

NHSGGC Joint Wound Care Formulary

Important: Only the version of this document available from [GGC Medicines](#) is maintained. Any printed copies should be viewed as 'uncontrolled' and may not necessarily contain the latest updates.

Date of Publication	December 2022
Author	Wound Formulary Development and Implementation Group
Approval Group	Non Medicines Utilisation Sub Committee of ADTC

Foreword

This NHSGGC Joint Wound Care 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. The Wound Management Formulary was updated to reflect the changes made to the National Procurement (NP) Contract.

The formulary was developed by the Wound Formulary Development and Implementation Group (WFDIG), this group has representation from all specialties involved with wound management in Acute and Primary Care Sectors. The WFDIG included products to ensure that the majority of wound management goals can be achieved by prescribing products from this formulary.

To ensure appropriate person centred wound care it is essential that wounds that have not progressed in a two week period must be referred to the appropriate wound care specialist: Dermatology, Podiatry, Vascular, Burns and Plastics, Tissue Viability.

NHSGGC Joint Wound Care Formulary		
Date of Publication	December 2022	2

Contents:

Prescribing Guidance	Page 4
NHSGGC Joint Wound Care Formulary Product List	Page 5-6
Drug Tariff Pricing for Primary Care and Pecos code for Acute	Page 7-10
Data sheets	Page 11-72
Appendix 1 - Exudate management guidance notes	Page 73
Appendix 2 - Debridement Guidance	Page 74-75
Appendix 3 – Wound Cleansing Pathway	Page 76
Appendix 4 - Useful Links to related guidelines and resources:	Page 77

Prescribing Guidance

- Wounds that have not progressed in a two week period should be referred to the appropriate wound care specialist: Podiatry, Vascular, Burns and Plastics, Tissue Viability.
- Any patient who is receiving ongoing wound management must have an approved NHSGGC wound assessment chart completed and updated at least weekly.
- Practitioners should select products included in the formulary and only use non-formulary products when there is sound clinical rationale for doing so.
- Prescribers should take into account the volume and duration of products prescribed and maintain a two week challenge/review/reassessment of wounds where appropriate.
- Basic wound dressings should be considered for non-complex wounds or for use as secondary dressings. If frequent dressing changes are required a cost effective dressing should be used or seek advice from wound care specialist
- Dressing price can rise significantly with increasing size, so the smallest size dressing that is appropriate to the wound (allowing for any necessary overlap onto healthy skin) should be selected.
- Wound dressings containing an antimicrobial should only be used on the small number of patients who need them – the Health Technology Assessment Report 13 (Dec 2015) on the use of antimicrobial wound dressings for chronic wounds highlighted the lack of evidence for their routine use.
- Wear time varies between products, and will also depend on the both patient and wound related factors.
- 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.

NHSGGC Joint Wound Care Formulary Product List

The list of formulary products are listed by category. Not all products are available to both Acute and Primary care and are listed as:

PC - available in Primary Care (community)

Acute - available in Acute

(S) - These products can only be initiated after review by a wound care specialist (Dermatology, Vascular, Podiatry, or Tissue Viability Nurse (TVN))

Category	Product	Page	PC	Acute
Adhesive Tape	CLINIPORE	11	X	
Adhesive Tape	PRIMAFIX PERMEABLE 10M	12	X	
Antimicrobial	ACTIVHEAL AQUAFIBRE AG	13		X
Antimicrobial	AQUACEL AG+ EXTRA/RIBBON	14	X	
Antimicrobial	CUTIMED SORBACT SWABS/RIBBON	16	X	X
Antimicrobial	INADINE	17	X	X
Antimicrobial	IODOFLEX PASTE	18	X	
Antimicrobial	IODOSORB OINTMENT	19	X	
Antimicrobial	PRONTOSAN GEL X	20	X	X
Antimicrobial	URGOTUL SILVER	21	X	X
Burns basic dressing	JELONET	22	X	X
Cleansing	CLINIPODS	23	X	X
Cleansing	PRONTOSAN SOLUTION	24	X	X
Cleansing	STERICLENS AEROSOL 240ML	25	X	
Debridement Dressing	ACTIFORM COOL	26	X	X
Debridement Dressing	HYDROCLEAN ADVANCE	27	X	X
Debridement Dressing	URGOCLEAN PAD	28	X	X
Debridement Gel	FLAMINAL FORTE	29	X	X
Debridement Gel	FLAMINAL HYDRO	30	X	X
Debridement Hydrogel	ACTIVHEAL HYDROGEL	31	X	X
Debridement /Modulating matrix	ACTIVHEAL AQUAFIBRE EXTRA	32	X	X
Debridement / Occlusive	DUODERM EXTRA THIN	33	X	X
Debridement Physical	DEBRISOFT	34	X	X
Debridement Physical	UCS DEBRIDEMENT	35	X	X
Dressing pack	DRESSIT	36	X	
Dressing pack	NURSE IT	36	X	
Haemostat	COVAWOUND ALGINATE	37	X	X
Honey -antibacterial	ACTILITE	38		

