF category: Odour absorbent dressings

CarboFlex® (ConvaTec)

Description: Primary contact wound dressing in 5 layers: wound facing absorbent layer containing hydrocolloid and alginate; water resistant second layer; third layer containing activated charcoal; non-woven absorbent fourth layer; water resistant backing layer.

Sizes
8 x 15cm
10 x 10cm
15 x 20cm

Indications for use	• Discharging, malodorous, sloughy, and moderate to heavily exuding wounds • Aquacel and alginate layer will gel where moisture present and sequester exudate, proteases and bacteria into dressing facilitating debridement. • Water resistant layer reduces rate of charcoal becoming wet and ineffective, whilst outer layer reduces risk of strikethrough • The underlying cause of wound odour should be identified and any infection treated appropriately with antibiotics if required • CarboFlex dressing may be used as a primary dressing for shallow wounds or with deeper wounds as a secondary dressing over a wound filler.
Contraindications/ cautions	• Not suitable for dry wounds, as requires moisture to activate gelling process • Any known sensitivity to the dressing or its components
How to apply/remove	Select a dressing size large enough to overlap the wound edge by 3cm
Frequency of dressing changes	As exudate and slough dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Useful in palliative and fungating wounds, as conforms to shape of wound • Cannot be cut to size • Suitable for surface and shallow wounds • If large cavity or tracking wound, can be used additionally with aquacel primary dressing to pack cavity • Secondary dressing of bandage or tape needed
Specialist initiation	No

Secondary charcoal cloth

BNF category: Odour absorbent dressing

Clinisorb® (CliniMed)

Description: Activated charcoal cloth enclosed in viscose rayon with outer polyamide coating

Sizes
10 x 10cm
10 x 20cm
15 x 25cm

Indications for use	• Apply as a primary or secondary dressing • Management of malodorous wounds whilst underlying cause is being addressed (e.g. debridement), management od infection
Contraindications/ cautions	None known
How to apply/remove	Place directly on wound bed or over primary dressing. Can be cut to size.
Frequency of dressing changes	As exudate and slough dictates
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Can be cut to size • For use in low to moderate exuding wounds • Inactivated when wet
Specialist initiation	No

BNF category: Topical Antimicrobial Dressings

Inadine® (Systagenix)

Description: Low adherent rayon dressing impregnated with 10% povidone-iodine

Sizes
5 x 5cm
9.5 x 9.5cm

Indications for use	• Low exuding superficial wounds that may be critically colonised • Minor traumatic wounds such as grazes, abrasions and lacerations • Superficial burns
Contraindications/ cautions	• Heavily exuding wounds • Slough • Exposed tendon or bone • Patients prescribed lithium • Pregnancy or breastfeeding • Under 6 months of age • Known sensitivities Caution in thyroid disorder or renal impairment, require medical guidance
How to apply/remove	Avoid overhang to surrounding tissues Removal: 1. lift carefully from wound bed 2. irrigate with strerile saline to facilitate moisture and ease of removal if adherence to wound bed
Frequency of dressing changes	• 1-7 days depending upon exudate levels • Pale colour of rayon indicates uptake of iodine Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Broad spectrum antimicrobial effect • Little absorbency capacity • Percutaneous absorption of iodine – do not use more than x4 dressings at a time
Specialist initiation	No

BNF category: Topical Antimicrobial Dressings

Iodoflex® (Smith and Nephew) ***Available on Prescription only***

Description: Slow release cadexomer paste dressing with 0.9% iodine and gauze backing.

Sizes
5g
10g
17g

Indications for use	• Treatment of wound infection and debridement of moist, superficial slough in chronic wounds • Maximum single application of 50g • Maximum weekly application of 150g • Maximum duration up to 3 months in any single course of treatment
Contraindications/ cautions	Should not be used on: • Dry, necrotic tissue • Known sensitivity to any of the ingredients • Children • Pregnant or lactating women • People with thyroid disorders or renal impairment • Patients prescribed lithium • If bone or tendon visible
How to apply/remove	1. peel back gauze backing 2. remove suitable amount and mould to wound surface area, ensuring in full contact with wound bed Removal: • by irrigation with saline or water
Frequency of dressing changes	Regularly monitor for reduction in exudate to ensure wound bed does not dry out. Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Iodine may be absorbed, particularly from large wounds or during prolonged use • Suitable for smaller wound surface areas • Not suitable for large surface areas • Some patients may find pain on application; if pain in wound continues/cannot be tolerated discontinue use and irrigate • Seek specialist advice in diabetic foot conditions and arterial insufficiency
Specialist initiation	**YES**

BNF category: Topical Antimicrobial Dressings

Iodosorb® (Smith and Nephew) ***Available on Prescription only***

Description:

- Cadexomer ointment with 0.9% iodine
- Cadexomer powder with 0.9% iodine as cadexomer iodine microbeads

Sizes
10g
20g

Indications for use	• Treatment of wound infection and debridement of moist, superficial slough in chronic wounds • Maximum single application of 50g • Maximum weekly application of 150g • Maximum duration up to 3 months in any single course of treatment
Contraindications/ cautions	Should not be used on: • Dry, necrotic tissue • Known sensitivity to any of the ingredients • Children • Pregnant or lactating women • People with thyroid disorders or renal impairment • Patients prescribed lithium • If bone or tendon visible
How to apply/remove	• Ensure in full contact with wound surface area Removal: • by irrigation with saline or water
Frequency of dressing changes	Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Iodine may be absorbed, particularly from large wounds or during prolonged use • Less likely to dry wound bed out when slough removed and bacterial burden reduced due to ointment preparation • Not suitable for large surface areas • Some patients may find pain on application; if pain in wound continues/cannot be tolerated discontinue use and irrigate • Seek specialist advice in diabetic foot conditions and arterial insufficiency
Specialist initiation	**YES**

BNF category: Topical Antimicrobial Dressings

Flaminal Forte Gel (Flen Health)

Description: Hydroactive alginate gel containing dual enzymes (glucose oxidase and lactoperoxidase) to reduce bioburden and debride devitalised tissue

Sizes
15g
50g

Indications for use	• Moderate to heavily exuding, critically colonised or infected wounds • Sloughy critically colonised or infected wounds • Critically colonised or infected cavity wounds
Contraindications/ cautions	• Dry or low exuding wounds • Clean wounds with no signs or risks of clinical infection • Known sensitivities
How to apply/remove	○ apply directly to wound bed ensuring protection of surrounding skin ○ a syringe may be used to insert into cavity wounds Removal: by gentle irrigation with sterile water or saline Requires a secondary dressing such as alginate or film
Frequency of dressing changes	1-4 days depending upon exudate levels. Requires changing when gel structure disappears Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • no fibre shed in cavities • should only be used for two week periods
Specialist initiation	**YES**

BNF category: Topical Antimicrobial Dressings

Flaminal Hydro Gel (Flen Health)

Description: Hydroactive alginate gel containing dual enzymes (glucose oxidase and lactoperoxidase) to reduce bioburden and debride devitalised tissue

Sizes
15g
50g

Indications for use	• Low to moderate exuding, critically colonised or infected wounds • Sloughy critically colonised or infected wounds • Critically colonised or infected cavity wounds
Contraindications/ cautions	• Heavy exuding wounds • Clean wounds with no signs or risks of clinical infection • Known sensitivities
How to apply/remove	○ apply directly to wound bed ensuring protection of surrounding skin ○ a syringe may be used to insert into cavity wounds Removal: by gentle irrigation with sterile water or saline Requires a secondary dressing such as alginate or film
Frequency of dressing changes	1-4 days depending upon exudate levels. Requires changing when gel structure disappears Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • no fibre shed in cavities • should only be used for two week periods
Specialist initiation	**YES**

BNF category: Topical Antimicrobial Dressings

Prontosan Gel® (B Braun)

Description: wound gel containing Betaine which is a gentle effective surfactant which penetrates, disturbs and removes biofilm and wound debris, and PHMB to help control bacteria levels in the wound

