NHS Greater Glasgow and Clyde Wound Formulary 2015/16

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: April 2017

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

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, and acceptable to patients/clinicians.

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.

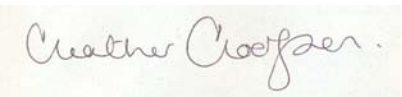
The NHS Greater Glasgow and Clyde Wound Formulary and accompanying data sheets/prescribing guidance have been developed by the Wound Formulary Group and in conjunction with the West of Scotland Wound Management Technical Users Group (TUG). This multidisciplinary group has developed this resource to provide 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



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Non Medical Prescribing Lead

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Lead Nurse Tissue Viability

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

Contents:

NHSGGC 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®	7.5cm x 10cm	10cm x 20cm			
	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	Sterile and Non Sterile		
P	Zetuvit® Plus (1st Choice pad, Heavy)	10cm x 10cm	10cm x 20cm			
P	Eclypse® **(Acute Only)**	15cm x 15cm	20cm x 30cm	60cm x 40cm		
	Hydrogel Dressings					
P	ActivHeal® Hydrogel	15g				
P	ActiFormCool®	5cm x 6.5cm	10cm x 10cm	20cm x 20cm	10cm x 15cm	
	Vapour-Permeable Films and Membranes					
P	Hydrofilm®	6cm x 7cm	10cm x 12.5cm	10cm x 15cm	15cm x 20cm	10cm x 25cm
		12cm x 25cm	20cm x 30cm			
P	Hydrofilm® Plus	5cm x 7.2cm	9cm x 10cm	9cm x 15cm	10cm x 20cm	10cm x 25cm
		10cm x 30cm				
T	Tegaderm®	6cm x 7cm	12cm x 12cm	15cm x 20cm		
T	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 32cm	
T	Allevyn® Gentle	5cm x 5cm	10cm x 10cm	10cm x 20cm	15cm x 15cm	20cm x 20cm
T	Allevyn® Gentle Border	7.5cm x 7.5cm	10cm x 10cm	12.5cm x 12.5cm	17.5cm x 17.5cm	
P	Kliniderm® Foam Silicone	5cm x 5cm	10cm x 10cm			
P	Kliniderm® Foam Silicone Border	7.5cm x 7.5cm	10cm x 10cm	12.5cm x 12.5cm	15cm x 15cm	10cm x 20cm
		15cm x 20cm				
T	Mepilex® **(Acute Only)**	10cm x 11cm	11cm x 20cm	15cm x 16cm	20cm x 21cm	
T	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	5 x 5cm	10 x 10cm	15 x 15cm	4 x 10cm	4 x 20cm
P	Aquacel® Ribbon	1 x 45cm	2 x 45cm			
P	Comfeel® Plus Transparent	5 x 7cm	10 x 10cm	5 x 15cm	5 x 25cm	9 x 14cm
		9 x 25cm	15 x 15cm	15 x 20cm	20 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
		10cm x 20cm				
P	ActivHeal® Foam Adhesive	7.5cm x 7.5cm	10cm x 10cm	12.5cm x 12.5 cm	15cm x 15 cm	20cm x 20cm
T	Aquacel ® Foam Non-Adhesive	10cm x 10cm	15cm x 15cm	15cm x 20cm	20cm x 20cm	
T	Aquacel ® Foam Adhesive	8cm x 8cm	10cm x 10cm	12.5cm x 12.5cm	17.5cm x 17.5cm	19.8cm x 14cm
		20cm x 16.9cm	21cm x 21cm	25cm x 30cm		
P	PermaFoam® **(Acute Only)**	10cm x 10cm	15cm x 15cm	20cm x 20cm		
T	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				
T	PolyMem®	10cm x 10cm	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	2g cavity
	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®	10cmx10cm				
P	ActivonTube®	25g				
	Iodine					
P	Inadine® **(Acute Only)**	5 cm x 5cm	9.5cm x 9.5cm			
P	Povitulle®	5 x 5 cm	9.5 x 9.5 cm			
P	Iodoflex® (Paste)	5g	10g	17g		
P	Iodosorb® (Ointment)	10g	20g			
P	Iodosorb® (Powder)	3g sachet				
	Silver					
T	Silvercel® Non-Adherent	5cm x 5cm	11cm x11cm	10cm x 20cm	2.5cm x 30.5cm	
	Other Antimicrobials					
T	Flaminal® Forte Gel	15g				
	Prontosan® wound gel	30 ml				
	Prontosan® solution	350 ml bottle				
P	Cutimed® Sorbact® Gauze (Swabs)	4cm x 6cm	7cm x 9cm	3cm round swab x 5	2cm x 50cm	5cm x 200cm
	Debridement					
P	Debrisoft® physical debridement pad	10cm x 10cm				

