NHS Greater Glasgow and Clyde Wound Formulary 2014/15

Primary Care and Acute Joint Formulary

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

Review date: July 2015

Foreword

This formulary and the accompanying wound management data sheets have been developed as a guide to aid Healthcare Professionals in selecting the most appropriate dressings/products to use in practice.

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.

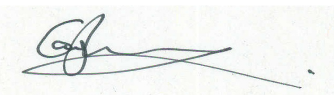
The NHS Greater Glasgow and Clyde Wound Formulary and accompanying data sheets/prescribing guidance have been developed by the Wound Formulary Group and in conjunction with the West of Scotland Wound Management Technical Users Group (TUG). This multidisciplinary group has developed this resource to provide practitioners with guidance and a selection of products which are preferred for use in NHS GG&C.

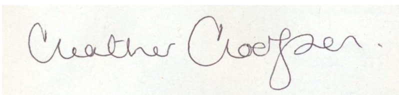
Practitioners should aim to use a product included in the Formulary in most cases and only use a non-formulary product when there is a good clinical reason for doing so. If prescribing a non formulary product or if clinicians wish to have a new/different product considered for inclusion on the formulary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

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 GG&C.

The wound formulary will follow the same structure as the NHSGGC Formulary with choices being subdivided into two categories: Preferred List (P) – these represent the first line choices for treatment covering the majority of wound management requirements. It is primarily aimed at generalist practitioners, and those specialists prescribing out-with their specialty. Total List (T) – generally contains specialist products and second and third line products from classes included in the Preferred List





Gavin Gorman — Non Medical Prescribing Lead

Heather Hodgson — Lead Nurse Tissue Viability

NHS Greater Glasgow and Clyde Wound Formulary
Primary Care and Acute Joint Formulary

Contents:

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

NHS GGC Primary Care and Acute Joint Wound Formulary Summary Table

	Dressing	**Size Per Pack**				
	Basic Wound Dressings					
P	N-A Ultra®	9.5cm X 9.5cm	9.5cm x 19cm			
P	Atrauman®	5cm x 5cm	7.5cm x 10cm	10cm x 20cm	20cm x 30cm	
	Absorbent Dressings					
P	Premierpore	5cm x 7cm	10cm x 10cm	10cm x 15cm	10cm x 20cm	10cm x 25cm
		10cm x 30cm	10cm x 35cm			
P	Zetuvit® E (1st Choice pad, Moderate)	10cm x 10cm	10cm x 20cm	20cm x 20cm	20cm x 40cm	
P	Zetuvit® Plus (1st Choice pad, Heavy)	10cm x 10cm	10cm x 20cm	15cm x 20cm	20cm x 25cm	20cm x 40cm
P	Eclypse **(Acute Only)**	10cm x 10cm	15cm x 15cm	20cm x 30cm	60cm x 40cm	
	Hydrogel Dressings					
P	ActivHeal® Hydrogel	15gm				
P	ActiFormCool®	5cm x 6.5cm	10cm x 10cm	20cm x 20cm	10cm x 15cm	
	Vapour-Permeable Films and Membranes					
P	Tegaderm®	6cm x 7cm	12cm x 12cm	15cm x 20cm		
P	Tegaderm® (with pad)	5cm x 7cm	9cm x 10cm	9cm x 15cm	9cm x 20cm	9cm x 25cm
		9cm x 35cm				
	Soft Polymer Dressings					
P	Adaptic Touch	5cm x 7.6cm	7.6cm x 11cm	12.7cm x 15cm	20cm x 32cm	
P	Mepitel **(Acute Only)**	5cm x 7cm	8cm x 10cm	12cm x 15cm	20cm x 30cm	
P	Allevyn® Gentle	5cm x 5cm	10cm x 10cm	10cm x 20cm	15cm x 15cm	20cm x 20cm
P	Allevyn® Gentle Border	7.5cm x 7.5cm	10cm x 10cm	12.5cm x 12.5cm	17.5cm x 17.5cm	23cm x 23.2cm
P	Mepilex **(Acute Only)**	10cm x 11cm	11cm x 20cm	15cm x 16cm	20cm x 21cm	
P	Mepilex Border **(Acute Only)**	7cm x 7.5cm	10cm x 12.5cm	10cm x 20cm	10cm x 30cm	15 x 17.5cm
		17cm x 20cm				
P	Flivasorb	10 cm x 10cm	10cm x 20cm	20cm x 20cm	20cm x 30cm	
	Hydrocolloid Dressings					
P	Aquacel Extra®	5cm x 5cm	10cm x 10cm	15cm x 15cm	4cm x 10cm	4cm x 20cm
		4cm x 30cm	2cm x 45cm			
P	Comfeel Plus Transparent	5cm x 7cm	10cm x 10cm	5cm x 15cm	5cm x 25cm	9cm x14cm
		9cm x 25cm	15cm x 15cm	15cm x 20cm	20cm x 20cm	
	Foam Dressings					
P	ActivHeal® Foam Non-Adhesive	5cm x 5cm	10cm x 10cm	10cm x 17.8cm	20cm x 20cm	18cm x 12cm
P	ActivHeal Foam Adhesive	7.5cm x 7.5cm	10cm x 10cm	12.5cm x 12.5cm	15cm x 15cm	20cm x 20cm
P	Permafoam **(Acute Only)**	10cm x 10cm	15cm x 15cm	20cm x 20cm		
P	Tegaderm® Foam Adhesive	6.9cm x 7.6cm	10cm x 11cm	14.3cm x 14.3cm	14.3cm x 15.6cm	19cm x 22.5cm
		6.9cm x 6.9cm	13.9cm x 13.9cm			
T	Polymem	5cm x 7.6cm	8.8cm x 12.7cm	10cm x 13cm	15cm x 15cm	16.5cm x 20.9cm
		10cm x61cm				
T	Tielle Lite **(Acute Only)**	7cm x 9cm	11cm x 11cm	8cm x 15cm	8cm x 20cm	
T	Tielle Plus	11cm x 11cm	15cm x 15cm	15cm x 20cm	15cm x 15cm Sacral	
	Alginate Dressings					
P	Kaltostat®	5cm x 5cm	7.5cm x 12cm	10cm x 20cm	15cm x 25cm	
	Odour Absorbent Dressings					
P	CarboFLEX®	10cm x10cm	8cm x 15cm	15cmx20cm		
P	CliniSorb® Odour Control Dressings	10cm x 10cm	10cm x 20cm	15cm x 25cm		
	Antimicrobial Dressings					
	Honey					
P	Activon Tulle®	5cm x 5cm	10cmx10cm			
P	Activon® (Tube)	25gm				
	Iodine					
P	Inadine®	5.5cm x 5.5cm	9.5cm x 9.5cm			
P	Iodoflex® (Paste)	5gm	10gm	17gm		
P	Iodosorb® (Ointment)	10gm	20gm			
	Silver					
T	Silvercel Non-Adherent	5cm x 5cm	11cm x11cm	10cm x 20cm	2.5cm x 30.5cm	
	Other Antimicrobials					
T	Flaminal® Forte Gel	15gm	50gm			
P	Cutimed Sorbact	4cm x 6cm	7cm x 9cm	2cm x 50cm	3cm round swab x 5	
	Debridement					
P	Debrisoft physical debridement pad	10cm x 10cm				