Sizes
50g
250g

Indications for use	Biofilm disruption, cleansing, decontamination and moisturising of: • Acute wounds • Chronic wounds • First and second degree burns
Contraindications/ cautions	If known sensitivity to any of the gel's ingredients
How to apply/remove	**Apply:** Directly to wound bed Requires a secondary dressing such as alginate or film
Frequency of dressing changes	N/A
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Use only if indicated by wound cleansing guidance • Wound cleansing product for use in wounds showing signs of critical colonisation or for removal of biofilm • Has a shelf life of 28 days after opening – no refrigeration required • Apply every dressing change as per wound cleansing guidance.
Specialist initiation	**YES**

BNF category: Antimicrobial Dressing

Silvercel Non-Adherent (Systagenix)

Description: Alginate and carboxymethylcellulose dressing impregnated with silver containing a non-adherent layer that releases silver ions into wound fluid

Sizes
2.5cm x 30.5cm

Indications for use	Antimicrobial dressings containing silver should be used only when infection is suspected as a result of clinical signs or symptoms.
Contraindications/ cautions	• Do NOT use on patients with a known sensitivity to alginates, ethylene or silver • Do NOT use where the presence of metals is contraindicated e.g. patients receiving radiotherapy or having MRI • Third degree burns
How to apply/remove	**Apply:** As a primary dressing. Fold or cut to the size of the wound and apply directly to wound bed following wound debridement. Secure in position with a non-occlusive secondary dressing.
Frequency of dressing changes	Provides a sustained release of silver ions for up to 7 days, dressing changes therefore dependant on holistic clinical assessment. As exudates, slough and infection dictates Use for a maximum of 2 weeks at a time
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Re-assessment of wound to determine if silver containing dressing to continue should be undertaken at least two weekly. • Silver impregnated dressings should NOT be used routinely for the management of uncomplicated wounds
Specialist initiation	**YES**

BNF category: Antimicrobial Dressing

Polymem Silver (Aspen Medical)

Description: Hydrophylic polyurethane foam island dressing with surfactant, humectant and superabsorbent and silver

Sizes
8cm x 8cm

Indications for use	PolyMem Silver dressings may be used in the treatment of skin tears and light to moderately exuding wounds such as leg ulcers, diabetic ulcers, pressure areas, donor sites, first and second degree burns and other superficial granulating lesions, particularly when infection is identified or suspected.
Contraindications/ cautions	Although there are no known contra-indications to the use of PolyMem Silver, the dressing should not be used on individuals who are known to be sensitive to any of its components.
How to apply/remove	A suitably sized dressing should be selected which ideally overlaps the wound margin by 1-2 cm in all directions. Once the wound has been cleansed or prepared in accordance with local protocols, the dressing is applied with the film layer facing outwards and held in place with surgical tape or a bandage as appropriate. Absorbent secondary dressings are not generally required or indicated. If necessary the dressing may be cut or shaped for application to awkward or hard to dress anatomical sites. In many instances, the combined actions of the dressing components are claimed to eliminate the necessity of further wound cleansing during subsequent dressing changes.
Frequency of dressing changes	The interval between dressing changes will depend entirely upon the state of the wound and the amount of exudate produced. As a general rule a dressing change should be considered when exudate, visible through the top of the dressing, extends past the periwound margin. If wound fluid reaches the edge of the dressing pad the dressing should be changed immediately. On a lightly exuding wound in an otherwise healthy patient, the dressing may remain in place for up to 7 days but as with other products more frequent changes may be indicated if the patient has a compromised immune system, diabetes, or infection at the wound site. In some instances, exudate production may appear to increase during the first few days of treatment due to the pronounced hydrophilic nature of the absorbent layer and the dressing may need replacing daily, but as healing progresses and exudate production diminishes, the interval between changes may be extended. On a lightly exuding wound in an otherwise healthy patient, the dressing may remain in place for up to 7 days but as with other products more frequent changes may be indicated if the patient has a compromised immune system, diabetes, or infection at the wound site. In some instances, exudate production may appear to increase during the first few days of treatment due to the pronounced hydrophilic nature of the absorbent layer and the dressing may need replacing daily, but as healing progresses and exudate production diminishes, the interval between changes may be extended. Use for a maximum of 2 weeks at a time
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Not compatible with hypochlorite solutions. Clinically infected wounds dressed with PolyMem Silver should be carefully monitored and systemic antimicrobial therapy initiated where appropriate.
Specialist initiation	**YES**

BNF category: Other Antimicrobials

Metronidazole Gel 0.75% (Non-proprietary) *Available on Prescription only*

Description: Metronidazole is an antimicrobial drug with high activity against anaerobic bacteria and protozoa.

Sizes
30g
40g

Indications for use	• Malodorous fungating tumours • Malodorous gravitational and decubitus ulcers
Contraindications/ cautions	Avoid exposure to strong sunlight or UV light.
How to apply/remove	To be applied to clean wound and covered with non-adherent dressing.
Frequency of dressing changes	Re-assessment of wound to determine if antimicrobial to continue should be undertaken at least two weekly.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Apply 1-2 times a day
Specialist initiation	**YES**

Debridement

Do not use these products without guidance from an experienced prescriber

BNF category: Physical Debridement **UCS Debridement Pad, medi UK**	
Description: UCS debridement is a sterile, **pre-moistened** single-use cloth for gentle wound debridement, and cleansing of the periwound skin. It acts immediately, does not inhibit granulation tissue formation and is compatible with subsequent use of any type of dressing. The mild cleansing solution within the cloth enables it to moisten and soften the skin while effectively removing necrotic tissue and debris from the wound bed, and thereby accelerating the healing process.	
Indications for use	• Chronic and acute wounds • Ulcers of all types • Pressure ulcers • First and second-degree burns • Peri-stomal skin • Ports of entry of catheters, PEG/PEJ • Removal of encrusted bandages from wounds • Hyperkeratosis • For thorough cleansing, debridement and hydration of the whole limb as a clinically effective alternative to the traditional 'bucket wash'. • Will not harm healing tissue. • Used in first aid situations for wounds/gravel wounds etc
Contraindications/ cautions	If there is a high risk of haemorrhage, the wound bed should not be touched. This is not a dressing – so should not be left under dressings or bandaging
How to apply/remove	The UCS is pre-moistened with a gentle surfactant and is therefore ready to use straight from the sterile foil pack. It can be used to clean the limb of previously applied topical emollients or treatments as well as being used inside the wound to enable a healthy healing environment The action of cleaning should be a gentle 'polishing' action. To get maximum use out of the solution and cloth work the way around the whole of the cloth. Both sides can be used Once the whole cloth has been utilised it is disposed of in clinical waste.
Frequency of dressing changes	UCS should be used at each dressing change for the effective elimination of biofilm and hydration of the surrounding skin.
Prescribers'' guidance	• Refer to the wound debridement section before using this product • For use with all types of wounds with the exception of fragile wounds • One packet is enough for one leg and wound • Both sides can be used • Allows the user to 'feel' the wound and to access difficult areas
Specialist initiation	**YES**

P – Preferred List T – Total List - Products highlighted in blue are acute variation.

Disclaimer – seek further information on products from manufacturer's instruction leaflet enclosed in pack

BNF category: Irrigation Solutions

Prontosan Soak (B Braun)

Description: Solution containing Betaine which is a gentle effective surfactant which penetrates, disturbs and removes biofilom and wound debris, and PHMB to help control bacteria levels in the wound

Sizes
30ml
350ml

Indications for use	Biofilm or critical colonization disruption in • Acute wounds • Chronic wounds • First and second degree burns
Contraindications/ cautions	If known sensitivity to any of the solutions ingredients
How to apply/remove	Apply as a soak for at least 10 minutes
Frequency of dressing changes	N/A
Prescribers'' guidance	Consideration should be given to the following when prescribing: • The wound has been assessed as having a heavy biofilm load or critically colonised • Has a shelf life of 28 days after opening – no refrigeration required • One bottle should allow for approximately 8 dressing changes (based on average size 10 x 10cm wound size) • Apply as a soak at every dressing change
Specialist initiation	**YES**

BNF category: Paste Bandages

Steripaste® (Molnlycke Health Care Ltd) ***Available on Prescription only***

Description: Cotton fabric, selvedge weave impregnated with paste containing zinc oxide.