Honey -antibacterial	ACTIVON TUBE	39	X	
Honey -antibacterial	ACTIVON TULLE	40	X	
Honey-antimicrobial	L-MESITRAN	41		X
Honey-antimicrobial	L-MESITRAN SOFT	42		X
Modulating Matrix (S)	URGOSTART	43	XS	XS
Modulating Matrix (S)	PROMOGRAN PRISMA	45	XS	XS
Non-adherent contact layer	ATRAUMAN	47	X	X
Non-adherent contact layer	N-A ULTRA	47	X	X
Odour control	CARBOFLEX	49	X	X
Odour control	CLINISORB	50	X	X
Radiotherapy RTOG damage	POLYMEM	51	X	X
Secondary dressing	ABSOPAD	52	X	
Secondary dressing adhesive	ACTIVHEAL SILICONE FOAM ADHESIVE	53	X	
Secondary dressing non adhesive	ACTIVHEAL SILICONE FOAM BORDERLESS	54	X	
Secondary dressing	CELLUDRESS	55	X	
Secondary dressing tubular bandage	COMFIFAST TUBULAR BANDAGE	56	X	
Secondary dressing adhesive film	HYDROFILM	57	X	
Secondary dressing adhesive film	HYDROFILM PLUS	58	X	
Secondary dressing adhesive silicone foam	KLINIDERM FOAM SILICONE BORDER	59	X	X
Secondary dressing non-adhesive silicone foam	KLINIDERM FOAM SILICONE NON-BORDER	60	X	X
Secondary dressing lightweight bandage	KNIT BAND	61	X	
Secondary sub bandage absorbent non-woven wadding	K SOFT	62	X	
Secondary dressing	PREMIERPORE	63	X	
Secondary dressing non adhesive	TELF A	64	X	
Silicone foam (S)	BIATAIN SILICONE	65	XS	XS
Silicone wound contact layer	KLINIDERM WOUND CONTACT LAYER	67	X	X
Superabsorber (S)	CUTIMED SORBION SACHET EXTRA	68	XS	XS
Superabsorber	KLINIDERM SUPER ABSORBENT	69	X	X
Superabsorber	VLIWASORB PRO	70	X	
Superabsorber	ZETIVIT E NON-STERILE	71	X	X
Waterproof dressing protection	SEAL TIGHT	72	X	