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

NA ultra ® (Systagenix) A 5.1.1 Low adherence dressings	P

Description: Primary wound contact layer consisting of a knitted viscose rayon sheet with a silicon 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	Do not use if allergic to silicone
How to apply/remove	Place flat onto the wound surface **Removal**: Should lift off wound with no adherence
Frequency of dressing changes	Dependent on the nature of the wound, can be left in place for up to 7 days Refer to exudate and debridement management guidance (appendix 1 & 2)
Prescribers guidance	Consideration should be given to the following when prescribing: • usually used for wounds where adhesive dressing not appropriate
Acute variation	No variation to acute clinical settings.

Atrauman ® (Hartman) **P**
A 5.1.1 Low adherence dressings

Description: Non-adherent, polyester mesh wound contact layer. 1mm pore size and impregnation of neutral triglycerides prevent penetration of granulation tissue into dressing. Petrolatum free.

Sizes
7.5 x 10cm
10 x 20 cm

Indications for use	Provides a contact layer directly onto the wound surface. Simple dressing for: • minor burns • abrasions • superficial wounds • can be used under compression on highly exuding leg ulcers
Contraindications	None listed
How to apply/remove	Place flat onto the wound surface **Removal**: Should lift off wound with no adherence
Frequency of dressing changes	Dependent on the nature of the wound, can be left in place for up to 7 days Refer to exudate and debridement management guidance (appendix 1 & 2)
Prescribers guidance	Consideration should be given to the following when prescribing: • usually used for wounds where adhesive dressing not appropriate
Acute variation	No variation to acute clinical settings.

PREMIERPORE® (Shermond)
A 5.1.2 Absorbent dressings **P**

Description: An adhesive, absorbent, island dressing.

Sizes
5 x 7cm
10 x 10cm
10 x 15cm
10 x 20cm
10 x 25cm
10 x 30cm
10 x 35cm

Indications for use	• post operative incision sites • lightly exuding wounds
Contraindications	Any known sensitivity to adhesives
How to apply/remove	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 per surgeons instructions • remove and inspect wound if a large amount of exudate is visible on the outer dressing Refer to exudate and debridement management guidance (appendix 1 & 2)
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 exudate; this will result in strike through, increased risk of bacterial contamination and increased frequency of dressing changes
Acute variation	No variation to acute clinical settings.

Zetuvit E ® (Paul Hartmann) **A 5.1.2 Absorbent Dressings**	**P**

Description: Absorbent cellulose pad with fluid repellent backing

Sizes
10cm x 10cm
10cm x 20cm

Indications for use	• basic wound pad • use as primary or secondary dressing for moderate to heavily exuding wounds
Contraindications	None listed
How to apply/remove	Direct to wound bed
Secondary dressing	Bandage or tape
Frequency of dressing changes	As exudate dictates – refer to exudate and debridement management guidance (appendix 1&2)
Prescribing guidance	Consideration should be given to the following when prescribing: • alternative to secondary foam or silicone dressing
Acute variation	**Eclypse** – alternative dressing used in acute clinical areas. **Be aware – for patients discharged from hospital, any discharge supply of dressings should be used up prior to reassessment. If further dressings are required then patient should be switched to the formulary alternative.**

Zetuvit Plus® (Paul Hartmann) **A 5.1.2 Absorbent Dressings**	**P**
Description: Superabsorbent dressing, for heavily exuding wounds, that contains a blend of cellulose and fluid retaining superabsorbent particles. Water-repellent, air permeable, non-woven layer protects against contamination.	

Sizes
10cm x 10cm
10cm x 20cm

Indications for use	• heavily exuding acute and chronic wounds • As secondary dressing to manage excess exudate whilst primary dressing is preparing wound bed for healing • To provide excess exudate management for oedematous legs due to chronic venous insufficiency
Contraindications	None known
How to apply/remove	Direct to wound bed, or as secondary dressing over primary dressing.
Secondary dressing	Bandage or tape
Frequency of dressing changes	As exudate dictates – refer to exudate and debridement management guidance (appendix 1&2)
Prescribers guidance	Consideration should be given to the following when prescribing: • easy to use and reduces the need for secondary foam or silicone dressing • Do not use with larvae therapy
Acute variation	**Eclypse** – alternative dressing used in acute clinical areas. **Be aware – for patients discharged from hospital, any discharge supply of dressings should be used up prior to reassessment. If further dressings are required then patient should be switched to the formulary alternative.**

Eclypse ® (Advancis) (ACUTE USE ONLY) **A5.1.2 Absorbent dressings** **Absorbent Cellulose Dressing with Fluid Repellent Backing**	**P**

Description: Super-absorbent secondary dressing. Fluid repellent backing reduces risk of strike-through.