Sizes
7.5cm x 6m

Indications for use	• For the treatment of venous dermatitis/eczema
Contraindications/ cautions	Known sensitivities to zinc oxide or any other ingredients.
How to apply/remove	1. Take one and a half turns of the bandage around the foot at the base of the toes. Cut the bandage. Repeat the process around 2cm further along the foot. 2. Bandage from the base of the toes, around the heel, and back across the arch of the foot. Cut the bandage. Repeat this process to give adequate coverage of the heel. 3. Make a final return around the foot and onto the ankle. Fold the bandage behind the ankle bone and turn back in the opposite direction. 4. Above the ankle, continue the bandaging until the bandage reaches just below the knee, avoiding tucks and folds over the bony prominences.
Frequency of dressing changes	Can be left on undisturbed for up to a week.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Requires additional bandaging.
Specialist initiation	No

BNF category: Paste Bandages **ZipZoc® (Smith and Nephew Healthcare Ltd)** ***Available on Prescription only***	
Description: Sterile rayon stocking impregnated with ointment containing zinc oxide 20%	
Indications for use	• For the treatment of venous dermatitis/eczema
Contraindications/ cautions	• Known sensitivity to any of the components of this preparation • Arterial leg ulcers
How to apply/remove	Slip the foot into the stocking and draw it up on the lower part of the leg from the base of the toes to below the knee. Smooth out any folds or wrinkles. Fold any excess stocking below the knee. To remove, carefully cut off.
Frequency of dressing changes	Change the dressing at least once a week to avoid the risk of infection.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • A secondary compression bandage may be needed.
Specialist initiation	No

BNF category: Paste Bandages

Ichthopaste® (Smith and Nephew Healthcare Ltd)

Description: Cotton fabric, plain weave, impregnated with suitable paste containing 6.32% zinc oxide and 2% ichthammol.

Sizes
7.5cm x 6m

Indications for use	For the treatment of venous dermatitis/eczema
Contraindications/ cautions	Known sensitivity to any of the ingredients
How to apply/remove	1. Beginning at the base of the toes, the bandage should be loosely wrapped around the foot, heel and around the leg in a spiral fashion, to just below the knee. Once applied, the bandage should then be smoothed and moulded around the leg. OR 2. Beginning at the base of the toes, the bandage should be loosely wrapped around the foot and heel and then, whilst wrapping from the ankle, with every turn, the bandage should be folded back on itself in a pleat, at the front of the leg. This should be repeated up the leg until just below the knee. Compression bandaging may follow. 3. Once Ichthopaste has been applied, the leg should be covered by a bandage or dressing to prevent soiling to clothes.
Frequency of dressing changes	Can be left on for up to seven days.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Requires additional bandaging
Specialist initiation	No

BNF category: Paste Bandages

Viscopaste® (Smith and Nephew Healthcare Ltd)

Description: Cotton fabric, plain weave, impregnated with suitable paste containing zinc oxide.

Sizes
7.5cm x 6m

Indications for use	For the treatment of venous dermatitis/eczema
Contraindications/ cautions	Known sensitivity to any ingredients.
How to apply/remove	1. Beginning at the base of the toes, the bandage should be loosely wrapped around the foot, heel and around the leg in a spiral fashion to just below the knee. Once applied, the bandage should then be smoothed and moulded around the leg. OR 2. Beginning at the base of the toes, the bandage should be loosely wrapped around the foot and heel and then, whilst wrapping from the ankle, apply a pleat, at the front of the leg. This should be repeated up the leg until just below the knee. 3. Once Viscopaste has been applied, the leg should be covered by a bandage or dressing to prevent soiling of clothes and bedcovers.
Frequency of dressing changes	Can be left on for up to seven days.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Requires additional bandaging
Specialist initiation	No

BNF category: Astringents

Potassium Permanganate 400mg Tablets (Alliance Pharmaceuticals Ltd)

Description: 400mg tablets for preparation of a topical solution used to cleanse disinfect and deodorise wounds and skin conditions.

Pack Size
30 Tablets

Indications for use	Astringent antiseptic for cleansing and deodorising weeping wounds
Contraindications/ cautions	• Irritant to mucous membranes • Do not eat, drink or smoke while using this product • Do not use on unaffected skin • As permitabs are a dye, do not allow the tablets or solution made from the tablets to come into contact with clothing, fabrics etc. as it will stain • Do not use in a ceramic basin or bath as it will stain
How to apply/remove	1. When soaking hands or feet, apply petroleum jelly to the nails to prevent the permitabs solution from staining. 2. Soak the affected area in the prepared solution (see PIL for directions) for 10-15 minutes 3. Then take out of the solution, pat dry with paper towel and apply any recommended creams or dressings.
Frequency of dressing changes	Review daily and stop treatment when the skin becomes dry or a maximum of 5 days.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Avoid prolonged use
Specialist initiation	**YES**

BNF category: Astringents

Benzalkonium Chloride® 1% Solution (Tayside special-order manufacturer)

Description: Topical antiseptic used to prevent infection.

Sizes
100ml

Indications for use	Astringent antiseptic for: • Minor cuts • Scrapes • Burns
Contraindications/ cautions	• Known sensitivities to any ingredients • Deep puncture wound • Animal bite • Serious burn
How to apply/remove	1. Clean the affected area before applying benzalkonium chloride solution 2. Apply a small amount of benzalkonium chloride solution to the affected area up to three times a day 3. Allow area to dry before covering.
Frequency of dressing changes	Review after one week.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Unlicensed product • Prolonged topical use can make the condition worse.
Specialist initiation	**YES**

BNF category: Astringents

Eosin 2% Solution (Tayside special-order manufacturer) *Available on Prescription only*

Description: Topical aqueous antiseptic solution

Sizes
100ml

Indications for use	Astringent antiseptic for Ulcers, eczema and macerated wounds
Contraindications/ cautions	Known sensitivity to any of the ingredients
How to apply/remove	1. Wash the area to be treated with tap water and appropriate soap substitute with or without antiseptic. 2. Decant a small amount of eosin into a pot, dip a gauze swab into the solution and for initial treatment a small area of the ulcer is painted and left for 5 minutes. If the patient does not experience any discomfort, the whole area can be painted. 3. immediately dress the area
Frequency of dressing changes	Apply when dressing changed.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Unlicensed product
Specialist initiation	No

Silver Nitrate Solution

BNF category: Silver Nitrate Solution **Silver Nitrate Solution 0.5% (Tayside)** ***Available on Prescription only***	
Description: Silver Nitrate solution is a 0.5% solution of Silver Nitrate in a water medium. It is a topical anti-infective.	
Indications for use	Desloughing and astringent used for leg ulcers
Contraindications/ cautions	Allergy to silver nitrate Do not apply to the face, to ano-genital region, on sensitive areas of the body Silver nitrate is caustic and can cause staining
How to apply/remove	For topical application as directed by specialist.
Frequency	The dressing must NOT be allowed to dry out and must be rewetted every two to three hours with **fresh** silver nitrate 0.5% solution, otherwise the concentration of silver nitrate rises to caustic levels.
Prescribers'' guidance	For EXTERNAL use only Silver Nitrate solution must be handled carefully, since it tends to stain the skin, utensils, clothing and linens. Can cause chemical burns to surrounding skin Protect surrounding skin Avoid broken skin
Specialist initiation	**YES**

BNF category: Silver Nitrate Solution

Silver Nitrate Sticks 75% (Avoca Medical) *Available on Prescription only*

Description: silver nitrate from an applicator, to be applied topically usually in aqueous solution and used as a haemostatic, for pain relief in certain conditions and for the removal of small quantities of unwanted tissue.

