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# Wound Care Formulary 2016



Staffordshire & Stoke on Trent Partnership Trust  
Tissue Viability Service

## Wound Care Formulary

In 2010 The Department of Health instructed the National Prescribing Centre (NPC) to produce guidance on the purchasing and prescribing of dressings. An expert focus group was established which looked into ensuring quality and productivity for patient care. The guiding principles considered the whole patient care pathway, rather than focusing solely on the products being prescribed.

With this guidance Staffordshire and Stoke on Trent Partnership Trust (SSOTP) Tissue Viability Service (TVS) have developed a robust, evidenced based and concise Wound Care Formulary.

This is the revised formulary of the original 2012 document. The formulary is designed to support nurses in their decision making process in the area of wound care. The formulary will be subject to review and a mechanism for comments and the assessment of new products will be ongoing. Any products which are identified as like for like, after going through a robust evaluation process and agreed with respective partners will be changed over if cost savings can be identified.

### Notes for using the Formulary

- The Formulary should not be used in isolation and should not replace sound clinical judgement.
- Practitioners with specialist wound care knowledge should be referred to if necessary.
- Prescribing dressings - ensure that there are sufficient dressings to last up to the next review date and not necessarily to the nearest pack size.

### There are three sections to the Formulary:

- The **GREEN** section which is available for all community staff to prescribe.
- The **AMBER** section which staff will be able to prescribe with the use of the Exemption Form available within this document.
  - Rationale must be supplied, as this will aid in updating the Formulary. Guidance is that these products can be prescribed for two weeks, and assessments need to clarify continuation or discontinuation.
  - The TVS will need to be updated on this process if a longer period than two weeks is required.
  - Antimicrobial products should only be used where there is an increased risk of infection or clinical signs of infection are apparent. Once an infection has resolved, treatment with an antimicrobial should be stopped.
- The **RED** section is to be used in conjunction with Tissue Viability Guidance.

**It must be emphasised that a holistic wound assessment must take place prior to choosing a dressing.**

**Please Note:** Products highlighted in this Formulary may only be used within the licensed indications within the Specific Product Characteristics (SPC) i.e. only use the product under the guidance of the product information leaflet. SPC are available at [www.medicines.org.uk](http://www.medicines.org.uk)

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## Formulary Guidance Chart

The guidance chart below shows on the left-hand side all products that are on the current formulary. Where a product has replaced an item(s), the previous product is shown on the right-hand side.

Green Section	
New Product to be used and products remaining on the formulary	Previous Product Used now to be removed
Zetuvit E Sterile Kliniderm Superabsorbent Range (New Product)	Kerramax Care, Zetuvit Plus Biatain Non Adhesive Advasorb Non Adhesive Advasorb Lite
Aquacel Extra Range (New Product) & Aquacel ribbon Sorbsan Range (New Product)	Durafiber
Flamazine Cream Iodoflex Paste	
Actico K-Soft K-Lite K-Plus Ko-Flex K-Three C Urgo KTwo Urgo KTwo Reduced	
Viscopaste (New Product) Zipzoc	Steripaste (No longer manufactured)
Actifast Range	
Stericlens Irripod	
Atrauman Tricotex	
Debrisoft (moved from amber in line with NICE recommendations)	
C-View C-View Post Op IV 3000 cannula Dressing (New Product)	
Sorbaderm Range	
Kliniderm Foam Silicone Range (New Product) Biatain Silicone Range	Biatain Adhesive Advasorb Border Adhesive Advasorb Silflex Advasorb Silflex Lite
Comfeel Plus Range Granuflex/Duoderm Range (New Product)	
KerraLite Cool (New Product) Aquaform Hydrogel	Actiform Cool

<b>Green Section</b>	
<b>New Product to be used and products remaining on the formulary</b>	<b>Previous Product Used now to be removed</b>
Softpore	
Actiwrap	
Non-woven fabric swab	
Hypafix Scanpor	

The dressings in the amber section should only be prescribed for a two week period, and assessment should then be undertaken. If the wound is improving then a further two weeks can be prescribed. If there is no improvement then a referral to the Tissue Viability Team should be made.

<b>Amber Section (exemption required)</b>	
<b>New Product to be used and products remaining on the formulary</b>	<b>Previous Product Used now to be removed</b>
Actiform Cool	
Aquacel Ag+ Extra Range & Aquacel Ag+ Ribbon	
Algivon Range	
Atrauman Ag Range	
Flaminal Forte & Flaminal Hydro Range	
KytoCel (New Product)	
Octenilin Range (New Product)	
PolyMem Range (previously in red section)	
Prontosan Range (previously in the red section)	
Sorbsan plus Carbon	
Suprasorb x+ PHMB	
	Betadine spray
UCS cloth (New product -no close equivalent available on the wound care market)	

<b>Red Section (With Tissue Viability Guidance Only)</b>	
<b>New Product to be used and products remaining on the formulary</b>	<b>Previous Product Used now to be removed</b>
Acticoat Range (New product)	
Iodozyme	
Juxtacures – Compression ulcer recovery system	
Larvae Therapy	Tissue Viability only to prescribe
Negative Pressure Wound Therapy (NPWT) – supplied by TV team	Tissue Viability only as the dressings and machines belong to service.
Oxzyme	
PICO -NPWT	
Proshield Range (New Product)	
UrgoStart	Urgotul Start (previous name)
Urgostart Contact	Urgotul Contact (previous name)
Videne Povidone-Iodine 10% in aqueous solution	
	Flivasorb & Flivasorb Adhesive

## Product Descriptions

### Absorbent Cellulose

#### Zetuvit E – Sterile

Absorbent pad with fluid repellent backing

**Mode of Action** – Absorbs wound exudate

**Indications** – Low to moderately exuding wounds. Also for cushioning and protecting wounds.

**Method of use** – Can be used as a primary or secondary dressing

**Contra-Indications** – None listed

**Frequency of Dressing change** – Requires changing when strike through appears

#### Kliniderm Superabsorbent Range

Superabsorbent dressing pad consisting of four layers: hydrophilic wound contact layer, absorbent core, fluid repellent backing and ultrasonic seal

**Mode of Action** – Moderate to heavily exuding wounds. Manages exudate and reduces complications associated with excoriation and maceration to peri-wound skin

**Indications** – 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

**Method of use** – Can be used as a primary or secondary dressing

**Contra-Indications** – None listed

**Frequency of Dressing Change** – Promotes reduction in dressing changes, requires changing when strike through appears

### Alginate/Hydrofiber

#### Aquacel Extra

Soft, sterile non-woven pad composed of hydrofiber (sodium carboxymethyl cellulose) dressing. Incorporates stitch-fibres to increase tensile strength

**Mode of Action** – Absorbs wound fluid and transforms into a soft gel

**Indications** – For the management of chronic and acute wounds including leg ulcers, pressure ulcers, diabetic ulcers, surgical wounds, donor sites, first degree and second degree burns and partial thickness burns, traumatic wounds

**Method of use** – The dressing needs to be slightly larger than the wound and should be placed in contact with the wound base and covered with a secondary dressing