Sizes
15cm x 15cm
20cm x 30cm
60cm x 40cm

Indications for use	Moderate to heavily exuding wounds: • leg ulcers • pressure ulcers • sloughy or granulating wounds • post-operative or dehisced wounds • fungating wounds • donor site management
Contraindications	Do not use on arterial bleeds or heavily bleeding wounds
How to apply/remove	Place white face down on wound surface with beige backing uppermost. For large wounds several dressings can be placed side-by-side and secured with an appropriate tape or bandage. Can be used under compression therapy
Frequency of dressing changes	• Wear time will depend on the level of exudate and underlying wound bed. • Dependant on nature of wound bed and exudate level, can be left in place for up to 7 days. Refer to exudate and debridement management guidance (appendix 1&2)
Prescribers guidance	Can dry out wounds with lower exudate levels.
Partnership variation	Alternative Zetuvit range, Flivasorb

ActivHeal Hydrogel® (Advanced Medical Solutions) **A 5.2.1 Hydrogel Dressings**	**P**
Description: Contains 85% water and a collection of polymer chains that are water insoluble. No animal derived ingredients	

Sizes
15g

Indications for use	• necrotic and sloughy wounds with nil to low exudate
Contraindications	• surgical implantations • full thickness burns
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	As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2)
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
Acute variation	No variation to acute clinical settings.

Actiform Cool® (Activa) **A5.2.1 Hydrogel Dressings**	**P**
Description: Ionic non adherent hydrogel sheet to debride devitalised tissue	

Sizes
5 x 6.5cm
10 x 10cm
15cm x 15cm
20 x 20cm

Indications for use	• dry eschar or slough • painful wounds • burns • radiation burns • fungating wounds • under compression for light to moderate exuding wounds
Contraindications	• deep cavity wounds • narrow cavity wounds • sinus wounds • bleeding wounds • infected wounds • poorly perfused wounds
How to apply/remove	Position on wound bed and smooth into place **Removal:** Lift one corner and gently peel off dressing If dressing has dried out, soak with water or saline to rehydrate and peel off.
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2) Dressing should be changed when dressing becomes discoloured or opaque.
Prescribers guidance	Consideration should be given to the following when prescribing: • adds or absorbs moisture depending upon wound bed • can be used under compression therapy • may dry out rapidly and adhere to wound • seek specialist advice in diabetic foot conditions and arterial insufficiency
Acute variation	No variation to acute clinical settings.

Tegaderm® (3M) A5.2.2 Vapour permeable films and membranes	P
Description: Thin polyurethane film coated with acrylic adhesive	

Sizes
6.9 x 7cm
12 x 12cm
15 x 2cm

Indications for use	• dry or low exuding wounds • minor traumatic wounds such as grazes, abrasions and lacerations • post operative surgical wounds • superficial burns
Contraindications	• moderate to heavily exuding wounds • known sensitivities
How to apply/remove	1. Gently peel perforated centre cut out and discard 2. Remove printed liner to reveal wound contact layer 3. Apply to wound bed leaving 2-3cm margin 4. Peel off frame surrounding film and smooth edges **Removal:** Gently lift corner and pull backwards towards centre of wound
Frequency of dressing changes	As exudate dictates – refer to exudate and debridement management guidance (appendix 1 & 2)
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 • risk of blistering if skin is stretched during application
Acute variation	No variation to acute clinical settings.

Tegaderm® + pad (3M) **A 5.2.2 Vapour permeable films and membranes**	**P**

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

Sizes
5cm x 7cm
9cm x 10cm
9cm x 15cm
9cm x 20cm
9cm x 25cm
9cm x 35cm

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	• heavily exuding wounds • known sensitivities
How to apply/remove	1. Remove film backing 2. Apply to wound ensuring absorbent pad is covering wound bed or incision line 3. Peel off frame and smooth edges **Removal:** Gently lift corner and pull backwards towards centre of wound
Frequency of dressing changes	As exudate and dictates – refer to exudate and debridement management guidance (appendix 1)
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
Acute variation	No variation to acute clinical settings.

Mepitel® (Monlycke) (Acute Care) **Adaptic touch® (Systagenix) (Primary Care)** **A 5.2.3 Soft Polymer dressings**	**P**

Description: Non adherent wound contact layer coated with soft silicone on both sides.
Sizes:

Mepitel®	Adaptic Touch®
5cm x 7cm	5cm x 7.6cm
8cm x 10cm	7.6cm x 11cm
12cm x 15cm	12.7cm x 15cm
20cm x 30cm	20cm x 32cm

Indications for use	For the management of wounds where adherence of a dressing to the underlying tissue represents a particular clinical problem. Typical applications include: • skin tears or abrasions • surgical excisions • second-degree burns • blistering conditions such as epidermolysis bullosa • lacerations • partial and full thickness grafts • skin damage following radiotherapy or steroid therapy.
Contraindications	Known sensitivity to any of the components Dowling Meara Variant of Epidermolysis Bullosa Simplex
How to apply/remove	• Direct to wound bed • Dressing should overlap the wound margin by at least two centimetres. Can be cut to size or shape before removal of the protective films. • If more than one piece is required, the dressings may be partially overlapped, ensuring that the pores are not blocked. Moistening gloves with sterile water or saline will help to stop the dressing sticking to the fingers and thus facilitate application. • Once in position the dressing should be smoothed into place, ensuring a good seal with the surrounding skin, and covered with an appropriate absorbent secondary dressing and a suitable fixation device or bandage
Frequency of dressing changes	Depending on the nature and condition of the wound, may be left in place for up to 7-10 days, but the outer absorbent layer should be changed as frequently as required. As exudate dictates – refer to exudate management guidance (appendix 1)
Prescribers guidance	Consideration should be given to the following when prescribing: • This dressing should not be changed more than once a week • If more than once weekly consider product from basic wound dressing selection • Not to be used with other non-adherent or silicone base dressings
Partnership Variation	**as noted at top of page**

Mepilex® (Monlycke Health Care) (Acute Care) **Allevyn Gentle ® (Smith and Nephew) (Primary Care)** **A 5.2.3 Soft Polymer dressing with absorbent pad WITHOUT BORDER**	**P**

Description: Absorbent foam with soft silicone contact layer and film backing.
Sizes:

Mepilex®	Allevyn Gentle Border®
10cm x 11cm	5cm x 5cm
11cm x 20cm	10cm x 10cm
15cm x 16cm	10cm x 20cm
20cm x 21cm	15cm x 15cm
	20cm x 20cm