Indications for use	• Cautery, over-granulation, warts & verrucae
Contraindications/ cautions	• Do not use near the eyes, on genital warts, on sensitive areas of the body • Silver nitrate is caustic and can cause staining • Talk to a doctor, nurse or pharmacist before using if (a) you are pregnant, might become pregnant, think you might be pregnant & / or if you are breast feeding or planning to breast feed.
How to apply/remove	**Apply:** Use tap water or body fluid to activate the silver nitrate avoiding healthy skin & roll the tip on the area to be treated. **Removal**: Any staining will disappear with the normal shedding of skin.
Frequency	The usual dose of Avoca is 3 applications for a wart and 6 applications for a verruca.
Prescribers'' guidance	View the video for more details on how to use the product on www.avocamedical.com.
Specialist initiation	**YES**

Barrier Creams

BNF category: Barrier Creams

Zinc and Castor Oil Ointment (Thornton & Ross Ltd) ***Available on Prescription only***

Description: A mild antiseptic, protective water resistant cream containing 7.5% zinc oxide and 50% virgin castor oil.

Sizes
100g
500g

Indications for use	• Used as a barrier cream by providing a layer of oil on the surface of the skin to prevent water evaporating from the skin surface
Contraindications/ cautions	Known allergy to nuts or sensitivity to any other ingredients
How to apply/remove	**Apply:** Directly to affected skin
Frequency of dressing changes	Can be applied up to four times a day as required.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Contains arachis oil (peanut oil) • May contain Beeswax and Lanolin
Specialist initiation	No

BNF category: Barrier Creams

Yellow Soft Paraffin *Available on Prescription only*

Description: Yellow petroleum jelly used as an emollient. It soothes and softens skin and is not readily absorbed, providing a barrier to the skin.

Sizes
15g
500g

Indications for use	• Used as a barrier cream by providing a layer of oil on the surface of the skin to prevent water evaporating from the skin surface. • May be recommended by dermatology to apply as an occlusive barrier to protect post surgical lesions, either sutured or left to secondary intention
Contraindications/ cautions	Known sensitivity to any of the ingredients
How to apply/remove	**Apply:** Directly to the affected area.
Frequency of dressing changes	Can be applied two hourly as required.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Yellow soft paraffin in contact with dressings and clothing is easily ignited by a naked flame. The risk of fire should be considered when using large quantities of any paraffin-based emollient.
Specialist initiation	No

BNF category: Barrier Applicators

Secura skin protective barrier film (Smith and Nephew Ltd)

Description: Secura no-sting barrier film is a liquid film-forming skin protectant that minimises stinging. On application to intact or damaged skin, it forms a protective interface that helps protect intact and damaged skin from irritation.

Sizes
Spray
1ml Foam applicators

Indications for use	• Acts as a protective interface between the skin and bodily wastes, fluids, adhesive dressings, drainage tubes, external catheters and around ostomy sites • Protects areas of the body that are at risk of irritation due to friction damage caused by external surfaces • Irritation due to friction damage caused by external surfaces and by exudate
Contraindications/ cautions	• Do not apply directly to open wounds or in deep puncture wounds • Do not apply to infected areas of the skin • Do not use on patients with a known allergy to any of the ingredients
How to apply/remove	**Apply:** 1. Skin should be clean and dry prior to application 2. Apply a uniform coating over entire area which needs protection. 3. Application will dry in 30 seconds. Can be reapplied to missed areas once the original application has dried. 4. For maximum protection, an optional second coating may be applied and allowed to dry before covering the area with dressing or other adhesive product.
Frequency of dressing changes	Re-application is necessary each time an adhesive product is changed. When used as a protectant against bodily fluids etc. and no adhesive products are applied to the skin, reapplication is recommended every 24 – 72 hours depending upon the frequency of cleansing, more frequent applications may be necessary. Removal is not necessary before reapplication. However, if removal is desired, the film can be removed by using most medical adhesive removers.
Prescribers'' guidance	Consideration should be given to the following when prescribing: • Should redness or other signs of irritation appear, discontinue use.
Specialist initiation	No

Appendix 1

Debridement Guidance

Definition: the removal of dead non-viable/devitalised tissue, infected or foreign material from the wound bed and surrounding skin

Non-viable tissue is detrimental to healing in the following ways:

-is a physical barrier to healing
-reduces the effectiveness of topical antimicrobials
-can mask or mimic signs of infection
-can delay wound healing by contributing to prolonged inflammatory response
-can be a barrier to comprehensive wound assessment
-can increase exudate and odour

Debridement is an important aspect of wound bed preparation and facilitates wound healing. Following structured holistic assessment, decision to debride and selection of method can be made (see Figure 1)

Types of Debridement

Autolytic: the naturally occurring process in which the body's own enzymes and moisture rehydrate, soften and liquefy devitalised tissue. Can be facilitated by dressings which promote debridement through donation of moisture-i.e. hydrogels or hydrofibre (Generalist)

Mechanical: using a moistened, soft mono filament pad to physically remove moist, loose slough (Generalist)

Larval(Bio-Surgical): Larvae from the green bottle fly ingest and secret enzymes to breakdown devitalised tissue. Available loose or contained small bags for application to the wound bed (Generalist)

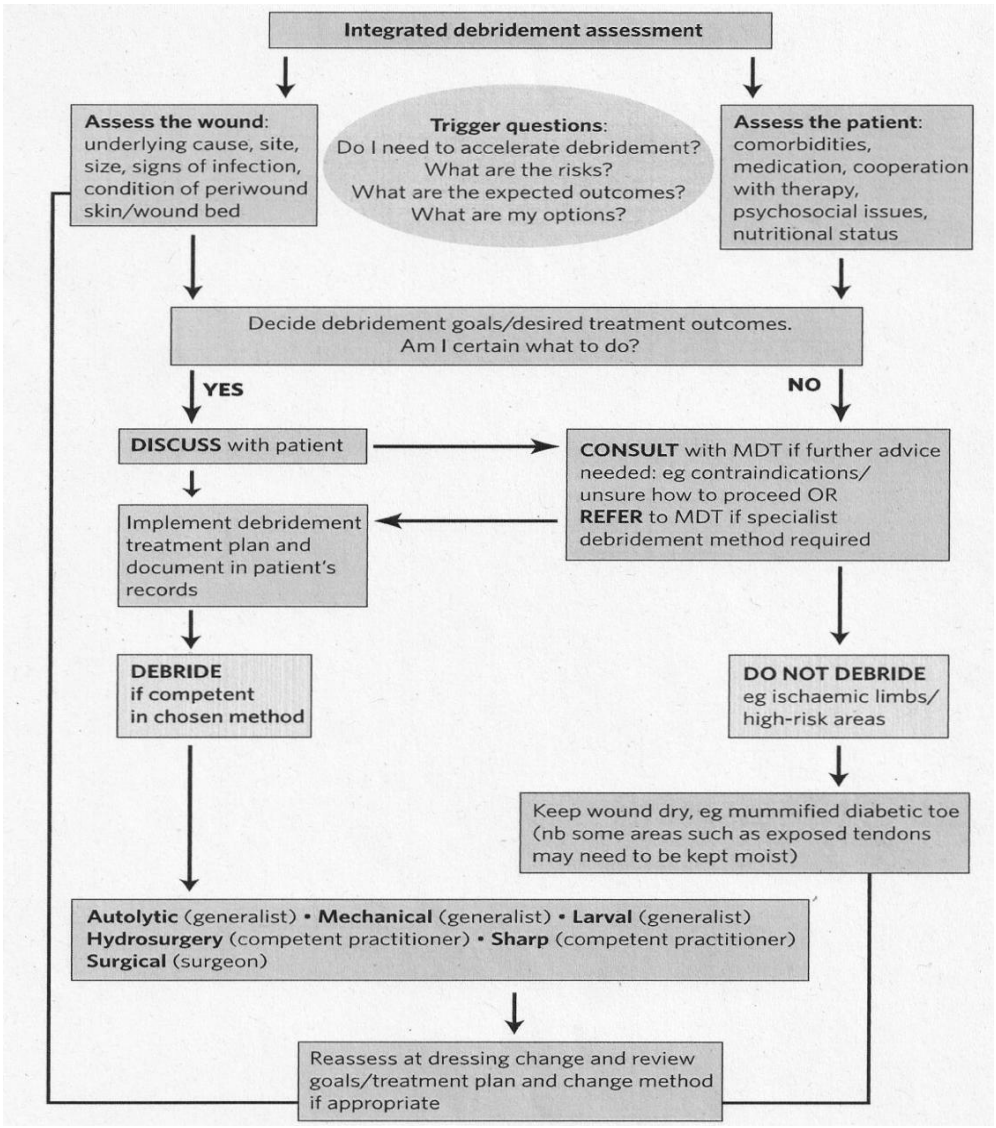
Ultrasonic: delivery of ultrasonic sound waves in combination with irrigation to remove devitalised tissue (Specialist)

Hydrosurgical: delivery of high pressure saline jet to remove devitalised tissue (Specialist)

Sharp: using scissors, a scalpel and/or forceps above tissue level to remove devitalised tissue (competent practitioner)

Surgical: excision or wide resection of devitalised tissue in a theatre setting (Specialist)

Figure1



Note:
Please seek specialist advice if further support on any aspects of debridement is required.