N-A Ultra® (Systagenix) **P**
A5.1.1 Low adherence dressings

Description: Primary wound contact layer consisting of a knitted viscose rayon sheet with a silicone coating.

Sizes
9.5 x 9.5cm
9.5 x 19cm

Indications for use	Provides a contact layer directly onto the wound surface. Basic wound dressing for non-complex wounds: • minor burns • abrasions • superficial wounds • as a leg ulcer contact layer under compression bandage on leg ulcers
Contraindications	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 • can be cut to size if required
Acute variation	No variation to acute clinical settings.

Atrauman® (Hartmann) **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. 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	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) **P**
A 5.1.2 Absorbent dressings

Description: An absorbent perforated dressing with adhesive border.

Sizes (pad size in brackets)
5 x 7cm (3 x 4cm)
10 x 10cm (6 x 5cm)
10 x 15cm (5 x 10cm)
10 x 20cm (5 x 15cm)
10 x 25cm (5 x 20cm)
10 x 30cm (5 x 25cm)
10 x 35cm (5 x 30cm)

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.
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 (Hartmann) **P**
A 5.1.2 Absorbent dressings

Description: Absorbent cellulose pad with fluid repellent backing. (Sterile and non sterile)

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 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)
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 (Hartmann) **P**
A 5.1.2 Absorbent dressings

Description: Superabsorbent polymer/cellulose dressing with fluid repellent backing.

Sizes
10cm x 10cm
10cm x 20cm

Indications for use	• basic wound pad • use as primary or secondary dressing for heavily exuding wounds • as a leg ulcer contact layer under compression bandage on leg ulcers • to provide excess exudate management for oedematous legs due to chronic venous insufficiency
Contraindications	None listed
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.**

Flivasorb® (Activa) **P**
A 5.2.3 Soft polymer dressings

Description: Superabsorbent wound dressing with non-adherent wound contact layer and outer clothing protection layer. Contains sodium polyacrylate super absorber particles and cellulose that form a gel on contact with fluid.

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: • 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.**

Eclypse® (Advancis) (ACUTE USE ONLY) **P**
A5.1.2 Absorbent dressings

Description: Absorbent cellulose dressing with fluid repellent backing.

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 • can be used under compression therapy
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.
Secondary dressing	Bandage or tape
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) **P** **A 5.2.1 Hydrogel application**	
Description: Gel (composed of guar gum and propylene glycol) containing 85% water. 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 • reduces the need for secondary foam or silicone dressing
Acute variation	No variation to acute clinical settings.

ActiFormCool® (Activa) **P**
A5.2.1 Hydrogel dressings

Description: Ionic non adherent hydrogel sheet to debride devitalised tissue

Sizes
5 x 6.5cm
10 x 10cm
10 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) **T**

A5.2.2 Vapour permeable films and membranes

Description: Thin polyurethane film coated with acrylic adhesive

Sizes
6 x 7cm
12 x 12cm
15 x 20cm

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) **T**
A 5.2.2 Vapour permeable films and membranes

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

Sizes (pad size in brackets)
5cm x 7cm (2.5 x 4cm)
9cm x 10cm (4.5 x 6cm)
9cm x 15cm (4.5 x 10cm)
9cm x 20cm (4.5 x 15cm)
9cm x 25cm (4.5 x 20cm)
9cm x 35cm (4.5 x 30cm)

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® (Mölnlycke) (Acute Care) **P**
Adaptic Touch® (Systagenix) (Primary Care)
A 5.2.3 Soft polymer dressings