Indications for use	• exuding wounds including pressure ulcers • traumatic wounds resulting in skin loss
Contraindications	Do not use if allergic to silicone/known sensitivity to any of the components
How to apply/remove	• The wound contact surface of the dressing is protected by a divided plastic film that must be removed before use. Dressing should overlap the wound margin by at least two centimetres. • Can be cut to size or shape before removal of the protective film. Once in position the dressing may be held in place with a bandage or other suitable retention aid. • Additional absorbent pads should not be required.
Frequency of dressing changes	• change dressing when there is 80% discolouration on outer surface of dressing, this indicates that it has reached its full absorption capacity • may be left in place for up to 7 days on clean granulating wounds - refer to exudate and debridement management guidance (appendices 1 & 2)
Prescribers guidance	Consideration should be given to the following when prescribing: • **only to be used in patients with fragile skin or intolerance to other dressings** • **do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate** The presence of clinical infection does not preclude the use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.
Partnership variation	**as noted at top of page**

Mepilex BORDER® (Mölnlycke Health Care) (Acute Care) **Allevyn Gentle BORDER® (Smith and Nephew) (Primary Care)** **A 5.2.3 Soft polymer dressing with absorbent pad and adhesive border**	**P**

Description: Absorbent foam dressing with a soft silicone wound contact layer and adhesive border plus a film backing.
Sizes:

Mepilex Border®	Allevyn Gentle Borde®r
7cm x 7.5cm	7.5cm x 7.5cm
10cm x 12.5cm	10cm x 10cm
10cm x 20cm	10cm x 20cm
10cm x 30cm	12.5cm x 12.5cm
15cm x 17.5cm	15cm x 15cm
17cm x 20cm	17.5cm x 17.5cm

Indications for use	Suitable for a wide range of exuding chronic and acute wounds as well as secondary healing wounds.
Contraindications	Do not use if allergic to silicone.
How to apply/remove	• peel back film dressing and apply directly to wound bed ensuring the dressing overlaps the wound margins by 2cm. • do not stretch. • on dressing removal gently lift one corner and slowly peel back the dressing.
Frequency of dressing changes	• change dressing when there is 80% discolouration on outer surface of dressing, this indicates that it has reached its full absorption capacity • The interval between changes will normally be determined by the amount of exudate produced by the wound, but the dressing may be left in place for several days on clean non-infected wounds for up to seven days. • Refer to exudate and debridement management guidance (appendices 1 & 2)
Prescribers guidance	Consideration should be given to the following when prescribing: • **only to be used in patients with fragile skin or intolerance to other dressings** • **do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate** The presence of clinical infection does not preclude use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds dressed may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected. Do not use Mepilex Border together with oxidizing agents such as hypochlorite solutions or hydrogen peroxide.
Partnership Variation	as noted at top of page

Flivasorb® (Activa Healthcare) **A 5.2.3 Soft Polymer Dressing**	**P**

Description: Superabsorbent, low sensitivity wound dressing with non-adherent wound contact layer and outer clothing protection layer. Contains sodium polyacrylate super absorber particles and cellulose to lock away exudate and bacteria.

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

Indications for use	• primary dressing for the management of heavily exuding and sloughy wounds • secondary dressing for deep heavily exuding wounds
Contraindications	Known sensitivity to any components of the dressing
How to apply/remove	Direct to wound bed
Secondary dressing	Bandage or tape
Frequency of dressing changes	As exudate dictates – refer to exudate and debridement management guidance (appendix 1 & 2)
Prescribing guidance	Consideration should be given to the following when prescribing: • easy to use and reduces the need for secondary foam or silicone dressing • dressing must not be cut or torn • can remain in situ for up to 7 days when appropriate
Acute variation	**Eclypse** – alternative dressing used in acute clinical areas. **Be aware – for patients discharged from hospital, any discharge supply of dressings should be used up prior to reassessment. If further dressings are required then patient should be switched to the formulary alternative.**

Aquacel Extra ® (Convatec) **P**
A5.2.4 Hydrocolloid Dressings

Description: Primary hydrofibre wound contact layer composed of hydrocolloid fibre (sodium carboxymethylcellulose). High absorbency. Converts to gel on contact with moisture (i.e. wound exudate)

Sizes	
5 x 5cm	**4 x 20cm**
10 x 10cm	**4 x 30cm**
15 x 15cm	**2 x 45cm**
4 x 10cm	

Indications for use	• moderate to heavily exuding wounds • debridement of moist slough • critically colonised wounds
Contraindications	Any known sensitivities
How to apply/remove	**Sheet:** Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site. 1. Apply to wound bed leaving small overhang around the entire wound edge 2. Ensure maximum contact with wound bed 3. Lay loosely into cavity wounds filling no more than 80% to allow for product swelling 4. Overlap surrounding periwound skin **Ribbon:** 1. Loosely pack into cavity to approximately 80% of depth to allow for product swelling 2. Ribbon can be cut lengthwise. Use 4 x 20cm sheet and cut to size if using on narrow cavity **Removal:** Lift carefully from wound bed using area of overhang Irrigate to facilitate moisture and ease of removal if adherence to wound bed
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)
Prescribers guidance	Consideration should be given to the following when prescribing: • mechanically lifts slough and bacteria from wound bed • reduces risk of maceration and excoriation of peri-wound and surrounding tissues • avoid in dry or low exuding wounds as it can dry out and adhere to wound bed • in deep cavities requiring multiple dressings consider alternative • can be used as secondary dressing with honey or surfactants in tracking wounds
Acute variance	No variation to acute clinical settings.

Comfeel Plus Transparent®: Coloplast **A 5.2.4 Hydrocolloid Dressings**	**P**

Description: Low absorbency alginate and hydrocolloid adherent dressing

Sizes	
9 x 11cm	**4 x 6cm**
15 x 15cm	**20 x 20cm**
6 x 8cm	**10 x 10cm**
18 x 20cm	

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 NPWT or Larvae therapy
Contraindications	• any known sensitivities • product is latex free
How to apply/remove	Peel backing layer and place directly on wound bed
Frequency of dressing changes	As exudate dictates – refer to exudate management and debridement guidance (appendices 1&2)
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
Acute variation	No variation to acute clinical settings.