**Contra-Indications** – Should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its components

**Frequency of Dressing change** – Will depend on the wound and the nature of the secondary dressing. Aquacel Extra applied to a heavily exuding sloughy wound may need replacing daily initially, but as the extent of exudate decreases the interval between dressing changes may be extended up to seven days

### Aquacel Ribbon

Soft, sterile, non-woven ribbon dressing composed of Hydrofiber (sodium carboxymethyl cellulose). Ribbon dressing incorporates stitch-bonded fibres to increase tensile strength

**Mode of Action** – Absorbs wound fluid and transforms into a soft gel

**Indications** – For the management of abscesses, pilonidal sinus, sinus and tunnelling wounds

**Method of use** – The Aquacel ribbon can be used on deeper cavity wounds or sinuses; it should be placed gently in position and not packed in too tightly. Due to the stitching process used in its construction the dressing has significant wet strength, which means it can be easily removed in one piece. Cover with a secondary dressing

**Contra-Indications** – Should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its components

**Frequency of Dressing change** – Will depend on the wound and the nature of the secondary dressing. Aquacel applied to a heavily exuding sloughy wound may need replacing daily initially, but as the extent of exudate decreases the interval between dressing changes may be extended up to seven days

### Sorbsan Range

A calcium alginate wound contact layer or ribbon, highly absorbent, biodegradable dressing with haemostatic properties

**Mode of Action** – Absorbs wound fluid and transforms into a soft gel, which is biodegradable.

**Indications** – Primary dressing for the management of moderate and heavily exuding wounds, maybe used for wounds with minor bleeding as promotes haemostasis. Including leg ulcers, pressure ulcers, diabetic foot ulcers, surgical wounds, donor sites, burns, traumatic wounds, abscesses, pilonidal sinus, sinus and tunnelling wounds

**Method of Use** – The dressing is placed on the wound and covered with a sterile secondary dressing, should be slightly larger (about 5mm) than the wound. Deeper cavity wounds or sinuses maybe dressed with Sorbsan packing or ribbon, which should be placed gently in position but not packed to tightly. A sterile probe is available in the ribbon packs which will aide this process. The dressing may be removed through irrigation with sterile normal saline

**Contra-Indications** – Should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its components

**Frequency of Dressing change** – The interval between dressing changes will depend entirely on the state of the wound and the level of exudate and the secondary dressing being used

## Antimicrobial

### Flamazine Silver Sulphadiazine Cream

A cream containing 1.0%w/w silver sulphadiazine

**Mode of Action** – It is an antibacterial cream used to treat bacterial infections in burns and other wounds (for burns, or two week use, or as indicated by TVS)

**Indications** – Infected/colonised wounds, prophylactically for burns. Effective against strains of MRSA

**Method of use** – Should be applied 3.5mm in depth, a secondary dressing should be applied. Each container is for single patient use only

**Contra-indications** – Pregnancy, neonates and children in first month of life

**Caution** – Significant hepatic or renal impairment, known sensitivities to sulfonamides

**Frequency of Dressing change** – The dressing should be changed every 1 to 2 days. Once opened pots should be disposed of after 24 hours, tubes can be used for up to 7 days. In burns replace dressing after 24 hours



## Iodoflex Paste

Cadexomer Iodine paste The paste is presented between two layers of gauze fabric which act as carriers

**Mode of Action** – This is a product that releases slow release iodine into a wound and its cadexomer iodine precludes bacterial proliferation particularly in staph aureus or MRSA and can also aid autolytic debridement and granulation

**Indications** – Iodoflex is used for the treatment of moderately to highly exuding sloughy wounds such as leg ulcers, pressure ulcers and diabetic ulcers, particularly when infection is present or suspected

**Method of use** – Prior to application of the dressing, one of the carrier layers is removed and the paste is placed directly in contact with the wound. The second carrier is then generally removed. The Iodoflex is covered with a dry dressing or absorbent pad. Removal is best accomplished by irrigating the wound with sterile water or normal saline, using a syringe. Once the wound has been cleansed, a second dressing is applied while the area is still moist

**Contra-indications** – Should not be used on dry necrotic tissue or on patients with a known sensitivity to any of the ingredients. Do not use on children, pregnant women or lactating women. Iodine is absorbed systemically and patients with severely impaired renal function or with a past history of any thyroid disorder are more susceptible to alteration in thyroid metabolism with chronic Iodoflex therapy. Iodine is absorbed systemically especially when applied to large wounds and therefore Iodoflex should be used with care on patients who have a history of thyroid disorders

**Frequency of Dressing changes** – The frequency of dressing changes will depend upon the nature of the wound. Daily changes may be required initially, but after the first few days the interval between changes can be extended until eventually the dressing is changed about two to three times per week. Need at least one week break after 3 month's use. Use up to 50gm per application (max of 150gm per week). Loss of the brown colour indicates iodine used and dressing requires changing

## Bandages – Compression

### Actico

Two layer cohesive inelastic (short-stretch) compression bandage

**Mode of Action** – Reducing and controlling oedema, aiding venous return and lymphatic return, reducing venous hypertension, aiding the function of the venous valves

**Indications** – For venous leg ulcers with or without oedema, chronic oedema and lymphoedema Suitable for mobile and immobile patients. Refer to Leg Ulcer Guidelines for further guidance

**Method of use** – Apply at 100% full stretch, close to the limb 50% overlap. Apply a padding bandage (e.g. K-soft prior to Actico application). Please refer to manufacturer's instructions

**Contra-Indications** – High-level compression is contra-indicated in patients suffering from an arterial condition (arterial or predominantly arterial ulcer; known or suspected arterial disease) Caution is required when cardiac overload is suspected; patients have diabetes; patients with advanced small vessel disease, renal failure present. Bandage contains low-sensitivity latex

### Ko-Flex

Cohesive elastic compression bandage. Fourth layer and top layer of the K-Four multilayer compression bandage system. A type 3a bandage providing 20mmHg of compression at the ankle on an 18-25cm circumference ankle

**Mode of Action** – Reducing and controlling oedema, aiding venous return and lymphatic return, reducing venous hypertension, aiding the function of the venous valves. Provides graduated sustained compression

**Indications** – Conditions relating to venous hypertension, leg Ulcer Management. Refer to Leg Ulcer Guidelines for further guidance

**Method of use** – Cohesive compression bandage, applies with spiral technique, 50% overlap, 50% stretch. Please refer to manufacturer’s instructions

**Contra-Indications** – Compression bandage systems are not recommended for patients with arterial disease. Known allergy to any components. Contains natural latex

### K-Lite

Lightweight knitted bandage consisting of viscose, nylon and elastomeric yarn. K-Lite is the second layer of the K-Four multilayer compression bandage system. A type 2 bandage. It is latex free