Drug Tariff Pricing for Primary Care and Pecos code for Acute

Category	Product	Sizes						
Adhesive tape (PC only)	CLINIPORE	1.25 x 5	2.5 x 5	5 x 5				
<i>Drug tariff</i>		£0.36	£0.61	£1.02				
Adhesive tape (PC only)	PRIMAFIX PERMEABLE x 10m	5	10	15	20			
<i>Drug tariff</i>		£1.70	£2.49	£3.67	£4.52			
Antimicrobial (Acute only)	ACTIVHEAL AQUAFIBER AG	5 x 5	10 x 10	15 x 15	2.7 x 32			
<i>PECOS Code</i>								
Antimicrobial (PC only)	AQUACEL AG+ EXTRA/RIBBON	5 x 5	10 x 10	15 x 15	1 x 45			
<i>Drug tariff</i>		£2.10	£4.99	£9.40	£3.26			
Antimicrobial	CUTIMED SORBACT SWAB/RIBBON	4 x 6	7 x 9	3cm round x5	2 x 50			
<i>Drug tariff</i>		£1.76	£3.75	£3.51	£4.30			
<i>PECOS Code</i>		178988	178995	178971	178964			
Antimicrobial	INADINE	5 x 5	9.5 x 9.5					
<i>Drug tariff</i>		£0.34	£0.50					
<i>PECOS Code</i>		39654	39661					
Antimicrobial (PC only)	IODOFLEX (paste)	5g	10g	17g				
<i>Drug tariff</i>		£4.39	£8.77	£13.89				
Antimicrobial (PC only)	IODOSORB (ointment)	10g						
<i>Drug tariff</i>		£4.85						
Antimicrobial	PRONTOSAN GEL X	50g	250g					
<i>Drug tariff</i>		£12.44	£33.30					
<i>PECOS Code</i>		193585	171743					
Antimicrobial	URGOTUL SILVER	10 x 12	15 X 20					
<i>Drug tariff</i>		£3.28	£9.30					
<i>PECOS Code</i>		242559	242542					
Burns basic dressing	JELONET	10 X 10						
<i>Drug tariff</i>		£0.44						
<i>PECOS Code</i>		17409						
Cleansing (PC only)	CLINIPODS	20ml x 25						
<i>Drug tariff</i>		£4.40						
Cleansing	PRONTOSAN SOLUTION	350ml						
<i>Drug tariff</i>		£5.09						
<i>PECOS Code</i>		133895						
Cleansing (PC only)	STERICLENS AEROSOL	240ml						
<i>Drug tariff</i>		£3.19						
Debridement dressing	ACTIFORM COOL	5 x 6.5	10 x 10	10 x 15	20 x 20			
<i>Drug tariff</i>		£1.91	£2.81	£4.03	£8.45			
<i>PECOS Code</i>		117123	84159	93205	D			
Debridement dressing	HYDROCLEAN ADVANCE	3 round	4 round	5.5 round	7.5 x 7.5	10 x 10		
<i>Drug Tariff</i>		£2.38	£4.06	£4.82	£5.33	£6.04		
<i>PECOS code</i>		264674	264636	264643	264650	264667		
Debridement dressing	URGOCLEAN PAD	6 x 6	10 x 10	15 x 15				
<i>Drug Tariff</i>		£2.01	£2.24	£4.05				
<i>PECOS code</i>		214761	210510					
Debridement gel	FLAMINAL FORTE	15g						