Activheal® foam dressing non adhesive (Advanced Medical Solutions) **P**
A 5.2.5 Foam dressings

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

Sizes
5cm x 5cm
10cm x 10cm
20cm x 20cm
17.8cmx 10cm
10cm x 20 cm
18cm x 12cm (heel)

Indications for use	• moderate to heavily exuding wounds
Contraindications	• 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 – refer to exudate and debridement management guidance (appendices 1&2)
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**
Acute variation	**Permafoam** – alternative dressing used in acute clinical areas. **Be aware – for patients discharged from hospital, any discharge supply of dressings should be used up prior to reassessment. If further dressings are required then patient should be switched to the formulary alternative.**

Activheal ®foam dressing adhesive (Advanced Medical Solutions) **A 5.2.5 Foam dressings**	**P**
Description: An absorbent foam dressing with adhesive border and waterproof film backing.	

Sizes
7.5cm x 7.5cm
10cm x 10cm
12.5cm x 12.5cm
15cm x 15cm
20cm x 20 cm
18cm x 12cm

Indications for use	• moderate to highly exuding wounds
Contraindications	• 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 – refer to exudate and debridement management guidance. (appendices 1&2)
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**
Acute variation	No variation to acute clinical settings.

Permafoam® Non-adhesive foam dressing (Paul Hartmann) (Acute Use Only) P **A 5.2.5 Foam dressings**	
Description: A non adherent absorbent dressing. **Sizes** **10cm x 10cm** **15cm x 15cm** **20cm x 20 cm** **Sacral**	
Indications for use	• moderately exuding chronic and acute wounds • Can be used under compression
Contraindications	• 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 – refer to exudate and debridement management guidance. (appendices 1&2)
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**
Partnership variation	**Alternative Activheal® foam dressing non-adhesive**

Tegaderm® Foam Adhesive (3M) **A 5.2.5 Foam dressings**	**P**
Description: Absorbent polyurethane pad with additional non woven layer and border of transparent adhesive film	

Sizes	
6.9 x 7.6cm	**14.3 x 15.6cm**
6.9 x 6.9cm	**19 x 22cm (oval)**
10 x 11cm (oval)	
14.3 x 14.3 cm	

Indications for use	• low to heavily exuding wounds • primary or secondary dressing • sloughy or granulating wounds • cavity wounds as a secondary dressing
Contraindications	Known sensitivities
How to apply/remove	1. Gently peel backing from absorbent pad 2. Apply to wound bed leaving adequate margin 3. Peel off backing layer and smooth **Removal:** Lift corner and pull backwards towards centre of wound
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1&2)
Prescribers guidance	Consideration should be given to the following when prescribing: • **do not use a foam dressing unless exudate levels and wound conditions indicate appropriate** • comes in oval shape for difficult sites • care must be taken on removal to prevent skin stripping
Acute variation	No variation to acute clinical settings.

Polymem® (Aspen Medical) **T**
A 5.2.5 Foam dressings, Polyurethane Foam film dressing without adhesive border

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

Sizes
10 x 10
10 x 61 roll

Indications for use	Low to moderately exuding wounds including: • skin tears • burns • donor and graft sites • and radiotherapy induced skin reactions
Contraindications	Not suitable for full thickness burns. Do not use in conjunction with solutions containing hypochlorite.
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 – refer to exudate management guidance (attached)
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***
Acute variation	No variation to acute clinical settings.

Tielle Lite® (Hartman) A5.2. 5 Foam dressings	(ACUTE USE ONLY)	P

Description: A thin hydropolymer foam with non-adherent wound contact layer.

Sizes
7cm x 9cm
11cm x 11cm
8cm x 15cm
8cm x 20cm

Indications for use	• For most types of lightly exuding or epithelialising wounds. • Traumatic injuries and post operative wounds
Contraindications	Not recommended for use on clinically infected wounds without medical supervision. If known sensitivity to any of the parts of the product
How to apply/remove	Central pad needs to overlap wound edges by 1cm. Removal; gently peel back from one corner, on frail/fragile skin sterile water or saline can be used to break the adhesive bond.
Frequency of dressing changes	Dependent on the nature of the wound, can be left in place for up to 7 days Refer to exudate and debridement management guidance (appendix 1&2)
Prescribers guidance	Consideration should be given to the following when prescribing: • Should the wound be larger than the central island two dressings can be overlapped by cutting one adhesive margin before removing the backing paper and applying as described.
Partnership variation	Alternative :Activeheal Foam, Tegaderm plus pad

Tielle Plus® (Systagenix) **P**
A5.2. 5 Foam dressings
Polyurethane foam film dressing with Adhesive Border

Description: Absorbent hydropolymer foam island dressing with a vapour-permeable film backing and adhesive border. Can be used for moderately to highly exuding wounds

Sizes
11cm x 11 cm
15cm x 15 cm
15cm x 20cm
15cm x 15cm sacral

Indications for use	• exuding chronic and acute wounds • secondary healing wounds.
Contraindications	• third degree burns • active vasculitis
How to apply/remove	Ensure peri-wound skin is dry. Peel back film dressing and apply directly to wound bed ensuring the absorbent island overlaps the wound margins by 1cm. On dressing removal gently lift one corner and slowly peel back the dressing. On fragile skin water can be used to break the adhesive seal
Frequency of dressing changes	Should be changed when exudate is present at the pad edges. The interval between changes will normally be determined by the amount of exudate produced by the wound. Dressing may be left in place for 7 days on clean non-infected wounds. Refer to exudate and debridement management guidance (appendices 1&2)
Prescribing guidance	Consideration should be given to the following when prescribing: • **do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate**
Acute Variation	

Kaltostat® (Convatec) **A5.2.6 Alginate dressings**	**P**
Description: Sterile non-woven calcium-sodium alginate fibre dressing. Promotes haemostasis on contact with a bleeding wound.	