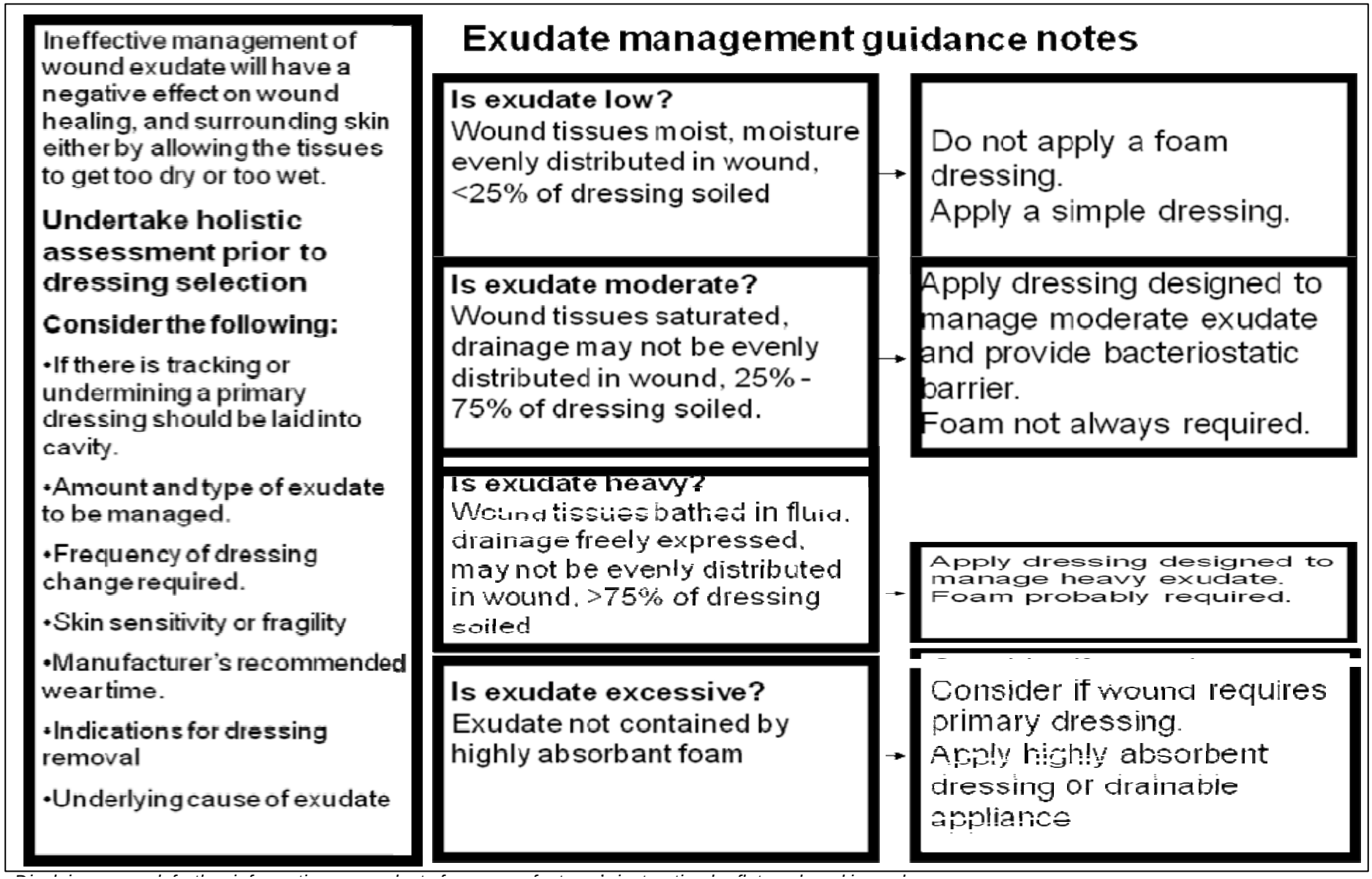
If patient unable to give consent please discuss with carer.

References:
Effective debridement in a changing NHS: a UK consensus. London: Wounds UK, 2013. Available from: www.wounds-uk.com

NHS Greater Glasgow & Clyde (2013) *UNLICENSED MEDICINE PROTOCOL: Prescribing larvae*

Appendix 2

Exudate management guidance notes



Appendix 3

Specialist initiation wound dressing products

Must accompany all orders for specialist products

Patient initials	
GP practice	
Name of Clinician	
Contact telephone number	
Date of initial wound assessment	
Location and Nature of wound	
Previous management and dressings to date	
Specialist wound product	
Rationale for use	
Date of planned review	
Name and title of authorising specialist practitioner	
Community Nurse with prescribing qualification	**Yes** No (*must be NMP qualified or specialist practitioner)*
Specialist practitioner	**Yes** No (*must be NMP qualified or specialist practitioner)*
Signature of specialist practitioner	

Supplies/pharmacy use			**notes**
Formulary product	**Yes**	No*: Raise non-formulary requests with Prescribing Support*	
Order form complete	**Yes**	No*: Raise incomplete forms with clinician*	
Order processed	**Yes**	No	*Send form to Prescribing Support*

The above form should be completed for each patient and every request and sent with the product order to stores, or for pharmacy products to Prescribing Support at the BGH. Completed forms will be subject to random audit.

Appendix 4

Ropper wound assessment tool

The Ropper Lothian Ladder

Guidelines for identifying infected wounds and when to start and stop using topical antimicrobial dressings

Each stage builds on the previous signs noted

Stage 4

Overt signs of local infection and signs of systemic infection: May lead to sepsis if not treated

- Spreading cellulitis
- Pus / abscess
- Patient systemically unwell e.g. confusion
- Pyrexia
- Raised white cell count / CRP
- Malodour of wound

Stage 4 - Treatment

- If systemic signs **only**, consider other source of infection
- Swab wound using standardised method
- Consider taking blood cultures prior to starting antibiotics
- Start antibiotics* per local protocol / guidelines while awaiting culture results
- Consider combination therapy with topical antimicrobials** e.g. in PVD, diabetes
- **Monitor wound progress, review wound at 2 weeks and stop topical antimicrobials when signs of infection cease**
- Once topical antimicrobial stopped continue with correct dressing regime for wound/tissue type (refer to wound formulary or guidelines)

Stage 3

Overt signs of local infection: Evidence of surrounding tissue involvement, wound deteriorating

- Localised cellulitis
- Discoloured or bleeding granulation tissue
- Pain in or around wound
- Exudate: thick, haemopurulent or purulent and/or high volumes
- Localised oedema
- Malodour

Stage 3 - Treatment

- Swab wound using standardised method
- Drain any local collections of pus/fluid
- Consider combination therapy with antibiotics* per local protocol / guidelines and topical antimicrobials**
- **Monitor wound progress, review wound at 2 weeks and stop topical antimicrobials when signs of infection cease**
- Once topical antimicrobial stopped continue with correct dressing regime for wound/tissue type (refer to wound formulary or guidelines)
- If no progress after two weeks and/or signs of systemic infection move to Stage 4