<i>Drug Tariff</i>		£8.16						
<i>PECOS code</i>		138067						
Debridement gel	FLAMINAL HYDRO	15g						
<i>Drug Tariff</i>		£8.16						
<i>PECOS code</i>		138074						
Debridement Hydrogel	ACTIVHEAL HYDROGEL	15g						
<i>Drug tariff</i>		£1.43						
<i>PECOS Code</i>		130474						
Debridement /Modulating matrix	ACTIVHEAL AQUAFIBER EXTRA	5 x 5	10 x 10	15 x 15	2.5 x 30.5			
<i>Drug tariff</i>		£0.61	£1.46	£2.74	£1.76			
<i>PECOS Code</i>		136322						
Debridement and Occlusive	DUODERM EXTRA THIN	7.5 x 7.5	5 x 10	10 x 10	9 x 15	9 x 25	9 x 35	15 x 15
<i>Drug Tariff</i>		£0.85	£0.80	£1.41	£1.88	£3.00	£4.20	£3.03
<i>PECOS code</i>		34840	34857	31658	165445	165452	165469	31665
Debridement Physical	DEBRISOFT	10 x 10						
<i>Drug Tariff</i>		£6.86						
<i>PECOS code</i>		217106						
Debridement Physical	UCS DEBRIDEMENT	pad						
<i>Drug Tariff</i>		£3.41						
<i>PECOS code</i>		217106						
Dressing pack (PC only)	DRESSIT	pack						
<i>Drug tariff</i>		£0.69						
Dressing pack (PC only)	NURSE IT	pack						
<i>Drug tariff</i>		£0.81						
Haemostat	COVAWOUND ALGINATE	5 x 5	10 x 10	10 x 20	15 x 15	15 x 20	2 x 30	
<i>Drug Tariff</i>		£0.44	£0.74	£1.88	£2.51	£3.18	£1.42	
<i>PECOS code</i>		268030	268047	268054			268061	
Honey -antibacterial	ACTILITE	5 x 5	10 x 10	10 x 20	20 x 30	30 x 30	30 x 60	
<i>Drug Tariff</i>		£0.72	£1.25	£2.41	£6.78	£11.22	£19.39	
<i>PECOS code</i>		197392	138104	182435				
Honey -antibacterial (PC only)	ACTIVON TUBE	25g						
<i>Drug tariff</i>		£2.80						
Honey -antibacterial (PC only)	ACTIVON TULLE	5 x 5	10 x 10					
<i>Drug tariff</i>		£2.28	£3.76					
Honey-antimicrobial (Acute only)	L-MESITRAN OINTMENT	20g	50g					
<i>PECOS Code</i>		£3.91	£9.90					
Honey-antimicrobial (Acute only)	L-MESITRAN SOFT	15g						
<i>PECOS Code</i>		£3.62						
Modulating Matrix (S)	URGOSTART	6 x 6	10 x 10	15 x 20				
<i>Drug Tariff</i>		£4.70	£6.50	£11.68				
<i>PECOS code</i>			216789					
Modulating Matrix (S)	PROMOGRAN PRISMA	28CM	123CM					
<i>Drug Tariff</i>		£6.51	£18.54					
<i>PECOS code</i>		117697						
Non-adherent contact layer	ATRAUMAN	5 x 5	7.5 x 10	10 x 20	20 x 30			
<i>Drug Tariff</i>		£0.36	£0.37	£0.84	£2.31			
<i>PECOS code</i>		230495	233182	52301				

Non-adherent contact layer	N-A ULTRA	9.5 x 9.5	9.5 x 19					
<i>Drug Tariff</i>		£0.34	£0.65					
<i>PECOS code</i>		25374						
Odour control	CARBOFLEX	10 x 10	8 x 15	15 x 20				
<i>Drug Tariff</i>		£3.42	£4.10	£7.78				
<i>PECOS code</i>		117277	49646	34871				
Odour control	CLINISORB	10 x 10	10 x 20	15 x 25				
<i>Drug Tariff</i>		£2.01	£2.68	£4.31				
<i>PECOS code</i>		24728	24735	173389				
Radiotherapy RTOG damage only	POLYMEM NON-ADHESIVE	10 x 10	17 x 19	10 x 61 roll				
<i>Drug Tariff</i>		£2.52	£6.20	£13.36				
<i>PECOS code</i>		242290	242313	242320				
Secondary dressing (PC only)	ABSOPAD	5 x 5	10 x 10	20 x 10				
<i>Drug tariff</i>		£0.70	£0.13	£0.28				
Secondary dressing adhesive (PC only)	ACTIVHEAL SILICONE FOAM ADHESIVE	7.5 x 7.5	10 x 10	12.5 x 12.5	15 x 15	20 x 20		
<i>Drug tariff</i>		£1.08	£1.60	£2.35	£2.87	£4.97		
Secondary dressing non adhesive (PC only)	ACTIVHEAL SILICONE FOAM BORDERLESS	5 x 5	7.5 x 7.5	10 x 10	10 x 20	15 x 15		
<i>Drug tariff</i>		£0.84	£0.98	£1.45	£2.69	£2.67		
Secondary dressing (PC only)	CELLUDRESS	10 x 10	10 x 15	10 x 20	15 x 20	20 x 25		
<i>Drug tariff</i>		£0.19	£0.20	£0.22	£0.30	£0.40		
Secondary dressing tubular bandage	COMFIFAST TUBULAR BANDAGE	3.5 x 1	5 x 1	7.5 x 1	10.75 x 1	17.5 x 1		
		red	green	blue	yellow	beige		
<i>Drug tariff</i>		£0.56	£0.58	£0.77	£1.20	£1.83		
Secondary dressing adhesive film	HYDROFILM	6 x 7	10 x 12.5	10 x 15	10 x 25	12 x 25	15 x 20	20 x 30
<i>Drug tariff</i>		£0.24	£0.45	£0.56	£0.87	£0.92	£1.04	£1.71
<i>PECOS code</i>		216727	216734					216758
Secondary dressing adhesive film (PC only)	HYDROFILM PLUS	7.2 x 5	9 x 10	9 x 15	10 x 20	10 x 25	10 x 30	
<i>Drug tariff</i>		£0.19	£0.29	£0.32	£0.49	£0.65	£0.73	
<i>PECOS code</i>		171217		171231	171255		171262	
Secondary dressing adhesive silicone foam	KLINIDERM FOAM SILICONE BORDER	7.5 x 7.5	10 x 10	12.5 x 12.5	15 x 15	10 x 20	10 x 30	15 x 20
<i>Drug Tariff</i>		£0.94	£1.23	£1.79	£2.70	£3.15	£4.76	£4.65
<i>PECOS code</i>		216659	216604	216673	216680	216697	237388	216703
Secondary dressing non adhesive	KLINIDERM FOAM SILICONE NON BORDER	5 x 5	10 x 10	10 x 20	15 x 15	20 x 20		
<i>Drug Tariff</i>		£0.78	£1.68	£2.58	£3.11	£4.44		
<i>PECOS code</i>		216598	216604	216611	216628	216635		
Secondary dressing lightweight bandage (PC only)	KNIT BAND x 4m	5 x 4	7 x 4	10 x 4	15 x 4			
<i>Drug tariff</i>		£0.11	£0.16	£0.18	£0.32			
Secondary absorbent non woven wadding	K SOFT							
<i>Drug tariff</i>								
<i>PECOS code</i>								
Secondary dressing adhesive	PREMIERPORE	5 x 7	10 x 10	10 x 15	10 x 20	10 x 25	10 x 30	10 x 35