Sizes
5cm x 5cm
7.5cm x 12cm
10cm x 20cm
15cm x 25cm
2g rope cavity dressing

Indications for use	• local management of bleeding wounds, please note Kaltostat is not intended to control heavy bleeding • in wound management Kaltostat can manage moderate to heavy exudate
Contraindications	Any known allergies
How to apply/remove	• for haemostasis apply directly to bleeding area and remove when bleeding has stopped • Kaltostat should be trimmed/folded to the exact size of the wound • for heavily exuding wounds, Kaltostat should be applied dry onto the wound and gels in moisture • when using Kaltostat ribbon in cavity wounds 2.5cm of dressing should be left outside for facilitate easy retrieval of dressing **Removal:** can be assisted by saturating the dressing with normal saline (not water)
Frequency of dressing changes	As exudate dictates refer to exudate and debridement management guidance.(appendix 1&2)
Prescribers guidance	Consideration should be given to the following when prescribing: • not indicated for third-degree burns or use as a surgical sponge. • not indicated for heavily bleeding wounds. (seek specialist advice)
Acute variation	No variation to acute clinical settings.

CarboFLEX ® (ConvaTec) **A 5.2.8 Odour absorbant dressings**	**P**
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
10 x 10cm
8 x 15cm oval
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	• 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 dressing size large enough to overlap the wound edge by 3cm.
Secondary Dressing	Bandage or tape.
Frequency of dressing changes and removal	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1&2)
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 •
Acute variation	No variation to acute clinical settings.

CLINISORB ® (CliniMed) **A 5.2.8 Odour Absorbent Dressing**	**P**
Description: Activated charcoal cloth enclosed in viscose rayon with outer polyamide coating	

Sizes
10cm x 10cm
10cm x 20cm
15cm 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 of infection
Contraindications	None listed
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, refer to exudate and debridement management guidance (appendices 1&2)
Prescribing 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
Acute variation	No variation to acute clinical settings.

Activon Tulle® (Advancis Medical) **A 5.3.1 Antimicrobial Dressings, Honey sheet dressing**	**P**
Description: Knitted viscose impregnated with medical grade honey. Medical grade honey has antimicrobial and anti-inflammatory properties and can be used for acute and chronic wounds. Medical grade honey has osmotic properties, producing an environment that promotes autolytic debridement; it can help control wound malodour	

Sizes
10 x 10

Indications for use	• debridement
	• eliminates odours
	• provides a moist wound healing environment for all types of acute and chronic wounds including;
	    ○ pressure ulcers
	    ○ burns
	    ○ graft sites
	    ○ fungating tumours
	• has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected

Contraindications	• **<u>DO NOT</u> use if the patient has a known allergy to bee venom.** • **<u>Not recommended on leg ulcers (SIGN 120)</u>**
How to apply/remove	Apply directly to wound bed (can be opened out to cover larger surface area).
Frequency of dressing changes	As exudate dictates refer to exudate and debridement management guidance (appendix 1&2) ***Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.***
Prescribing guidance	Consideration should be given to the following when prescribing: • can make wound bed very moist and may lead to maceration if exudate not managed adequately • a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues/cannot be tolerated discontinue use and irrigate with saline solution • dressing hardens when cold, can be softened in warm environment, needs to be softened prior to use • Activon contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes • seek specialist advice in diabetic foot conditions and arterial insufficiency
Acute variation	No variation to acute clinical settings.

Activon Tube ® (Advancis Medical) **A 5.3.1 Antimicrobial Dressings, Honey-based topical application**	**P**

Description: 100% medical grade manuka honey ointment. Medical grade honey has antimicrobial and anti-inflammatory properties and can be used for acute and chronic wounds. It has osmotic properties, producing an environment that promotes autolytic debridement; it can help control wound malodour

Sizes
25g tube

Indications for use	• debridement
	• eliminates odours
	• provides a moist wound healing environment for all types of acute and chronic wounds including;
	  o pressure ulcers
	  o burns
	  o graft sites
	  o fungating tumours
	• has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected
	• can be used in cavities

Contraindications	• **<u>DO NOT</u> use if the patient has a known allergy to bee venom** • **<u>Not recommended on leg ulcers (SIGN 120)</u>**
How to apply/remove	Apply directly to wound bed or insert into cavity. Refer to wound cleansing guidelines (see links)
Frequency of dressing changes	***Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.***
Prescribing guidance	Consideration should be given to the following when prescribing: • can make wound bed very moist and may lead to maceration if exudate not managed adequately • a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues / cannot be tolerated discontinue use and irrigate with saline solution • Activon contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes • seek specialist advice in diabetic foot conditions and arterial insufficiency
Acute variation	No variation to acute clinical settings.

Povidone Iodine 10% generic prescribing will supply Povitulle **Inadine® (Systagenix)** **A 5.3.2 Iodine, Low adherent iodine dressing**	**P**
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	• heavily exuding wounds • slough • exposed tendon or bone • patients prescribed Lithium • pregnancy or breastfeeding • under 6 months age • known sensitivities **caution in thyroid disorder or renal impairment, require medical guidance**
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.***
How to apply/remove	• avoid overhang to surrounding tissues **Removal:** 1. Lift carefully from wound bed 2. Irrigate with sterile saline to facilitate moisture and ease of removal if adherence to wound bed
Prescribing guidance	Consideration should be given to the following when prescribing: • broad spectrum antimicrobial effect • little absorbency capacity • percutaneous absorption of iodine
Acute variation	No variation to acute clinical settings.

IODOFLEX ® (Smith and Nephew) **A 5.3.2 Antimicrobials, Iodine**	**P**
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	Should not be used on: • dry, necrotic tissue • known sensitivity to any of its 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. Refer to exudate and debridement management guidance (appendices 1&2) ***Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.***
Prescribing 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
Acute variation	No variation to acute clinical settings.

IODOSORB ® (Smith and Nephew) **P**
A 5.3.2 Antimicrobials, Iodine

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

Ointment Sizes	Powder Size
10g	3g sachet
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	Should not be used for: • dry, necrotic tissue • known sensitivity to any of its ingredients • children • pregnant or lactating women • people with thyroid disorders or renal impairment • patients taking lithium • if bone or tendon exposed
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.***
Prescribing 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
Acute variation	No variation to acute clinical settings.