**Mode of Action** – Provides light support

**Indications** – For retention of dressings and for the prevention of oedema. Leg Ulcer management.

**Method of use** - Apply in a spiral with minimal stretch and 50% overlap. Please refer to manufacturer’s instructions

**Contra-Indications** – Known allergy to any component

### K-Plus

Elastic compression bandage consisting of white knitted fabric consisting of viscose, nylon and elastomeric yarn. K-Plus is the third layer of the K-Four multilayer compression bandage system. A type 3a bandage providing 20mmgh of compression at the ankle on an 18-25cm circumference ankle. Latex free

**Mode of Action** – Reducing and controlling oedema, aiding venous return and lymphatic return, reducing venous hypertension, aiding the function of the venous valves. Provides graduated sustained compression

**Indications** – Conditions relating to venous hypertension, leg Ulcer Management. Refer to Leg Ulcer Guidelines for further guidance

**Method of use** – Apply in a ‘figure of 8’ technique at 50% stretch, 50% overlap. A light blue line runs along the middle of its length to aid 50% overlap when bandaging. Please refer to manufacturer’s instructions

**Contra-Indications** – Compression bandage systems are not recommended for patients with arterial disease. Known allergy to any components

### K-Soft

An absorbent, non-woven, sub bandage wadding comprising of a blend of viscose and polyester. It is the first layer of K-Four multilayer compression bandage system. Latex free

**Mode of Action** – protection of limb prior to bandaging

**Indications** - Conditions relating to venous hypertension, leg ulcer management. Used to shape the limb in order to provide graduated compression therapy. Provides an absorptive layer and assists with protection under bandages

**Method of Use** – Apply in a spiral with 50% overlap. Strips can be used to protect vulnerable areas such as tibia crest

**Contra-Indications** – Compression bandage systems are not recommended for patients with arterial disease. Known allergy to any components

### K-ThreeC

A high compression type 3c bandage for ankles >25 cm to deliver the correct level of pressure when applied to a larger ankle circumference

**Mode of Action** – Reducing and controlling oedema, aiding venous return and lymphatic return, reducing venous hypertension, aiding the function of the venous valves. Provides graduated sustained compression

**Indications** – K ThreeC is indicated in the treatment of leg ulcers as part of the K-Four multi-layer compression system for ankles 25-30cm and greater than 30cm. Refer to Leg Ulcer Guidelines for further guidance

**Method of Use** – Apply in a spiral at 50% stretch with 50% overlap. Please refer to manufacturer’s instructions

**Contra-Indications** – Compression bandage systems are not recommended for patients with arterial disease. Known allergy to any components. Contains natural latex

### Urgo KTwo Bandage Kit

Two layer compression system combining elastic and inelastic components that work together to provide graduated compression. The first layer KTEC, is the inelastic component providing compression and massage effect. KPRESS, the second layer, is an elastic, cohesive bandage that keeps the system in place and delivers additional compression to achieve therapeutic pressure and maintaining resting pressures. KTwo donates an average pressure of 40mmHg at the ankle.

Available in 18-25cm or 25-32cm ankle circumference. Also available latex free

**Mode of Action** – Reducing and controlling oedema, aiding venous return and lymphatic return, reducing venous hypertension, aiding the function of the venous valves. Provides graduated sustained compression

**Indications** – For the treatment of venous leg ulcers, venous oedema and lymphedema. Refer to Leg Ulcer Guidelines for further guidance

**Method of Use** – Prior to application of bandage examine limb shape and identify any areas at risk of excessive pressure (i.e. bony prominences) and protect and reshape leg with wadding (K-soft) if necessary. Measure ankle to select correct kit size. Apply both layers in a spiral, stretching the indicator to form a circle, overlap so the pressure indicator is just covered. Please refer to manufacturer's instructions

**Contra-Indications** – High-level compression is contra-indicated in patients suffering from an arterial condition (arterial or predominantly arterial ulcer; known or suspected arterial disease ABPI <0.8). Allergy to any components, in particular latex for the 'non-latex free' version

### Urgo KTwo Reduced

Two layer compression system combining elastic and inelastic components that work together to provide graduated compression. The first layer KTEC Reduced, is the inelastic component providing compression and massage effect. KPRESS, the second layer, is an elastic, cohesive bandage that keeps the system in place and delivers additional compression to achieve therapeutic pressure and maintaining resting pressures. K-Two donates an average pressure of 20mmHg at the ankle.

Available in 18-25cm or 25-32cm ankle circumference. Also available latex free

**Indications** – For the treatment of mixed aetiology leg ulcers, associated with oedema and lymphoedema. Refer to Leg Ulcer Guidelines for further guidance

**Mode of Action** – Reducing and controlling oedema, aiding venous return and lymphatic return, reducing venous hypertension, aiding the function of the venous valves. Provides mild graduated sustained compression

**Method of use** – Prior to application of bandage examine limb shape and identify any areas at risk of excessive pressure (i.e. bony prominences) and protect and reshape leg with wadding (K-soft) if necessary. Measure ankle to select correct kit size. Apply both layers in a spiral, stretching the indicator to form a circle, overlap so the pressure indicator is just covered. Please refer to manufacturer's instructions

**Contra-Indications** – Is contra-indicated in patients suffering from severe arterial disease (ABPI < 0.6). Allergy to any components, in particular latex for the 'non-latex free' version

## Bandages – Paste

### ZipZoc

Zinc oxide impregnated medicated stocking

**Mode of Action** – Zinc promotes warm moist warm environment and aids healing of wounds.

**Indications** – Treatment of chronic leg ulcers and venous insufficiency. Can be used as a primary contact layer under compression bandaging

**Method of use** – Apply as a stocking from toe to knee as a primary wound contact layer

**Contra-Indications** - hypersensitivity to any ingredient of the paste, arterial leg ulcers

**Frequency of Dressing changes** – Will be dependent on exudate and may be left in place for up to 7 days

## Viscopaste

A zinc paste bandage

**Mode of Action** – Zinc promotes warm moist warm environment and aids healing of wounds. Can be soothing and comfortable for the patient

**Indications** – Venous leg ulcers. Where venous insufficiency exists a paste bandage should be used under compression bandaging. Also for the management of skin conditions such as eczema/dermatitis

**Method of use** – Apply from base of toes to knee, with the foot at right angles. Bandage should be pleated and never completely encircling the leg; as this allows for expansion should the leg become swollen. It should be applied without tension.