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 32cm	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
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 dressing 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® (Mölnlycke) (ACUTE CARE) T
Allevyn® Gentle (Smith and Nephew) (PRIMARY CARE) T

A 5.2.3 Soft polymer dressings with absorbent pad WITHOUT BORDER

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

Mepilex®	Allevyn® Gentle
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) (ACUTE CARE) T
Allevyn® Gentle Border (Smith and Nephew) (PRIMARY CARE) T

A 5.2.3 Soft polymer dressings with absorbent pad with ADHESIVE BORDER

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

Mepilex® Border	Allevyn® Gentle Border
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

Aquacel® Extra (Convatec)

Aquacel® Ribbon **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 Aquacel® Extra	
5 x 5cm	**4 x 20cm**
10 x 10cm	**15 x 15cm**
4 x 10cm	
Sizes Aquacel® Ribbon	
1 x 45cm	**2 x 45cm**

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) **P**
A 5.2.4 Hydrocolloid dressings

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	Depending on the nature and condition of the wound, may be left in place for up to 7 days (see 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 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. Can be cut to shape if necessary.
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 Adhesive (Advanced Medical Solutions) **P**
A 5.2.5 Foam dressings

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

Sizes (pad size in brackets)
7.5 x 7.5cm (5 x5cm)
10 x 10cm (6.25 x 6.25cm)
12.5 x 12.5cm (7.5 x 7.5cm)
15 x 15cm (11 x 11cm)
20 x 20 cm (13.5 x 13.5cm)

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.

Aquacel® Foam (Convatec)
A 5.2.4 Hydrocolloid-fibrous dressings with ADHESIVE BORDER

Hydrocolloid-fibrous dressing BORDERLESS **T**

Description: Absorbent polyurethane foam dressing with a non-woven wound contact layer of sodium carboxymethylcellulose with a silicone adhesive border and a waterproof polyurethane film backing.

WITH BORDER	WITHOUT BORDER
Sizes	
8 x 8cm	10 x 10cm
10 cm x 10 cm	15cm x 15cm
12.5 cm x 12.5 cm	15 cm x 20 cm
17.5 cm x 17.5 cm	20 cm x 20 cm
19.8 cm x 14 cm	
20 cm x 16.9 cm	
21 cm x 21 cm	
25 cm x 30 cm	

Indications for use	Primary or secondary dressing Moderately to heavily exuding wounds Acute or chronic wounds
Contraindications	Allergy to silicone/sensitivity to any of the components
How to apply/remove	• Remove release layer and place directly over wound ensuring the central absorbent pad overlaps the wound margins by at least 1cm • Remove release layer and place directly over wound ensuring the central absorbent pad overlaps the wound margins by at least 1cm • To remove dressing, press down gently on skin and gently remove one corner – continue until all edges free and carefully lift away dressing • Cannot be cut to size
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2). May be left in place for up to 7 days.
Prescribers guidance	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. 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	No variation to acute clinical settings

PermaFoam® Non-adhesive foam dressing (Hartmann) (Acute Use Only) P
A 5.2.5 Foam dressings

Description: A non adherent absorbent foam dressing with polyurethane backing.

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) **T**
A 5.2.5 Foam dressings

Description: Absorbent polyurethane pad with additional non woven layer and border of transparent adhesive film

Sizes (pad size in brackets)	
6.9 x 7.6cm (3.1 x 3.8cm)	**14.3 x 15.6cm (10 x 11cm)**
6.9 x 6.9cm (2.5 x 2.5cm)	**19 x 22.5cm (oval) (14 x 17.1)**
10 x 11cm (oval) (6 x 7.6cm)	
14.3 x 14.3cm (10 x 10cm)	

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® (Non-adhesive) (Aspen Medical)

T

A 5.2.5 Foam dressings, Polyurethane Foam film dressing without adhesive border

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

Sizes
10 x 10cm
10 x 61cm 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 (Systagenix) **(ACUTE USE ONLY)** T **A5.2.5 Foam dressings**	
Description: A thin hydropolymer foam with non-adherent wound contact layer, adhesive border, and polyurethane backing. **Sizes (pad size in brackets)** **7cm x 9cm (3 x 5cm)** **11cm x 11cm (7 x 7cm)** **8cm x 15cm (4 x 11cm)** **8cm x 20cm (4 x 16cm)**	
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 :ActivHeal Foam Adhesive, Tegaderm plus pad

Tielle® Plus (Systagenix) **T**

A5.2. 5 Foam dressings

Polyurethane foam film dressing with Adhesive Border

Description: Absorbent hydropolymer foam dressing with a vapour-permeable film backing and adhesive border.