Silvercel ® Non-Adherent (Systagenix) **A 5.3.3 Antimicrobial dressing, silver, alginate dressing**	**T**

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

Sizes
5 x 5cm
11 x 11cm
10 x 20cm
2.5 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	• 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. ***Re-assessment of wound to determine if silver containing dressing to continue should be undertaken at least two weekly.***
Frequency of dressing Changes	Provides a sustained release of silver ions for up to 7 days, dressing changes therefore dependent on holistic clinical assessment. As exudate, slough and infection dictates – refer to exudate and debridement management guidance. (appendices 1&2)
Prescribing Guidance	Consideration should be given to the following when prescribing: • **silver-impregnated dressings should not be used routinely for the management of uncomplicated wounds**
Acute variation	No variation to acute clinical settings.

Flaminal Forte® (Crawford Healthcare) **A5.3.4 Other antimicrobials, Antimicrobial Alginate Gel**	**T**

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

Sizes
15gm

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	• dry or low exuding wounds • clean wounds with no signs or risks of clinical infection • known sensitivities
How to apply/remove	1. Apply directly to wound bed ensuring protection of surrounding skin 2. A syringe may be used to insert into cavity wounds **Removal:** By gentle irrigation with sterile water or saline
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.***
Prescribing Guidance	Consideration should be given to the following when prescribing: • no fibre shed in cavities • should only be used for two week periods
Acute variation	No variation to acute clinical settings.

Prontosan Gel ® (B Braun) **A 5.3.4 Other antimicrobials**	**P**
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
30ml

Indications for use	Biofilm disruption, cleansing, decontamination and moisturising of: • acute wounds • chronic wounds • first and second degree burns
Contraindications	If known sensitivity to any of the gel's ingredients
How to apply/remove	• apply directly to wound bed
Frequency of dressing changes	N/A
Prescribing guidance	Consideration should be given to the following when prescribing: • use only if indicated by wound cleansing guidance (See links) • 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
Acute variation	No variation to acute clinical settings.

Prontosan solution ® (B Braun) **A 5.3.4 Other antimicrobials**	**P**

Description: Solution 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
350ml

Indications for use	Biofilm disruption, cleansing, decontamination and moisturising of: • acute wounds • chronic wounds • first and second degree burns
Contraindications	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
Prescribing guidance	Consideration should be given to the following when prescribing: • use only if indicated by wound cleansing guidance (See links) and debridement guidance (appendix 2) • 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 • one bottle should allow for approximately 8 dressing changes (based on average size 10 x 10 cm wound size) • apply as a soak at every dressing change as per wound cleansing guidance (See links)
Acute variation	No variation to acute clinical settings.

Cutimed Sorbact ® (BSN) **A5.3.4 Other Antimicrobials**	**P**
Description: Dressing made from fabric coated with diakyl carbamoyl chloride (DACC) a strongly hydrophobic substance that achieves fast and effective binding of microorganisms.	

Sizes
Swabs 4x6cm
Swabs 7x9cm
Ribbon 2x50cm
Ribbon 5x20cm
Round swabs 3cm

Indications for use	• chronic and acute wounds that are critically colonised • where an antimicrobial dressing is indicated in moderately to highly exuding wounds
Contraindications	• do not use in combination with ointments and creams as the binding effect is impaired
How to apply/remove	• place directly onto the wound surface • swabs can be used folded or unfolded and applied to achieve maximum contact with the wound bed
Frequency of dressing changes	As exudate dictates – refer to exudate management guidance, can be left in place for up to 7 days ***Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.***
Prescribing guidance	Consideration should be given to the following when prescribing: • requires a moist wound condition to be effective • no risk of allergy • can be used during pregnancy, breastfeeding • can be used on children • ribbon should not be cut due to shedding
Acute variation	No variation to acute clinical settings.

Debrisoft ® Physical Debridement Pad (Activa) **A5.5.3**	**P**
Description: Debrisoft is a pad made up of polyester fibres with bound edges Used as a debriding pad to remove loose slough and debris from wound bed. NB: this is a debridement pad and **NOT** a wound dressing	

Sizes
10cm x 10cm

Indications for use	• to debride loose superficial slough and debris to reveal underlying granulating wound bed • removal of softened loose hyperkeratotic skin from peri wound margins
Contraindications	• wound bed with granulating base • dry slough or necrosis • deep slough • pain despite analgesia • Check pad at end of intervention – if pad is clean this may be due to technique in using pad (seek further advice on correct use)
How to use	• Moisten pad with water prior to use • Apply rotational movements over wound bed and margins with pad, with **fibre** side contacting the wound bed to loosen and remove slough and debris. • Procedure may take a few minutes, as tolerated, to debride and expose granulating wound bed. • During procedure if less hydrated slough is exposed, further hydration with wound dressings is required to soften and liquefy slough to be removed at following dressing change with Debrisoft.
Frequency/ Prescribers guidance	• May only require a "one off" treatment or follow up depending on chronicity of wound • At follow up dressing change if slough which was removed is apparent again, this may indicate poor perfusion with vascular referral required; or biofilm formation requiring cleansing with surfactant (For further information on range of debridement techniques refer to appendix 2)
Acute variation	None

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)