**Contra-Indications** – Do not use in known cases of sensitivity or allergies to any of the ingredients. Ensure patient is informed to report any signs of irritation or skin reaction

**Frequency of Dressing changes** – Will be dependent on exudate and may be left in place for up to 7 days

## Bandages – Tubular

### ActiFast Range

Elasticated cotton tubular bandage, with 2-way stretch. Available in Red line (small limb), Green line (medium limb), Blue line (large limb), yellow line (large oedematous limb, trunk child), Beige line (trunk, adult), purple line (large adult)

**Mode of Action** – Light support

**Indications** – Dressing retention

**Method of use** – Cut to required size and apply as a stocking to hold dressings in place. Protects the skin prior to bandaging

**Contra-Indications** – None listed

## Cleaning Solutions

### Stericlens

Sterile sodium chloride 0.9% solution in a spray

**Indications** – For topical irrigation and cleansing of wounds. Its narrow spray is designed to help remove debris and bacterial matter without touching the wound

**Method of use** – Spray a small quantity through the nozzle before use. Spray area to be treated from a distance of about 10-12cm working across the wound in order to thoroughly irrigate and cleanse it. Stericlens can be used 360° and can even be used if held upside down

**Contra-Indications** – None listed

### Irripod

Sterile sodium chloride solution

**Indications** – For topical irrigation and cleansing of wounds

**Method of use** – Snap the container (pod) by twisting off the seal to reveal the nozzle. Hold firmly in a downward direction and squeeze to apply solution directly to the area to be irrigated

**Contra-Indications** – None listed

## Contact Layer

### Atrauman

Non-adherent, polyester mesh contact layer. 1mm pore size impregnated with neutral triglycerides which prevents penetration of granulation into dressing. It does not contain Vaseline or paraffin

**Mode of Action** – Prevents adherence to the wound bed, protects and creates moist wound healing environment

**Indications** – Primary wound contact layer for a wide variety of wounds

**Method of use** – Apply directly to the wound surface with a sterile secondary dressing

**Frequency of Dressing change** – Effective for up to 7 days, changed due to the nature and conditions of the wound. Can be removed with saline or water

### Tricotex

Low-adherent knitted viscose primary dressing

**Mode of Action** – Sterile, knitted viscose low adherent wound contact layer

**Indications** – For granulating/epithelializing wounds which are dry or lightly exuding

**Method of Use** – Apply directly to the wound surface with a sterile secondary dressing

**Frequency of Dressing Change** – Effective for up to 7 days, changed due to the nature and conditions of the wound. Can be removed with saline or water

## Debridement Aids

### Debrisoft

Debridement pad made from polyester, using patented monofilament fibre technology.

**Mode of Action** – Rapid method of debridement for wounds containing loose slough, debris and hyperkeratosis. The soft fibres lift, bind and remove debris while being gentle on healthy tissue, cleaning the wound for healing

**Indications** – For the removal of debris and superficial slough on wounds and skin. This includes leg ulcers, pressure ulcers, diabetic foot ulcers, trauma wounds and post-operative wounds healing by secondary intention. Debrisoft is also very effective in the removal of hyperkeratosis from the skin

**Method of Use** – Monofilament fibres, single use only. Ensure the pad is moistened with tap water or saline (approx 20- 40mls); always use the soft fleecy side, not the knitted. Gently, with light pressure, using a circular motion, debride the wound/skin with the soft fleecy side of the moistened Debrisoft. Use a new piece of Debrisoft for each separate wound/skin area. Please follow manufacturer's instructions

**Contra-Indications** – Should not be used as wound dressing, should not be used if there is a known sensitivity to any components of the product (100% polyester)

## Film

### C-View

A polyurethane sterile, semipermeable transparent film dressing with hypoallergenic acrylic adhesive

**Mode of Action** – Provides a barrier to bacteria and water, allows oxygen transmission. Prevention of friction, i.e. pressure ulcer prevention

**Indications** – Low exuding, superficial, clean, granulating, and epithelialising wounds. Can be used on abrasions, donor sites, minor burns, superficial pressure ulcers, clean post op wounds. Can be used to prevent skin breakdown due to friction and moisture and as a primary or secondary dressing

**Method of Use** – Position on skin without stretching, gently smooth over the skin. Can be cut. Can be used as a primary or secondary dressing. All adhesive dressings should be removed with care to prevent skin stripping/trauma, particularly when used on fragile skin. Remove by supporting the skin whilst stretching the dressing horizontally and in the direction of hair growth

**Contra-Indications** – Not to be used on patients with known sensitivities to any of the dressing components

**Frequency of Dressing changes** – Maximum wear time 7 days

### C-View Post-Op Dressing

A polyurethane sterile, semipermeable transparent film dressing with hypoallergenic acrylic adhesive. Features a central hydrophilic absorbent conformable foam pad

**Mode of Action** – Provides a barrier to bacteria and water, allows oxygen transmission and provides moist warm healing environment to aid healing

**Indications** – For use in a light to moderately exuding wound as a primary dressing. Clean postoperative wounds, minor burns, superficial pressure and leg ulcers and cuts and abrasions.

**Method of use** – Position on skin without stretching, gently smooth over the skin. Should be removed with care to prevent skin stripping, particularly when used on fragile skin. Remove by supporting the skin whilst stretching the dressing horizontally and in the direction of hair growth

**Contra-Indications** – Not to be used on patients with known sensitivities to any of the dressing components

**Frequency of Dressing changes** – Maximum wear time 7 days

### IV 3000 cannula Dressing

A film dressing used for IV/subcutaneous therapy sites

**Mode of Action** – IV3000 has been specifically designed for IV sites, with its REACTIC<sup>o</sup> film and unique grid pattern adhesive allowing optimum moisture vapour transfer to reduce moisture build-up and bacterial growth

**Indications** – For use on IV or subcutaneous sites

**Method of use** – The dressing has two securing strips that offer additional security for the catheter tubing, helping to keep it in place and reduce the risk of phlebitis and associated infections. Can be applied with a one hand simple technique with securing strips and documentation label. Please follow manufacture's application instructions

**Contra-Indications** – Not for use on wounds e.g. pressure ulcers, burns and donor sites

**Frequency of Dressing changes** – The dressing can be kept in place for up to 7 days

The dressings are water proof

## Films – Barrier

### Sorbaderm Range – Film

No sting barrier film, which is colourless and transparent to allow monitoring of the skin. It can provide up to 72 hours protection and is available in a spray bottle or foam applicator

**Mode of Action** – Forms a long lasting waterproof barrier, which acts as a protective interface between the skin and bodily fluids

**Indications** – Helps to protect intact and damaged skin from irritation from wound exudate, urine/and or faecal incontinence, adhesive products and friction

**Method of Use** – Skin should be clean prior to application. Either sprayed or applied to the skin with the foam applicator. *Spray*: Hold the applicator 10 to 15cm from the skin and apply a uniform coating while moving the spray in a sweeping motion. When used under adhesive tapes, allow to dry. *Foam applicator*: Apply a uniform coating over the treatment area

**Frequency of use** – Reapply after 3 incontinence episodes or after 72 hours. Re-application if necessary each dressing is changed. If desired, the film can be removed by using most medical adhesive removers as directed

**Contra-Indications** – Not to be used on infected areas

### Sorbaderm Range – Cream

A white concentrated cream that provides the skin with a long lasting barrier protection and is also a moisturiser. Available in a tube or sachets

**Mode of Action** – Forms a long lasting waterproof barrier, which acts as a protective interface between the skin and bodily fluids. This does not reduce absorbency of incontinence pads. It is fragrance free

**Indications** – To protect intact skin areas at risk of damage and irritation. Incontinence skin care; peri-stomal skin protection; peri wound skin protection; protection against skin trauma from adhesives. Can be used to moisturise and protect severely dry skin