<i>Drug tariff</i>		£0.05	£0.12	£0.18	£0.32	£0.36	£0.45	£0.52
Secondary dressing non adhesive	TELFA	7.5 x 7.5	10 x 7.5	15 x 7.5	20 x 7.5			
<i>Drug tariff</i>		£0.12	£0.16	£0.18	£0.29			
Silicone foam (S)	BIATAIN SILICONE	7.5 x 7.5	10 x 10	10 x 20	10 x 30	12.5 x 12.5	15 x 15	18 x 18
<i>Drug Tariff</i>		£1.55	£2.28	£2.88	£5.54	£2.79	£4.15	£5.81
<i>PECOS code</i>			193448	D		73467		59171
Silicone wound contact	KLINIDERM SILICONE WOUND CONTACT LAYER	5 x 7.5	7.5 x 10	12 x 15	17 x 25	20 x 30		
<i>Drug Tariff</i>		£1.10	£1.63	£4.30	£9.00	£12.45		
<i>PECOS code</i>		267767	267774	267781		267798		
Superabsorber	KLINIDERM SUPER ABSORBENT	10 x 10	10 x 15	10 x 20	20 x 20	20 x 30	20 x 40	
<i>Drug Tariff</i>		£0.49	£0.69	N/A	£0.99	£1.49	£1.99	
<i>PECOS code</i>					217144			
Superabsorber (S)	CUTIMED SORBION SACHET EXTRA	5 x 5	7.5 x 7.5	10 x 10	20 x 10	20 x 20	30 x 20	
<i>Drug Tariff</i>		£1.55	£1.90	£2.40	£3.98	£7.46	£10.65	
<i>PECOS code</i>				264889	264896	264902	264919	
Superabsorber (PC only)	VLIWASORB PRO	12.5 x 12.5	22 x 22	12.5 x 22.5	22 x 32			
<i>Drug Tariff</i>		£0.93	£1.97	£1.10	£2.48			
Superabsorber	ZETUVIT E NON-STERILE	10 x 10	10 x 20	20 x 20	20 x 40			
<i>Drug Tariff</i>		£0.07	£0.09	£0.15	£0.29			
<i>PECOS code</i>		413860	413861	413864 1	413866			
Waterproof dressing protection	SEAL TIGHT	Short leg	Wide short leg	Foot / ankle				
<i>Drug Tariff</i>		£10.63	£10.63	£10.63				