Stage 2

INCREASING signs of infection (critical colonisation): Healing not progressing normally

- Exudate - high volumes
- Malodour
- Pain in or around wound
- Discolouration of granulation tissue
- Slough / necrosis

Stage 2 - Treatment

- Select topical antimicrobial**
- **Monitor wound progress, review wound 1- 2 weeks**
- **If no improvement:**
  - Consider swabbing wound using standardised method
  - Consider alternative topical antimicrobial**
- **If improved stop topical antimicrobials when signs of infection cease**
- Once topical antimicrobial stopped continue with correct dressing regime for wound/tissue type (refer to wound formulary or guidelines)
- If no progress after two weeks and/or increasing signs of local infection move to Stage 3

Stage 1

Few subtle signs: Healing progressing normally

- Exudate - low to moderate volume
- Pain - minimal
- Odour - minimal
- Slough / necrosis - minimal

Stage 1 - Treatment

- Promote moist wound healing using correct dressing regime for wound/tissue type & exudate level (refer to wound formulary or guidelines)
- **Monitor wound progress, if no improvement in 1-2 weeks reassess wound and dressing choice**
- **Check underlying aetiology of wound, if required refer to appropriate specialist** e.g. vascular, diabetic podiatry, tissue viability, lymphoedema etc.
- If no progress after a further 1-2 weeks and/or increasing signs of infection/critical colonisation move to Stage 2

Start

This guide should be used along with clinical judgement in complex patients; in particular patients with diabetic wounds (refer to diabetic podiatry team), vascular problems and immunocompromised patients may require antimicrobials for prophylaxis as well as treatment. *Systemic Antibiotics - follow local Antibiotic Policy. ****Topical Antimicrobial** - refer to Wound Formulary. Topical antimicrobials can include honey, iodine, silver, PHMB, DACC and enzymatic products. Not all of these are formulary products, see local protocol for guidance on their use. Contact TVN team for more info if required.

References:
European Wound Management Association (2005) Position Document: *Identifying criteria for wound infection.* MEP, London
European Wound Management Association (2006) Position Document: *Management of wound infection.* MEP, London
Best Practice Statement: Use of topical antiseptic/antimicrobial agents in wound management, Wounds UK Aberdeen (2010)

Ruth Ropper
Lead NurseTissue Viabilty, NHS Lothian
email: ruth.ropper@nhslothian.scot.nhs.uk

Medical Photography Service, NHS Lothian University Hospital Division - 13.01.14

Appendix 5

Scottish Wound Assessment and Action Guide

This guide is to aid wound assessment and management, and should be used in line with local policy/ guidelines. A holistic person-centred approach to care should be considered at all times. The wound assessment must be completed by a registered nurse or other healthcare professional.

This guide presumes that Standard Infection Control Precautions (SICPs) are applied at ALL times when providing healthcare when there is a risk of exposure to blood, other body fluids, secretions or excretions (except sweat), non-intact skin or mucous membranes. (See http://www.hps.scot.nhs.uk/haiic/index.aspx)

For more information on the key precautions and management principles in tissue viability an educational workbook is available at http://www.nes.scot.nhs.uk/hai/ulcers/

Step 1

Does the wound need cleansing?
Only cleanse if there is debris on the wound bed that needs removed.

Step 2

Measure wound length, width, depth and undermining.
Do not estimate.

Use a scale such as:

- tracing, disposable ruler for length and/or width
- wound swab stick, wound probe for depth and/or undermining

Step 3

a What tissue type and levels of exudate does the wound have?
Dressing choice must accommodate tissue type, exudate level, odour, expected wear time, peri-wound skin, area to be dressed, pain at dressing change and patient/client need.

b Select secondary dressing if required.
See Step 3a above.

Step 4

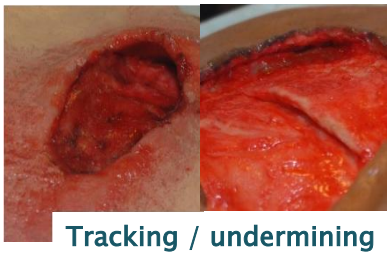
Document in wound chart.
A wound chart must be completed for every patient/client with a wound.

An example of a wound chart can be found at www.tissueviabilityonline.com

Points to remember:

- Know the action and possible side effects of any dressing you apply.
- Know how to apply and remove any dressing correctly, eg safe and atraumatic removal of all dressings.
- Know how long a dressing can stay in place and indication(s) for dressing change.
- Do not mix different primary and secondary types of dressing together, eg hydrogel and hydrofibre.
- Select a dressing that is the correct size for the wound. A dressing that is too big or too small can be detrimental to the wound.
- If in doubt seek advice from appropriate healthcare professional, ie tissue viability nurse, dermatology nurse, podiatrist.

Scottish Wound Assessment Guide	
Tissue Type/ Description	**Objective/Action Guide**

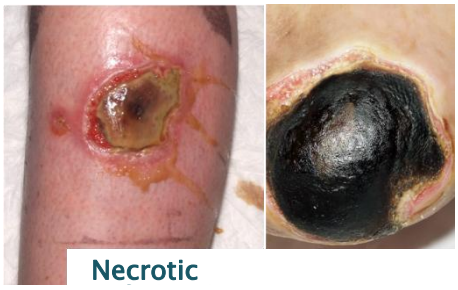


Tracking / undermining

A tunnelling effect or pocket under the edge of the wound. Extension of the wound bed into adjacent tissue, also known as a sinus tract.

Aid healing from inside wound

- Loose packing/layering with alginate/ hydrofibre or hydrogel
- Seek advice from appropriate healthcare professional



Necrotic

Necrotic tissue is a layer of dead tissue which can be brown or black in colour and is caused by inadequate blood supply or infection. It may be soft or hard on the surface, can be of varying depth and may produce an offensive smell.

Rehydrate and remove sloughy/necrotic tissue

- Do not apply moisture to ischemic areas
- Full assessment of individual should be considered ie vascular assessment
- Consider hydrogel/hydrocolloid
- Medically prepared honey
- Sharp debridement only by competent healthcare professional

Sloughy

Slough is a layer of dead tissue which can be yellow or green in colour, and may be dry or wet on the surface. It can be of varying depth and may produce an offensive smell.

Remove all debris

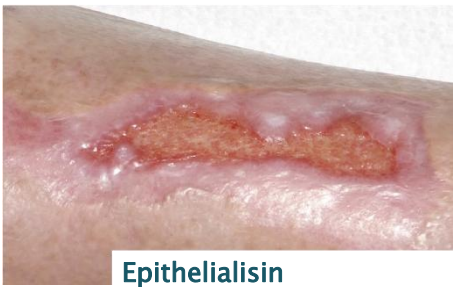
- Hydrogel if exudate low
- Medically prepared honey if exudate low
- Hydrofibre if exudate moderate to high
- Larvae
- Sharp debridement only by competent healthcare professional

Granulating

The development of new **tissue from the wound base** which typically appears bright red in colour, and has a rough or irregular surface.

To encourage granulation tissue

- Hydrocolloid if exudate low to moderate
- Non-adherent dressing if exudate low to moderate
- Hydrofibre if exudate moderate to high
- Non-adherent dressing with pad/foam dressing if exudate moderate to high

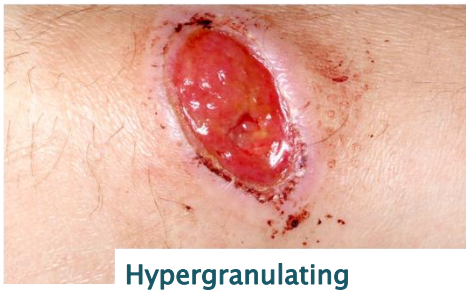


Epithelialisin

Healing of the surface layer of the skin where delicate new skin cells eventually appear at the edges or middle of the wound as tiny pink specks.