**Method of use** – Cleanse the skin. Apply cream sparingly; spread a thin layer over the entire affected area. The area should not feel oily, this would indicate too much cream has been applied

**Contraindications** – Do not use on broken skin. Should not be used on infected skin or where there is known allergic sensitivity to the ingredients

**Frequency of use** – Reapply after 3 washes or 3 incontinence episodes

## Foams

### Kliniderm silicone foam range

Silicone foam dressing with absorbent atraumatic properties made from polyurethane foam. The outer surface of the foam is bonded to a vapour-permeable polyurethane membrane, which acts as a barrier to liquid and microorganisms. The wound contact surface of silicone dressing is coated with a layer of soft silicone that does not adhere to the surface of the wound and therefore reduces trauma to delicate new tissue upon removal

**Mode of Action** – The foam absorbs exudate and allows evaporation through the backing of the dressing. The dressing creates a moist warm wound healing environment

**Indications** – For low to moderate exuding wounds including pressure ulcer, diabetic foot ulcers, leg ulcers, post-operative wounds, skin abrasions, superficial and partial thickness burns, traumatic wounds, donor site

**Method of use** – A dressing should be selected that overlaps the wound by at least 2cm. Place directly to the wound bed and gently press the adhesive border to secure

**Contra-Indications** – Discontinue use if the patient is allergic to any components of the dressing

**Frequency of dressing change** – Will depend on the wound exudate levels but can stay in place for up to 7 days

### Biatain Silicone range

A soft, flexible, absorbent dressing with a soft silicone adhesive

**Mode of Action** – Creates a moist wound environment, and has a semi permeable top film which is both bacterial and shower proof

**Indications** – For low to moderate exuding wounds including pressure ulcers, diabetic foot ulcers, leg ulcers, post-operative wounds, skin abrasions, superficial and partial thickness burns, traumatic wounds, donor sites

**Method of use** – Has a 3 piece non-touching opening to allow aseptic and easy application

**Contraindications** – Not to be used on individuals who are sensitive to or have had an allergic reaction to the dressing or its components

**Frequency of dressing change** – Will depend on the wound exudate levels but can stay in place for up to 7 days

## Hosiery

### British Standard Hosiery

**Indication** – Prevention & Intervention without Oedema e.g. ankle Flare, varicose veins, hemosiderin staining, atrophie blanche

- Activa British Standard Hosiery
- Altiform British Standard Hosiery

### European/RAL Classification Hosiery

**Indication** – Prevention & Intervention with Oedema e.g. ankle Flare, varicose veins, hemosiderin staining, atrophie blanche, reoccurring cellulitis

- Actilymph European Classification Hosiery
- Mediven RAL Hosiery Range

### Custom Fit Flat knit Hosiery

**Indication** – Intensive management e.g. lymphoedema, chronic oedema with skin folds and extensive skin changes hyperkeratosis, papillomatosis

- Jobst Elvarex Custom Fit Flat Knit Hosiery

### Ulcer Management Hosiery Kits – without Oedema

**Indication** – Ulcer management without oedema

- Activa Leg Ulcer Hosiery Kit
- Altipress Leg Ulcer Hosiery Kit

### Ulcer Management Hosiery Kits – with Oedema

**Indication** – Ulcer management with oedema

- Actilymph Leg Ulcer Hosiery Kit
- Mediven Leg Ulcer Hosiery Kit

### Ulcer Management Kit - (with oedema/complex legs)

**Indication** – Ulcer management with oedema/complex legs  
Jobst Ulcercare Ulcer Management Kit

## Hydrocolloid

### Comfeel Plus Range

Absorbent hydrocolloid dressing with added alginate for absorption, vapour permeable film backing and beveled edges to reduce ruckling. Free from animal products. Also available in a thin transparent version

**Mode of Action** – Creates moist warm healing environment to aid debridement and wound healing. In the presence of exudate the absorbent components absorb liquid and swell to form a cohesive gel

**Indications** – Wounds with low exudate. It can also be used to rehydrate necrotic tissue which is removed by autolysis. Treatment of low exuding chronic wounds and superficial acute wounds such as pressure ulcers, traumatic wounds, leg ulcers, post-operative wounds, superficial burns, skin abrasions and donor sites. Including necrotic, sloughy, granulating and epithelialising wounds

**Method of Use** - Requires 1–2cm overlap around wound to get a good adhesion. Smooth and mould the dressing into place. No secondary dressing required

**Contra-Indications** – Patients known to be sensitive to any of the ingredients, not to be used on exposed muscle, tendon or bone, deep partial or full thickness burns

**Frequency of dressing change** – The frequency of dressing changes will be governed by the state of the wound. In general, ulcers containing slough and necrosis may require changing every 2-3 days, but clean granulating wounds may require less frequent treatment and in these situations the dressings may be left in place for up to seven days. The built-in colour guide will change colour to milky-white as the dressing absorbs exudate. When the colour change reaches the edge of the dressing, the dressing requires changing



### Granuflex Range

Granuflex is an adhesive hydrocolloid dressing, also available with an adhesive foam border. Consists of an inner layer of hydrocolloid within an adhesive polymer matrix and outer polymer foam.

**Mode of Action** – The matrix layer forms a cohesive gel on contact with exudate. It promotes granulation and facilitates autolytic debridement. The dressing prevents the loss of water vapour from the surface of the skin, and this effectively rehydrates the dead tissue, which is then removed by autolysis

**Indications** – May be used in the treatment of a variety of wound types including leg ulcers, pressure sores, minor burns, acute wounds. If applied to wounds containing dry slough or necrosis, the dressing prevents the loss of water vapour from the surface of the skin, and this effectively rehydrates the dead tissue, which is then removed by autolysis

**Method of use** – Position over the wound and gently mould into place. In order to ensure good adhesion to the surrounding skin, a minimum overlap of 2 cm from the margin of the wound should be allowed. No additional dressing is required

**Contra-Indications** – Known sensitivity to the dressing or its components. Contains gelatin and pectin

**Frequency of dressing changes** – The frequency of dressing changes will be governed by the state of the wound and the amount of exudate produced. The average wear time is four days. It is generally recommended, however, that the dressing is not left in place for longer than 7 days. The dressing is waterproof so patients can bath and shower

### Duoderm Range

Sterile thin hydrocolloid dressing. It consists of a semipermeable polyurethane film, which is impermeable to exudate and micro-organisms, coated with a thin layer of an adhesive similar to that used on Granuflex. Also available in an adhesive bordered hydrocolloid. A thin smooth, low friction backing is designed to reduce shearing that can prematurely dislodge the dressing

**Mode of Action** – The moist conditions produced under the dressing promote epithelialisation without causing maceration

**Indications** – Chronic wounds dry to lightly exuding wounds. Including superficial pressure ulcers, leg ulcers and acute wounds. It may also be used prophylactically for the prevention of friction due to fragile skin in high risk patients

**Method of Use** – In order to ensure good adhesion to the surrounding skin, a minimum overlap of 2 cm from the margin of the wound should be allowed. The dressing is conformable and should be moulded into place. No additional dressing is required