Product Data Sheets

Clinipore (Clinisupplies)					
Surgical adhesive tape					
Description: Permeable non-woven synthetic adhesive tape					
<table border="1"> <tr> <td>Sizes:</td> </tr> <tr> <td>1.25cm x 5m</td> </tr> <tr> <td>2.5cm x 5m</td> </tr> <tr> <td>5cm x 5m</td> </tr> </table>		Sizes:	1.25cm x 5m	2.5cm x 5m	5cm x 5m
Sizes:					
1.25cm x 5m					
2.5cm x 5m					
5cm x 5m					
Indications for use	<ul style="list-style-type: none"> • Retention of dressings and bandages • Fixing ostomy appliances • Fastening lightweight tubing • When repeat usage is required 				
Contraindications/ cautions	Any known sensitivity to adhesive Do not apply to broken skin				
How to apply/remove	<p>Apply: Direct to required area, avoid large adhesive margins to ensure patient comfort and minimise risk of discomfort on removal</p> <p>Removal: Loosen corner of tape and peel back For very fragile skin adhesive remover may be required, which is applied over surface of adhesive border (refer to Therapeutic Stoma Prescribing Guidance for preferred choice)</p>				
Secondary Dressing	NA				
Frequency of dressing changes and removal	As wound dressing regimen dictates				
Prescribing guidance	Consider the use of basic adhesive dressings when appropriate to negate need for tape				

Primafix (Smith & Nephew)						
Surgical adhesive tape						
Description: Permeable non-woven synthetic adhesive tape						
<table border="1"> <tr> <td>Sizes:</td> </tr> <tr> <td>5cm</td> </tr> <tr> <td>10cm</td> </tr> <tr> <td>15cm</td> </tr> <tr> <td>20 cm</td> </tr> </table>		Sizes:	5cm	10cm	15cm	20 cm
Sizes:						
5cm						
10cm						
15cm						
20 cm						
Indications for use	<ul style="list-style-type: none"> Retention of dressings and bandages Fixing ostomy appliances Fastening lightweight tubing When repeat usage is required 					
Contraindications/ cautions	Any known sensitivity to adhesive Do not apply to broken skin					
How to apply/remove	<p>Apply: direct to required area, avoid large adhesive margins to ensure patient comfort and minimise risk of discomfort on removal</p> <p>Removal: loosen corner of tape and peel back For very fragile skin adhesive remover may be required, which is applied over surface of adhesive border (refer to Therapeutic Stoma Prescribing Guidance for preferred choice)</p>					
Secondary Dressing	NA					
Frequency of dressing changes and removal	As wound dressing regimen dictates					
Prescribing guidance	Consider the use of basic adhesive dressings when appropriate to negate need for tape					