Protect and promote new tissue growth

- Hydrocolloid if exudate low to moderate
- Non-adherent dressing with pad/foam dressing if exudate moderate to high

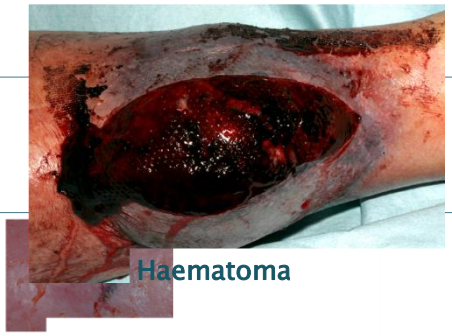
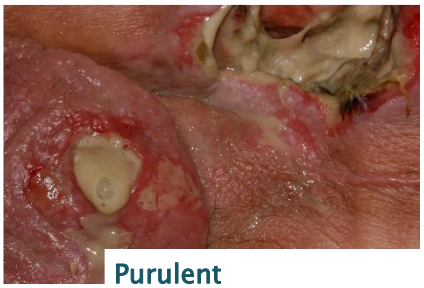
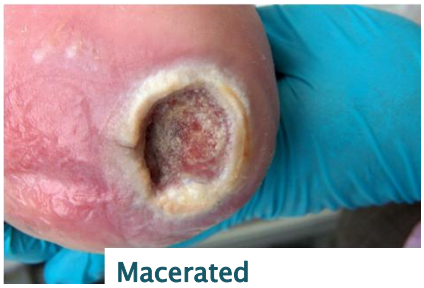


Hypergranulating

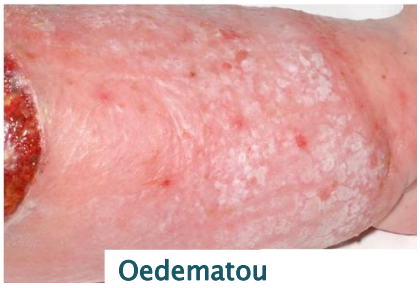
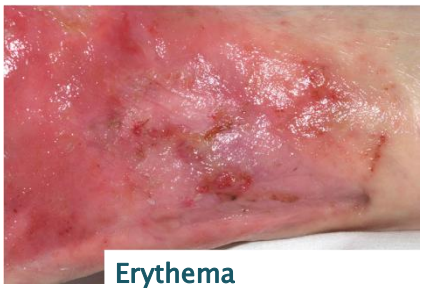
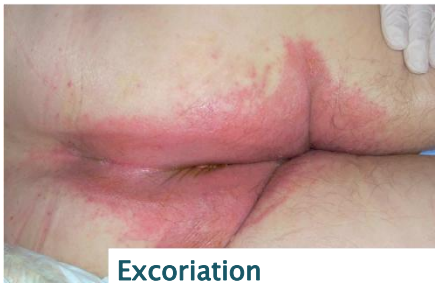
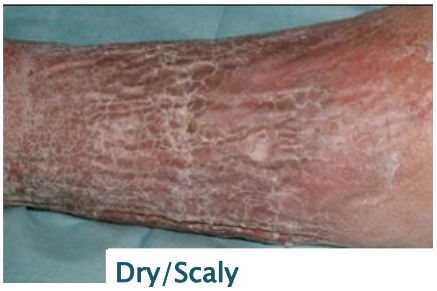
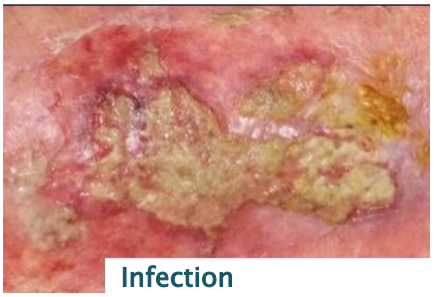
Also known as overgranulating. An overgrowth of granulating tissue which appears 'proud' of the wound, preventing epthelisation.

Lessen inflammatory response

- Refer to local guidelines
- Seek advice from appropriate healthcare professional

Tissue type description		Objective/action guide
 Haematoma	Haematoma is a collection of congealed blood from a leaking blood vessel which appears like a blood filled blister.	Reduce devitalised tissue and blood clot from wound bed • Hydrogel • Hydrofibre • Alginate • Seek advice from appropriate healthcare professional
 Bone	Bone is a whitish hard mass that is rigid when palpated.	Maintain a moist environment • Hydrogel and non-adherent dressing • Seek advice from appropriate healthcare professional
 Tendon	Tendons are whitish and tough but flex when palpated.	Maintain a moist environment • Hydrogel and non-adherent dressing • Seek advice from appropriate healthcare professional
 Haemoserous	Haemoserous is thin and watery fluid which is blood tinged in appearance. Serous is thin and watery fluid which is pale yellow in appearance.	Manage wound moisture balance • Non-adherent dressing if exudate low • Non-adherent dressing with pad/foam dressing if exudate moderate to high
 Purulent	Thicker fluid containing pus which may vary in colour from yellow to green.	Reduce infection and exudate • Look for other signs of infection (see Infection) • Assess level of exudate • Levels of exudate will determine dressing type ie hydrofibre/foam dressing for high exudate
 Macerated	Maceration of the skin occurs when it is wet for a prolonged period of time. The skin softens and wrinkles and will appear white or grey. The skin can easily become infected with bacteria or fungi.	Reduce excess moisture level • Hydrofibre dressing • Highly absobent dressing • Consider barrier preparation in line with local policy/guideline

Scottish Wound Assessment and Action Guide

Tissue type description	Objective/action guide
 Oedematou Swollen area of skin due to retention of fluid.	Manage exudate • Non-adherent highly absorbent dressing. • Refer to local policy/guidelines • Seek advice from appropriate healthcare professional
 Erythema Abnormal redness of the skin resulting from enlarged blood vessels under the skin.	Protect surrounding skin • Determine underlying cause • If appropriate, protect fragile tissue
 Excoriation Excoriated skin can be caused by excessive moisture and can vary in colour from pink to red.	Manage moisture to protect skin • Use a suitable barrier product • Refer to Skin Excoriation Tool (www.tissueviabilityonline.com) • If severe seek advice from appropriate healthcare professional
 Fragile Skin which appears 'paper thin' and dry.	Protect surrounding skin • Consider emollient therapy • Consider low adherent atraumatic dressing if appropriate
 Dry/Scaly Scaly skin which appears hard and dry.	Promote moisture • Consider emollient therapy • Consider low adherent atraumatic dressing if appropriate
 Infection Common signs and symptoms of an infection may include increased pain, spreading erythema, increased exudate level, foul odour, friable tissue and slough.	Reduce bacterial load • It is important to confirm if the wound is infected, identify the cause and determine whether antibiotics are required • Medically prepared honey • Iodine based dressing • Silver dressing

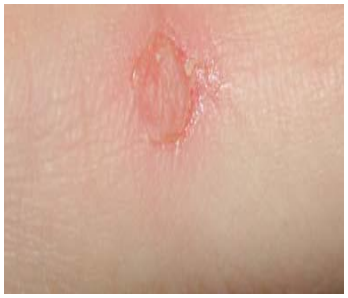
Appendix 6

NHS Borders Skin Tear Management Protocol

Recommendations for management of skin tears

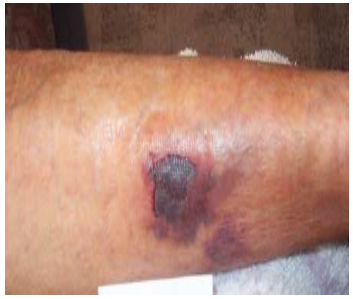
- Control bleeding
- Assess the wound and skin flap and determine the type or category of skin tear using the STAR classification system

STAR Classification System



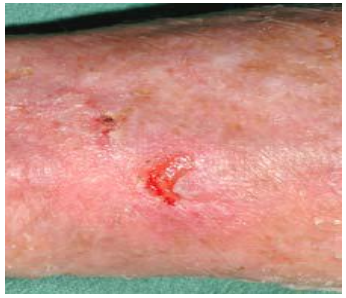
Category 1a

A skin tear where the edges **can** be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour **is not** pale, dusky or darkened.