**Contra-Indications** – Known sensitivity to the dressing or any of its components

**Frequency of Dressing changes** – The frequency of dressing changes will be governed by the state of the wound but on very lightly exuding superficial wounds, the dressing may be left in place for up to 7 days or until the wound is healed. As Duoderm is waterproof, the patient may bath or shower with the dressing in position

## Hydrogel

### Aquaform Hydrogel

Clear viscose sterile gel containing starch, glycol and water

**Mode of Action** – Keeps the wound bed moist, allowing hydration of necrotic tissue and assists in loosening and facilitating the removal of slough

**Indications** – Low exudate wounds, necrotic, sloughy, granulating, epithelialising wounds

**Method of Use** – Keep the nozzle clear from the wound surface, gently squeeze the tube, and apply the gel to the whole wound, to a depth of at least 5mm. Can be used in cavity wounds. Requires secondary dressing. The gel is removed by irrigation with warmed sterile normal saline, warm water or during bathing

**Contra-Indications** – Heavily exuding wounds. Third degree burns. Do not use in individuals with a known sensitivity to any of the components

**Frequency of Dressing change** – Maximum wears time – 3 days

If applied to a necrotic wound, daily changes are required to optimise rehydration of the wound. The frequency of dressing change depends on the amount of exudate

### Kerralite Cool

A soothing, debriding and moisturising gel dressing. Manages wound exudate and protects against wound dehydration and external bacterial contamination. The gel provides cushioning and absorption. Available in adhesive or non-adhesive

**Mode of action** – It contains a strong, transparent hydrogel that is impermeable to bacteria but permeable to moisture, giving it the capacity to absorb or donate water, according to the needs of the wound

**Indications** – Chronic wounds, painful wounds, and skin conditions such as leg ulcers, radiation therapy damage, burns and scalds. May be used on low to non-exuding wounds to assist in autolytic debridement by hydration of necrotic and sloughy tissue and for absorption of exudate.

**Contra-Indications** – Full thickness wounds, heavily bleeding wounds, third degree burns or as a covering for deep, narrow cavities or sinuses

**Frequency of dressing changes** – Depends on the state of the wound and exudate levels

## Low/Non Adherent

### Softpore

Water repellent soft and conforming, breathable adhesive surgical dressing, low exuding wounds

**Mode of action** – simple protection of wound which aids healing

**Indications** – Low to moderately exuding wounds

**Contra-Indications** – Not listed

**Frequency of Dressing change** – Maximum wear time 7 days

## Miscellaneous

### ActiWrap

Latex free cohesive polyimide and cellulose retention bandage

**Indications** – Holding dressings and difficult to dress areas for retention of dressings

**Contra-Indications** – Not intended to be used in compression therapy

### Non-Woven Fabric Swab

100 swabs per pack. These are used for drying around the peri wound area.

## Surgical Tapes

### Hypafix

A self-adhesive, non-woven tape for wide area dressing fixation. It can be easily cut to the required shape and size and is particularly useful over joints and on extremities

### Scanpor

A high-quality, non-woven microporous adhesive tape which conforms to Drug Tariff specifications. It does not contain colophony - a well-known allergen that can cause dermatological reaction in colophony sensitive patients

**The following products will require an exemption form.  
Prescribe for two weeks only, then reassess.**

#### **Actiform Cool**

Non-adhesive ionic hydrogel sheet

**Mode of Action** – It has the ability to donate or absorb while allowing the passage of water vapour and oxygen to the wound surface

**Indications** – As a primary dressing to assist with autolytic debridement by hydrating necrotic and sloughy tissue, and also by absorbing exudate. Suitable for painful wounds, burns, scalds, radiation burns, nociceptive pain. To be used with secondary dressing and can be used under compression.

**Method of Use** – Use a film top layer if there is little or no exudate

**Contra-Indications** – Should not be used as a covering for deep, narrow cavities or sinuses.

**Frequency of Dressing Change** – Wounds should be checked frequently as rapid absorption may lead to the wound becoming dryer than expected. Dressing should be changed if becomes discoloured or opaque or as the wound dictates. The dressing should be changed at the first sign of strikethrough. If infection is suspected, frequent changes and monitoring are advised.

#### **Aquacel Ag + Ribbon**

Soft, sterile non-woven ribbon dressing composed of hydrocolloid (sodium carboxymethyl cellulose) impregnated with 1.2% ionic silver and enhanced with anti-biofilm technology, stitched together with cellulose strengthening fibres

**Mode of Action** – Absorbs wound fluid, disrupts and breaks down biofilm to expose and kill bacteria, while preventing biofilm reformation. It is highly absorbent and converts the exudate into a soft gel. It contains silver ions which exert a sustained antimicrobial effect.

**Indications** – Primary dressing for moderate to heavily exuding infected wounds including abscesses, pilonidal sinus, sinus and tunneling wounds

**Method of Use** – Should be placed directly onto the wound surface overlapping the skin by 1cm. Cavity wounds should be loosely packed allowing a tail of 2.5cm to facilitate removal. Secondary dressings need to be applied. Irrigation with saline or water to remove

**Contra-Indications** – Known sensitivity to product or silver. Should not be used on dry wounds or those covered with hard, black necrosis

**Frequency of Dressing change** – Depends on the wound characteristics and the absorbency of the secondary dressing. Can be left in situ for up to 7 days

#### **Aquacel Ag + Extra**

Soft, Sterile non-woven dressing made of two layers of 1.2% ionic silver-impregnated Hydrofiber (sodium carboxymethyl Cellulose) enhanced with antibiofilm technology, stitched together with cellulose strengthening fibres

**Mode of Action** – Absorbs wound fluid, and is designed to disrupt and break down biofilm to expose and kill bacteria, whilst preventing Biofilm reformation

**Indications** – Primary dressing for moderate to heavily exuding wounds that are infected or at increased risk of infection and wounds where bacteria are a suspected cause (or factor in) chronicity/non progression

**Method of use** – Should be placed directly onto the wound surface overlapping the skin slightly

**Contra-Indications** – Known sensitivity to silver or any of the dressing components. Should be used on dry wounds or those covered with hard, black necrosis

**Frequency of Dressing change** – Depends on the wound characteristics and the absorbency of the secondary dressing. Can be left in situ for up to 7 days

### Algivon

An alginate dressing impregnated with active honey. An absorbent sterile, non-adherent wound contact layer which comprises of calcium alginate and 100% medical grade Manuka honey

**Mode of Action** – This provides a moist environment which can absorb exudate, it can aid de-sloughing and has antibacterial protection. The exudate allows the fibres to swell and forms a gel, which prolongs the action of the honey at the wound site

**Indications** – For colonised/Infected wounds with low to moderate levels of exudate, can be used in malodorous wounds. Suitable for cavities and debriding and desloughing large areas of necrotic and sloughy tissue

**Method of Use** – A primary dressing which needs to be cut to size and placed directly over the wound. Secondary dressing is required