Sizes (pad size in brackets)
11 x 11 cm (7 x 7cm)
15 x 15 cm (11 x 11cm)
15 x 20cm (11 x 16cm)
15 x 15cm sacral (7.2 x 10cm)

Indications for use	• moderate to highly exuding chronic and acute wounds • secondary healing wounds.
Contraindications	• third degree burns • leg ulcers • 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	No variation to acute clinical settings

Kaltostat® (Convatec) **P**
A5.2.6 Alginate dressings

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 to 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) **P**

A 5.2.8 Odour absorbant dressings

Description: Primary contact non-adherent 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 • hydrocolloid 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 antibacterials 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) **P**
A 5.2.8 Odour absorbent dressings

Description: A non-adherent 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	Can be left in place for up to 7 days, ss 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) **P**
A 5.3.1 Antimicrobial Dressings, Honey sheet dressing

Description: Knitted viscose impregnated with medical grade honey.

Sizes
10 x 10cm

Indications for use	• debridement • helps control 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
Contraindications	• **DO NOT use if the patient has a known allergy to bee venom.** • **Not recommended on leg ulcers (SIGN 120)**
How to apply/remove	Apply directly to wound bed (can be opened out to cover larger surface area). Can be cut to size if necessary.
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) **P**

A 5.3.1 Antimicrobial Dressings, Honey-based topical application

Description: 100% medical grade manuka honey ointment.

Sizes
25g tube

Indications for use	• debridement • helps control 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	• **DO NOT use if the patient has a known allergy to bee venom** • **Not recommended on leg ulcers (SIGN 120)**
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 • tube can be used for up to 90 days after opening (single patient use only)
Acute variation	No variation to acute clinical settings.

Povitulle® (CD Medical) Primary Care only

Inadine® (Systagenix) Acute care only **P**

A 5.3.2 Antimicrobials, Iodine

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) **P**
A 5.3.2 Antimicrobials, Iodine

Description: A paste basis containing iodine 0.9% as cadexomer-iodine with a gauze backing that releases free iodine on exposure to wound exudate.

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:

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

Free iodine is released from ointment/powder on exposure to wound exudate.

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) **T**
A 5.3.3 Antimicrobial dressing, silver, alginate dressing

Description: A non-adherent alginate and carboxymethylcellulose dressing impregnated with silver.

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 • pregnant or breast feeding women • 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) **T** **A5.3.4 Other antimicrobials, Antimicrobial Alginate Gel**	
Description: Hydroactive alginate gel containing dual enzymes (glucose oxidase and lactoperoxidase) to reduce bioburden and debride devitalised tissue **Sizes** **15g**	
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® wound gel (B Braun) **A 5.3.4 Other antimicrobials**	**P**
Description: A hydrogel wound gel containing betaine surfactant (disrupts biofilm) andpolihexanide (an antiseptic). **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. NB In very rare cases there may be a mild burning sensation after application of Prontosan® wound gel but this should disappear after a few minutes.
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: An aqueous wound irrigation solution containing betaine surfactant (disrupts biofilm) and polihexanide (an antiseptic). **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) **P**
A5.3.4 Other Antimicrobials

Description: Low-adherence dressing made from fabric coated with dialkylcarbamoyl chloride, a hydrophobic substance is designed to bind microorganisms in the presence of moisture.

Sizes
Swabs 4x6cm
Swabs 7x9cm
Ribbon 2x50cm
Ribbon 5x200cm
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 • • ribbon should not be cut due to shedding
Acute variation	No variation to acute clinical settings.