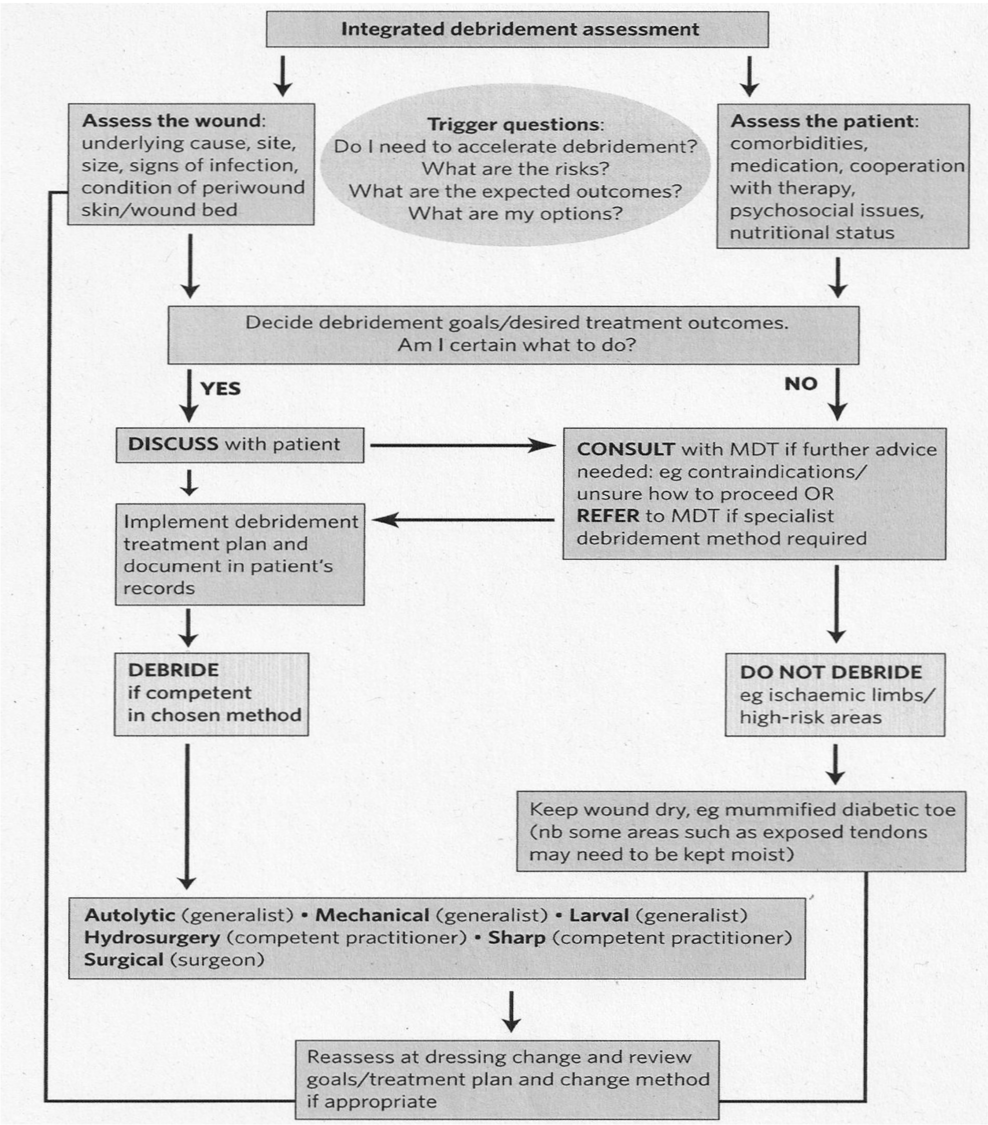
Ultrasonic: delivery of ultrasonic sound waves in combination with irrigation to remove devitalised tissue (Specialist)

Hydro surgical: 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)

Figure 1



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*

Exudate management guidance notes

Ineffective management of wound exudate will have a negative effect on wound healing, and surrounding skin either by allowing the tissues to get too dry or too wet.

Undertake holistic assessment prior to dressing selection

Consider the following:

- If there is tracking or undermining a primary dressing should be laid into cavity.
- Amount and type of exudate to be managed.
- Frequency of dressing change required.
- Skin sensitivity or fragility
- Manufacturer's recommended wear time.
- Indications for dressing removal
- Underlying cause of exudate

Assessment	Action
Is exudate low? Wound tissues moist, moisture evenly distributed in wound, <25% of dressing soiled	Do not apply a foam dressing. Apply a simple dressing.
Is exudate moderate? Wound tissues saturated, drainage may not be evenly distributed in wound, 25% - 75% of dressing soiled.	Apply dressing designed to manage moderate exudate and provide bacteriostatic barrier. Foam not always required.
Is exudate heavy? Wound tissues bathed in fluid, drainage freely expressed, may not be evenly distributed in wound, >75% of dressing soiled	Apply dressing designed to manage heavy exudate. Foam probably required.
Is exudate excessive? Exudate not contained by highly absorbant foam	Consider if wound requires primary dressing. Apply highly absorbent dressing or drainable appliance

Links:

Wound cleansing guidance can be accessed at:
http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/TissueViabilityServiceAcuteDivision/Pages/AcuteResourceFolder–GuidelinesTools.aspx

NHS Greater Glasgow and Clyde Prescribing webpage, formulary information, guidance and resources: www.ggcprescribing.org.uk

NHS GG&C Code of Business Conduct for staff:
http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Board%20Admin/Pages/Code%20of%20Conduct%20for%20Staff.aspx

NHS GG&C Tissue Viability Service site:
http://www.staffnet.ggc.scot.nhs.uk/Partnerships/Greater%20Glasgow%20and%20clyde%20services/tissueviabilityptn/Pages/TissueViabilityPartnerships.aspx

Unlicensed Medicine Protocol Prescribing Larvae
http://www.staffnet.ggc.scot.nhs.uk/Info Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC Clinical Guidelines Electronic Resource Direct/Unlicensed Medicine Protocol Prescribing Larvae.pdf

Negative Pressure Wound Therapy Protocol.
http://www.staffnet.ggc.scot.nhs.uk/Info Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC Clinical Guidelines Electronic Resource Direct/Negative Pressure Wound Therapy Protocol.pdf -

References:

British National Formulary (BNF) 67 March 2014

British National Formulary for Children (BNFc) 2014-2015 (July 2014)

Hurding S & MacBride-Stewaret S (2013): NHS Scotland and the Scottish Government. Indicator 8. Antimicrobial Wound Products: Antimicrobial wound products as percentage of total wound products (items).
http://www.qihub.scot.nhs.uk/media/500757/national%20therapeutic%20indicators%202013.pdf

NHS GG&C Therapeutics Handbook 2013-14

NHS GG&C Tissue viability website

NHS GG&C Prescribing website http://www.ggcprescribing.org.uk/prescribing/

Wound Care Handbook 2013-2014, MA Healthcare Ltd, London

Wounds UK Best Practice Statement. The use of topical antimicrobial agents in wound management. London:Wounds UK, 2013 (third edition)

Individual product datasheets from each of the product suppliers were used in the development of the NHS GGC wound care datasheets.