**Contra-Indications** – Patients with Known allergy to bee venom or calcium alginate, heavily bleeding wounds. In diabetic patients monitor blood glucose levels. A stinging sensation may be experienced when applying the honey, if this is unacceptable remove dressing and discontinue use

**Frequency of Dressing change** – Can be left in situ for 3 to 4 days. Requires changing when strike through appears

### Atrauman Ag

**Mode of Action** – A non-adherent polyimide textile wound-contact layer. 1mm pore size and impregnated with neutral triglycerides coated with metallic silver polyester. It does not contain Vaseline or paraffin

**Indications** – A primary wound contact layer dressing for a wide variety of contaminated, colonised and infected wounds

**Method of Use** – Apply directly to the wound surface with a secondary dressing

**Contra-Indications** – Known allergy to ingredients and silver. Must be removed prior to x-ray, MRI, ultrasound or diathermy

**Frequency of Dressing change** - Effective for up to 7 days, changed due to the nature and conditions of the wound. Can be removed with saline or water

### Flaminal Forte (absorbs) & Flaminal Hydro (hydrates)

Alginate gel containing two antimicrobial enzymes, glucose oxidase and lactoperoxidase. Provides antimicrobial activity without damaging healing cells

**Mode of Action** – Debrides and maintains moisture balance. Provides a biodegradable, soft and soothing wound interface reducing pain and trauma

**Indications** – Can be used on a wide range of wound types and at every stage of healing. Choose Flaminal Forte for wounds with moderate to heavy exudate and Flaminal Hydro for wounds that with low to moderate exudate

**Method of Use** – Apply a thick layer (5mm) of either Flaminal Hydro or Flaminal Forte to the wound, do not allow spilling over the wound edge. Flaminal is self sterilising so, can be re-capped & re-used on the same patient until the expiry date on the pack

**Contra-Indications** – Known sensitivity to alginate dressing or polyethylene glycol. Should not be used on full thickness burns

**Frequency of Dressing change** – This generally depend on the wound, commonly 2-3 times weekly

### KytoCel Range

Is a soft, sterile, absorbent fibre dressing made of Chitosan

**Mode of Action** – KytoCel harnesses the natural properties chitosan, derived from the shells of crustaceans, to uniquely manage moderately to heavily exuding wounds. It transforms into a soft gel upon absorption of wound exudate which helps create a moist environment to aid wound healing. Its natural antimicrobial action makes the dressing effective against wound pathogens minor bleeding in superficial wounds

**Indications** – Moderately to heavily exuding chronic and acute wounds. Can be used to control

**Method of Use** – Place dressing onto wound and cover with sterile secondary dressing

**Contraindications** – KytoCel is not indicated for use for surgical implantation, third degree burns or to control heavy bleeding. It should not be used on patients, who are sensitive to, or who have had an allergic reaction to the dressing or its component chitin (chitosan)

**Frequency of dressing change** – The interval between dressing changes will depend entirely on the state of the wound and the level of exudate. KytoCel can remain insitu for 7 days, depending on the patient’s situation, condition of the wound, surrounding skin and level of exudate. Change dressing before it reaches its maximum absorption capacity

### Octenilin Range

Wound irrigation solution containing a combination of Octenidine and Ethylhexyglycerine. Also available as a gel containing a combination of hydrogel and Octenidine to keep the wound moist, inactivate microorganisms and loosen encrusted coatings

**Mode of Action** – Ethylhexyglycerine reduces the surface tension and moistens the skin, loosening biofilm and devitalised tissue. Octenidine prevents bacteria and fungi growing in the solution and the wound dressing

**Indications** – Cleansing, decontamination and moisturising of chronic skin wounds to support the natural healing process. Suitable for removal of crusts consisting of necrotic tissue, biofilm and fibrinous films. Also for moistening wounds, wound dressings and wound pads

**Method of use** – The solution can be dispensed directly from the bottle to gently irrigate the wound or applied as a soaked swab to the wound. It can also be used by soaking a compress and left on the wound for 5-10 minutes to loosen wound debris. The gel is applied as a thin layer to the wound bed and covered with a simple primary dressing

**Contra-Indications** – Do not use on individuals who have a known allergic reactions to any contents. They should only be applied externally and are not indicated for use on exposed joints and cartilage, in abdominal and thoracic cavities, in the eye or the middle and inner ear

**Frequency of Dressing change** – The gel can be left in-situ for up to three days

### PolyMem Range

Polyurethane foam dressing with vapour-permeable film backing. Dressing structure contains a tissue-friendly wound cleansing agent glycerol. Also available has an adhesive with a vapour permeable film backing and adhesive border and finger and toe dressings

**Mode of Action** – Cleanses, absorbs fluid, provide a moist wound healing environment, minimises pain, reduces oedema, bruising and the spread of inflammation into surrounding undamaged tissues

**Indications** – 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. For more heavily exuding superficial wounds, or when longer wear times are required, the use of PolyMem MAX dressings may be more appropriate

**Method of use** – Select a dressing with the membrane pad 0.6-5cm larger than the wound. The dressing should also cover any inflamed or damaged area surrounding the wound. Dressings may be cut. For dry wounds moisten dressings slightly prior to application (with sterile water or saline). Apply film side out (so printing is visible). Outline the wound on top of the dressing to help determine when to change dressing

**Contra-Indications** – Although there are no known contra-indications to the use of PolyMem, the dressing should not be used on individuals who are known to be sensitive to any of its components. Topical treatments are not recommended in conjunction with PolyMem. Not suitable for full-thickness burns. Do not use in conjunction with solutions containing hypochlorite

**Frequency of use** – For an exuding wound fluid will become visible through the top of the dressing. Change before fluid reaches the wound margin or when good practice dictates or after no more than 7 days. Change immediately if fluid reaches the edge of the membrane pad. More frequent changes may be needed due to a compromised immune system, diabetes, infection, hypo granulation, macerated tissue or a when desiring to facilitate the removal of non-viable tissue

### Prontosan Range

Wound Irrigation Solution and Gel containing betaine a gentle surfactant that penetrates, disturbs biofilm and wound debris; and polyhexanide (PHMB) to help reduce and control bacterial levels on the wound.

**Mode of Action** – Cleanses, decontaminates and moisturises wounds to aid in efficient wound bed preparation

**Indications** – Acute and chronic skin wounds, first and second degree burns

**Method of use** – Can be used to irrigate or apply soaked onto gauze. Leave gauze soak on the wound bed for at least 15 minutes. The solution should be used in an undiluted form. Wound Gel is applied to the wound or filled into the wound cavities or wound pockets and covered with a simple dressing

**Contra-Indications** – Should not be used if the patient is known to suffer from allergies or if it's suspected that the patient may be allergic to any of the ingredients. Should not be used on the CNS or meninges, in the middle ear or eyes.