Debrisoft® (Activa) **P**
A5.5.3 Physical debridement pads

Description: Debrisoft® is a polyacrylate coated pad made up of polyester fibres with bound edges.

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 •
How to use	• Fully moisten pad with water before use and shake off excess – do not squeeze out • 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®. • 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)
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

Kliniderm® Foam Silicone (Aria Medical)
A 5.2.3 Soft polymer dressings with absorbent pad without BORDER
P

Description: Absorbent foam dressing with a soft silicone wound contact layer (non-adherent) and a waterproof vapour-permeable polyurethane (film) backing.

Sizes
5 x 5cm
10 x 10cm

Indications for use	Suitable for exuding chronic and acute wounds
Contraindications	Do not use if allergic to silicone or any other components of the dressing
How to apply/remove	Apply directly to wound bed ensuring the dressing overlaps the wound margins by at least 2cm. Once in position the dressing may be held in place with a bandage or other suitable retention aid. Remove dressing by gently lifting one corner and slowly peel back the dressing.
Frequency of Dressing changes	May be left in place for up to 7 days depending on wound exudates. Refer to exudate and debridement management guidance (appendices 1 & 2).
Prescribers guidance	**Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.** Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide
Acute variation	No variation to acute clinical settings

Kliniderm® Foam Silicone Border (Aria Medical)
A 5.2.3 Soft polymer dressings with absorbent pad with ADHESIVE BORDER
P

Description: Absorbent foam dressing with a soft silicone wound contact layer (non-adherent) and adhesive border plus a waterproof vapour-permeable polyurethane (film) backing.

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

Indications for use	Suitable for exuding chronic and acute wounds
Contraindications	Do not use if allergic to silicone or any other components of the dressing
How to apply/remove	Apply directly to wound bed ensuring the dressing overlaps the wound margins by at least 2cm. Remove dressing by gently lifting one corner and slowly peel back the dressing..
Frequency of Dressing changes	May be left in place for up to 7 days depending on wound exudates. Refer to exudate and debridement management guidance (appendices 1 & 2).
Prescribers guidance	**Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.** Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide
Acute variation	No variation to acute clinical settings

Hydrofilm® (Hartmann)

A 5.2.2 Vapour permeable films and membranes **P**

Description: Thin polyurethane film coated with acrylic adhesive.

Sizes
6 x 7cm
10 x 12.5cm
10 x 15cm
15 x 20cm
10 x 25cm
12 x 25cm
20 x 30cm

Indications for use	• dry or low exuding wounds • minor traumatic wounds such as grazes, abrasions and lacerations • post operative surgical wounds
Contraindications	• moderate to heavily exuding wounds • known sensitivities
How to apply/remove	Apply directly to wound bed (following steps in product leaflet) leaving sufficient border around wound. To remove, gently lift corner and pull backwards towards centre of wound.
Frequency of Dressing changes	Can remain in place for up to 6 days – 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

Hydrofilm® Plus (Hartmann)