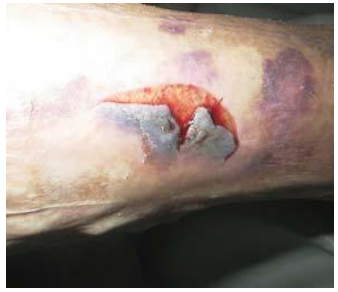
Category 1b

A skin tear where the edges **can** be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour **is** pale, dusky or darkened.



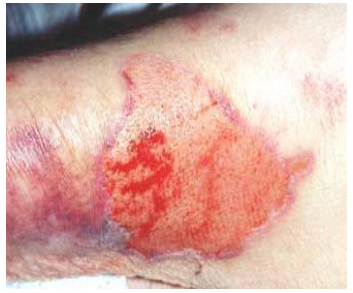
Category 2a

A skin tear where the edges **cannot** be realigned to the normal anatomical position and the skin or flap colour **is not** pale, dusky or darkened.



Category 2b

A skin tear where the edges **cannot** be realigned to the normal anatomical position and the shin or flap colour **is** pale, dusky or darkened.

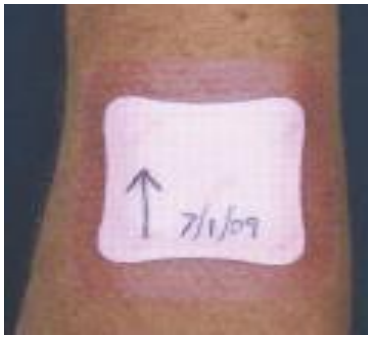


Category 3

A skin tear where the skin flap is completely absent.

- Assess the surrounding skin condition for fragility, swelling, discolouration or bruising.
- Cleanse the skin tear following assessment using warm saline or water to remove debris and any residual haematoma (blood clot)
- Approximate the skin flap by gently easing the flap back into place using dampened cotton bud or gloved finger. If the flap is difficult to align, consider using a moistened non-woven swab. Apply for 5-10 minutes to rehydrate
- Avoid the use of adhesive strips. Sutures and staples are generally not recommended however they may be required in the treatment of deep, full thickness lacerations.
- Encourage moist wound healing by applying a dressing such as soft silicone-based mesh or foam dressing, calcium alginate, absorbent clear acrylic and skin glue. Carers should use a non adherent dressing (see picture). Refer to Community nursing team as soon as possible.
- If possible dressing should be left in place for several days to avoid disturbing the flap

- If skin or flap colour is pale, dusky or darkened reassess in 24-48 hours or at the first dressing change.
- If an opaque dressing is used mark an arrow to indicate the preferred direction of removal to prevent trauma to the flap and record in notes
- If an adhesive dressing is not indicated dressings should be held in place with a tubular retention bandage or simple bandage (not applied too tightly as this may compromise circulation).
- Pain assessment should be carried out and appropriate analgesia should be provided



Complete a wound assessment chart.

Where relevant document in the care plan, complete accident/incident documentation and discuss with family or next of kin.

Further information available at: **http://www.woundsinternational.com/media/issues/515/files/content_10142.pdf**

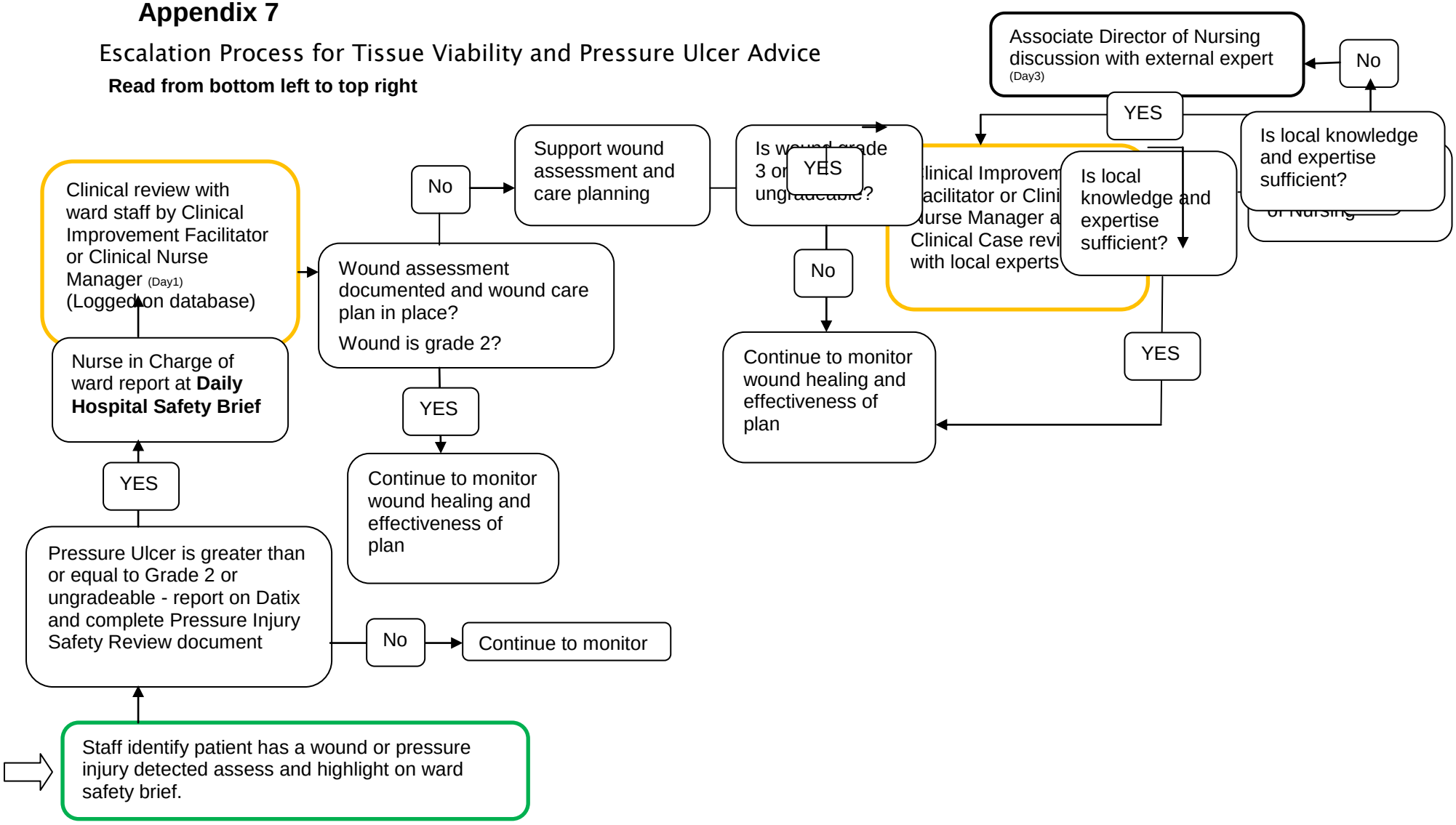
It is recommended that a skin tear box should be available in each area.

Contents: NHS Borders Skin Tear Management Protocol
Dressing pack
Gloves
Selection of dressings- alginate, silicone gel sheet, silicone & foam sheet
(refer to NHS Borders Joint Prescribing Formulary)
Marker pen
Bandage
Tape

Appendix 7

Escalation Process for Tissue Viability and Pressure Ulcer Advice

Read from bottom left to top right



Links:

Tissue Viability guidance can be accessed at:
http://intranet/microsites/index.asp?siteid=541&uid=9

NHS Borders Prescribing webpage, formulary information, guidance and resources:
http://intranet/microsites/index.asp?siteid=5&uid=1

Larval Therapy guidelines can be accessed at:
http://intranet/microsites/index.asp?siteid=541&uid=8

NHS Borders Non Formulary Request Form can be accessed at:
http://intranet/resource.asp?uid=8472

NHS Supplies order codes can be accessed here:
http://intranet/resource.asp?uid=29102