**Frequency of Dressing change** – The gel can be left in situ up to 3 days

### Sorsan Plus Carbon

The calcium alginate fibres of Sorbsan Plus Carbon swell and form a sodium-calcium alginate gel in contact with wound exudate

**Mode of Action** – Absorbs excess exudate wicks 'laterally', allowing greater absorption capacity. Holds the exudate away from the wound, to minimise maceration. Negates the need for a separate, absorbent secondary dressing. The carbon within the dressing adsorbs odour from the wound/wound exudate

**Indications** – Sorbsan Plus Carbon may be used on wounds where there is a high level of exudate, suitable for the management of: partial thickness and full thickness wounds, arterial, venous, and diabetic leg ulcers, pressure sores, post-operative wounds, fungating lesions

**Method of Use** – Ensure a 5mm overlap around the wound edge to allow for the dressing gelling and conforming. Do not cut. Position Sorbsan Plus Carbon with the alginate layer facing downwards, and the blue side facing away from the wound

**Contra-Indications** – Do not use on patients with a known sensitivity, or who exhibit sensitivity to Sorbsan Plus Carbon dressing or any of its components

**Frequency of Use** – Change Sorbsan Plus Carbon when clinically indicated.

If exudate strikethrough is visible at the edge of the dressing, or if odour is no longer being adsorbed, the dressing has reached saturation and should be changed

### Suprasorb X+PHMB

A biocellulose dressing impregnated with PHMB

**Mode of Action** – The dressing absorbs and releases moisture to maintain an optimum, moist wound healing environment. It can reduce wound pain during treatment and provides an alternative option to silver or honey when treating patients with an infected wound or patients who are at risk of infection

**Indications** – Light to moderately exuding wounds, superficial and deep, critically colonised and infected wounds in all phases of healing including leg ulcers, pressure ulcers, diabetic foot ulcers, partial-thickness burns, postoperative wounds and skin donor and skin graft sites. Useful in patients who have pain with other antimicrobials

**Method of Use** – Can be cut and folded to size. Film is recommended as a secondary dressing. When removing Suprasorb X+PHMB sheet dressing, lift one edge and gently peel the dressing from the wound. Should the dressing dry out, rehydrate the dressing with saline 30 minutes before removal

**Contra-Indications** – Third degree burns and fistulae

**Frequency of Dressing change** – Can remain in situ for up to 2 to 7 days

### UCS Cloth

Is a sterile pre-moistened, single use cloth for effective wound debridement and cleansing of the surrounding leg area

**Mode of Action** – contains a mild cleansing solution that moisturises and softens without damaging healthy cells. The cloth is pre-moistened with a solution to soften the necrotic tissue, plaque, fibrin and slough, the special weave traps all debris and biofilm in its fibres and the solution aids cleaning and hydration of peri skin area

**Indications** – Recommended for use on both chronic and acute wounds, all types of pressure ulcers and first and second degree burns. Used to clean wounds and peri skin area. It is also effective at removing hyperkeratosis

**Method of use** – Remove from sterile package and open cloth. Use to cleanse wounds or skin using circular motion

**Contra-Indications** – None listed

**The following are to be prescribed with Tissue Viability Guidance only.  
This is not an exhaustive list**

Product
Acticoat Range
Iodozyme
Juxtacures – Compression ulcer recovery system
Larvae Therapy
Oxyzyme
PICO range (NPWT)
Proshield Range
Topical Negative Pressure (NPWT) –Supplied by the Tissue Viability Team
Urgotul Contact
Urgotul Start
Videne Povidone (Iodine 10% aqueous solution)

**\*Denotes Mandatory Field**

## Medicine Management Exception Reporting Form

*NHS Number	CISS No/Unit No	*Date of Birth
*First Name		*Surname
*Address		
		*Postcode

GP Details			
GP Name		GP Contact Tel	
GP Address			
			GP Postcode

Prescription Details	Date of Prescription Issued	
Items prescribed not on SSOTP formulary		
Justification why non-formulary items prescribed		

Non-Medical Prescriber Details					
*Official Use Only		Designation			
Completed By		Signature		Date	
Additional Comments					

<b>Form to be sent to Medicines Management team via the following</b>  <b><u>Please mark for the attention of the Medicines Management Team</u></b>	
➤ <b>By Fax</b>	<b>01889 571596</b>
➤ <b>By Email</b>	<b>PrescriptionExemptionReportingSSOTP@ssotp.nhs.uk</b>



# Tissue Type

						
		<b>Rehydrate and debride necrotic tissue.</b> <i>Caution: adequate blood supply needs to be determined before active treatment is commenced.</i>	<b>Remove slough, manage exudate and prevent infection.</b> <i>Exudate volume will increase as devitalised tissue is rehydrated and autolytic debridement occurs.</i>	<b>Dependent upon the higher proportion of tissue type:</b> <i>Exudate must be controlled and necrotic areas rehydrated.</i>	<i>Promote healing and prevent infection.</i>	<i>Promote epithelialisation and wound maturation.</i>
		Primary and Secondary Dressing	Primary and Secondary Dressing	Primary and Secondary Dressing	Primary and Secondary Dressing	Primary and Secondary Dressing
Treatment choice with a cavity	Low exudate	Most likely to be a mixed wound bed	Honey, Maggots, Hydrogel, Hydrocolloid	Hydrogel, Foam, Honey, Maggots, Hydrocolloid	Hydrogel, Hydrocolloid, Foam	Not Applicable
	Medium exudate	Most likely to be a mixed wound bed	Hydrofibre, Fibrous Hydrocolloid, Alginate, Foam, Absorbent Dressing, Maggots, Hydrocolloid	Hydrofibre, Maggots, Fibrous Hydrofibre, Foam, Alginate, Hydrocolloid, Absorbent Dressing	Hydrofibre, Hydrocolloid, Fibrous Hydrocolloid, Foam, Alginate, Absorbent Dressing	Not Applicable
	High exudate	Not Applicable	Hydrofibre, Foam, Alginate Hydrocolloid, TNP, Absorbent Dressing	Alginate, Fibrous Hydrocolloid, TNP, Absorbent Dressing	Hydrofibre, Foam, Alginate, Fibrous Hydrocolloid, TNP, Absorbent Dressing	Not Applicable
Treatment choice without a cavity	Low exudate	Hydrogel, Hydrocolloid	Hydrogel, Maggots, Honey, Hydrocolloid	Hydrogel, Maggots, Hydrocolloid, Honey	Hydrocolloid, Acrylic Dressing, Low/Non Adherent	Low/Non Adherent, Film, Acrylic Dressing
	Medium exudate	Hydrogel, Honey, Hydrocolloid	Hydrofibre, Foam, Alginate, Fibrous Hydrofibre, Maggots, Absorbent Dressing	Hydrofibre, Foam, Fibrous Hydrofibre, Absorbent Dressing	Hydrocolloid, Acrylic Dressing, Foam, Fibrous Hydrocolloid	Low/Non Adherent (for venous leg ulcers)
	High exudate	Most likely to be mixed wound bed	Hydrofibre, Foam, Alginate, Fibrous Hydrofibre, Absorbent Dressing	Hydrofibre, Foam, Fibrous Hydrofibre, Absorbent Dressing	Clean granulating wounds should not be highly exuding	Epithelialising wounds should not be highly exuding