A 5.2.2 Vapour permeable films and membranes with absorbent pad **P**

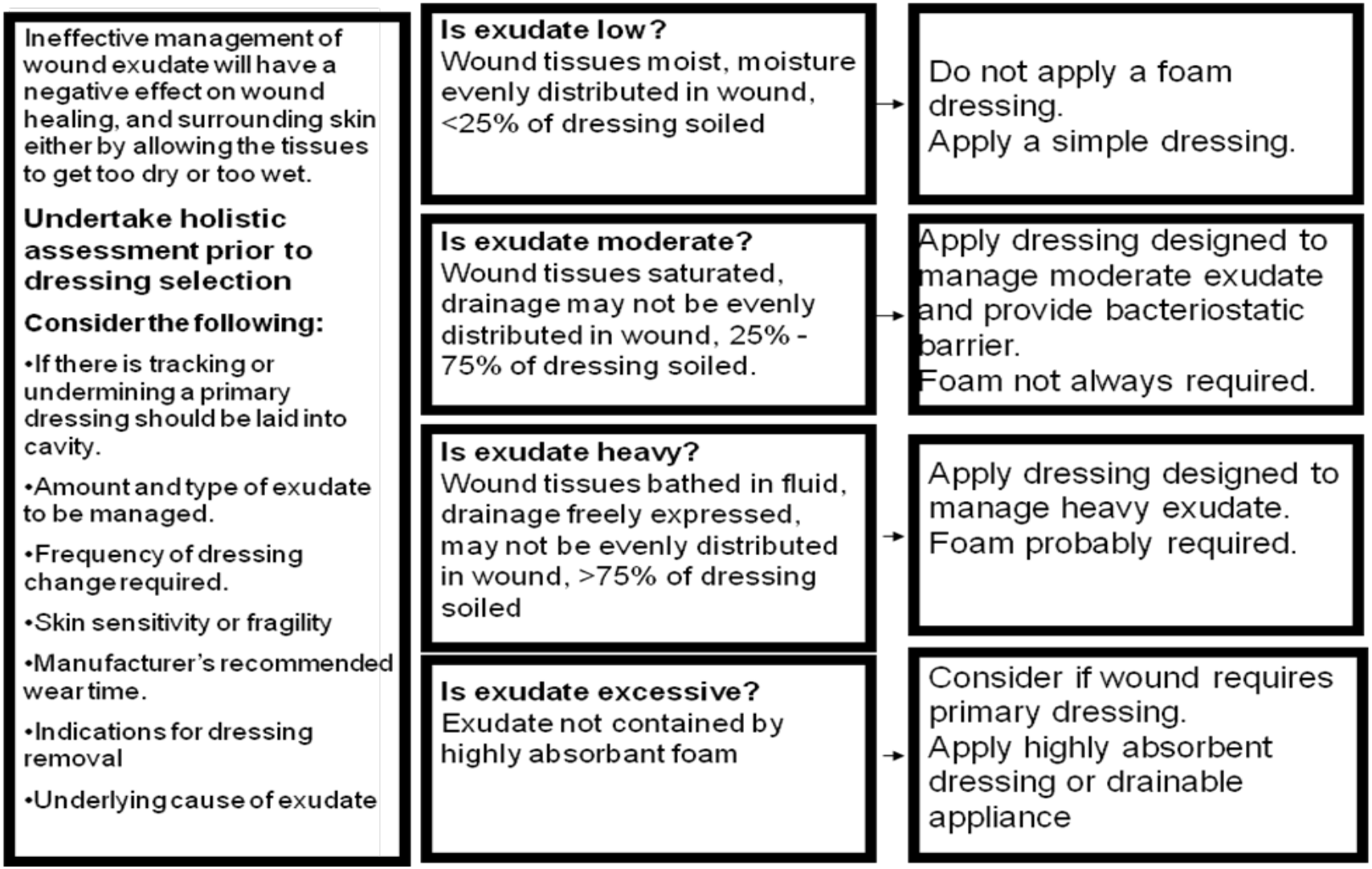
Description: Thin polyurethane film coated with acrylic adhesive and absorbent pad.

Sizes
5 x 7.2cm
9 x 10cm
9 x 15cm
10 x 20cm
10 x 25cm
10 x 30cm

Indications for use	• dry or low exuding wounds • minor traumatic wounds such as grazes, abrasions and lacerations • post operative surgical wounds
Contraindications	• moderate to heavily exuding wounds • known sensitivities
How to apply/remove	Apply directly to wound bed (following steps in product leaflet) leaving sufficient border around wound. To remove, gently lift corner and pull backwards towards centre of wound.
Frequency of Dressing changes	Can remain in place for up to 6 days – 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 • low absorbency capacity • risk of blistering if skin is stretched during application
Acute variation	No variation to acute clinical settings

Appendix 1

Exudate management guidance notes



Appendix 2

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:

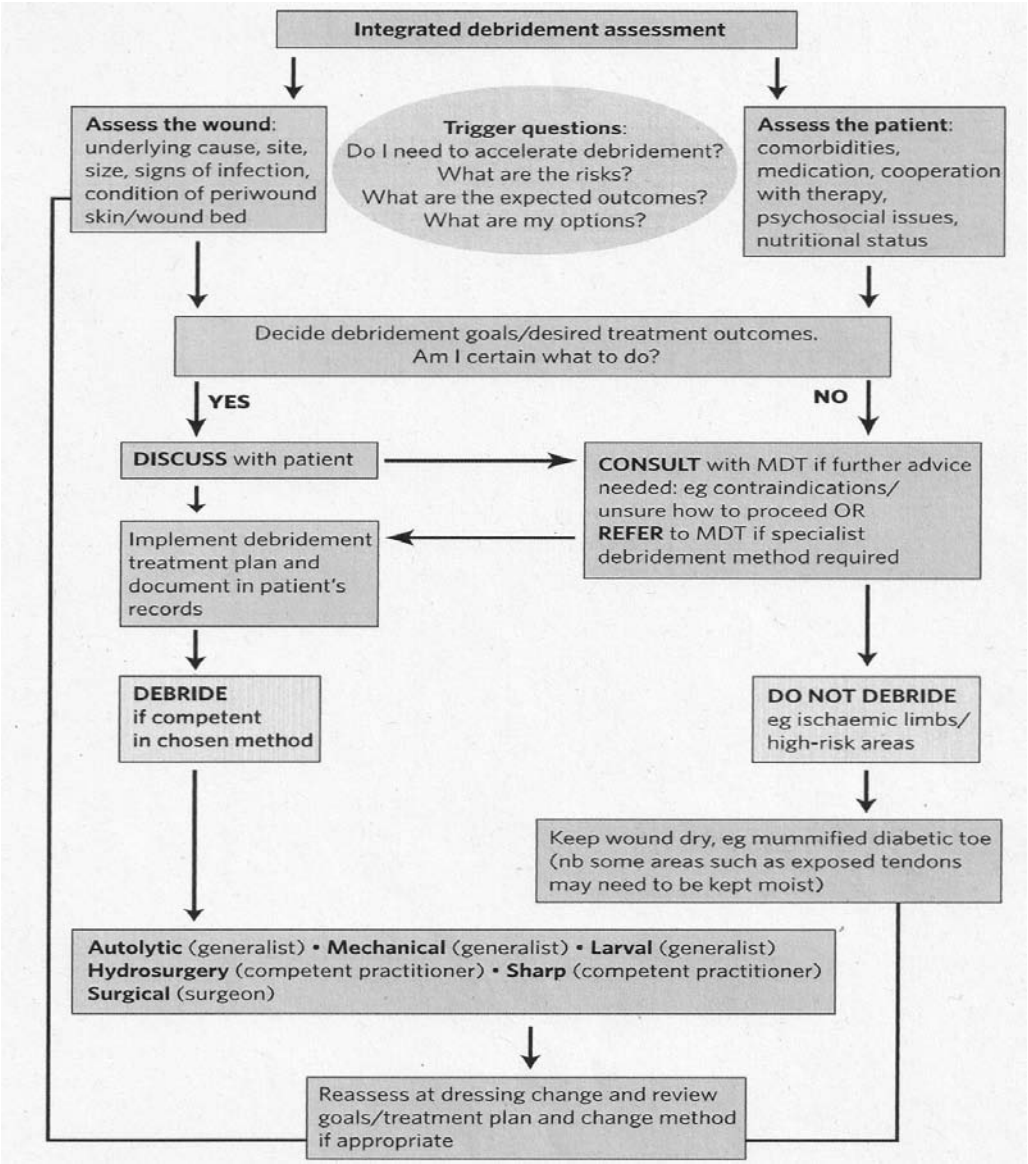
-is a physical barrier to healing
-reduces the effectiveness of topical antimicrobials
-can mask or mimic signs of infection
-can delay wound healing by contributing to prolonged inflammatory response
-can be a barrier to comprehensive wound assessment
-can increase exudate and odour

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***

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%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Prescribing%20Larvae,%20Unlicensed%20Medicine%20Protocol.pdf

Negative Pressure Wound Therapy Protocol:

http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Wound%20Management,%20Negative%20Pressure%20Wound%20Therapy%20Systems.pdf

References:

British National Formulary (BNF) 69 March 2015

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

Wound Care Handbook 2014-2015, MA Healthcare Ltd, London

NHS GG&C Tissue viability website

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

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