ActivHeal Aquafiber Ag (Advanced Medical Solutions)						
Antimicrobial (Silver)						
<p>Description: A sterile, non-woven pad consisting of a high M (mannuronic acid) calcium alginate and carboxymethylcellulose (CMC). Silver ions are released in the presence of wound fluid. As fluid is absorbed, the alginate forms a soft gel. Effective for up to 7 days.</p>						
<table border="1"> <tr> <td>Sizes Available</td> </tr> <tr> <td>5cm x 5cm</td> </tr> <tr> <td>10cm x 10cm</td> </tr> <tr> <td>15cm x 15cm</td> </tr> <tr> <td>2.7cm x 32cm (ribbon)</td> </tr> </table>		Sizes Available	5cm x 5cm	10cm x 10cm	15cm x 15cm	2.7cm x 32cm (ribbon)
Sizes Available						
5cm x 5cm						
10cm x 10cm						
15cm x 15cm						
2.7cm x 32cm (ribbon)						
Indications for use	Moderate to heavily exuding wounds including pressure ulcers, venous leg ulcers, diabetic ulcers, cavity wounds, post-op surgical wounds, superficial and partial thickness burns, traumatic wounds (dermal lesions, trauma injuries or incisions).					
Contraindications/cautions	<p>Not suitable for dry or lightly exuding wounds.</p> <p>Do not use on individuals with a known sensitivity to alginates or silver.</p> <p>Not suitable to control heavy bleeding.</p> <p>Not suitable for full thickness burns</p>					
How to apply/remove	<p>Application: Sheet – Apply directly to wound bed to ensure maximum contact. Lay loosely into cavity wounds, filling no more than 80% to allow for product swelling</p> <p>Ribbon: Loosely pack into cavity to approximately 80% depth to allow for product swelling. Ensure a ‘tail-end’ is left exposed of each ribbon for ease of removal.</p> <p>Both sheet and ribbon will require to be secured with a secondary dressing.</p> <p>Removal: If adhering to wound bed, moisten for ease of removal.</p>					
Frequency of dressing changes	As exudate level and slough dictate. Wetter wounds will require more frequent dressing changes.					
Prescribing guidance	When packing a wound, ensure the number of products used is clearly documented in the dressing regime section of the wound chart. The number of products removed and inserted should be documented at every dressing change to reduce the risk of retained products in a wound.					

Aquacel Ag+ Extra and Aquacel Ag+ Ribbon (Convatec)													
Antimicrobial Dressings / Hydrocolloid dressings													
<p>Description: Primary hydrofibre wound contact layer composed of hydrocolloid fibre (sodium carboxymethylcellulose) impregnated with silver and surfactant. High absorbency. Converts to gel on contact with moisture (i.e. wound exudate).</p>													
<table border="1"> <thead> <tr> <th colspan="2">Sizes Aquacel Ag+ Extra</th> </tr> </thead> <tbody> <tr> <td>5 x 5cm</td> <td>4 x 10cm</td> </tr> <tr> <td>10 x 10cm</td> <td>4 x 20cm</td> </tr> <tr> <td>15 x 15cm</td> <td>4 x 30cm</td> </tr> <tr> <th colspan="2">Sizes Aquacel Ag+ Ribbon</th> </tr> <tr> <td>1 x 45cm</td> <td>2 x 45cm</td> </tr> </tbody> </table>		Sizes Aquacel Ag+ Extra		5 x 5cm	4 x 10cm	10 x 10cm	4 x 20cm	15 x 15cm	4 x 30cm	Sizes Aquacel Ag+ Ribbon		1 x 45cm	2 x 45cm
Sizes Aquacel Ag+ Extra													
5 x 5cm	4 x 10cm												
10 x 10cm	4 x 20cm												
15 x 15cm	4 x 30cm												
Sizes Aquacel Ag+ Ribbon													
1 x 45cm	2 x 45cm												
<p>Indications for use</p>	<ul style="list-style-type: none"> • Antimicrobial dressings containing silver should only be used when infection is suspected as a result of clinical signs or symptoms • Moderate to heavily exuding wounds • Debridement of moist slough 												
<p>Contraindications</p>	<ul style="list-style-type: none"> • Do not use on patients with a known sensitivity to silver or other dressing components • Do not use where the presence of metals is contraindicated e.g. patients receiving radiotherapy or having MRI • Do not use on pregnant or breast feeding women 												
<p>How to apply/remove</p>	<p>Sheet: Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.</p> <ol style="list-style-type: none"> 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 peri-wound skin <p>Ribbon:</p> <ol style="list-style-type: none"> 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 <p>Removal: Lift carefully from wound bed using area of overhang. Irrigate to facilitate moisture and ease of removal if adherence to wound bed.</p> <p>Re-assessment of wound to determine if silver containing dressing to continue should be undertaken at least two weekly</p>												
<p>Frequency of dressing changes</p>	<p>Can be left in place for up to 7 days. As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)</p>												
<p>Prescribing guidance</p>	<p>silver-impregnated dressings should not be used routinely for the management of uncomplicated wounds</p> <p>Consideration should also be given to the following when prescribing:</p> <ul style="list-style-type: none"> • Mechanically lifts slough and bacteria from wound bed • Do not use with enzymatic debriders (eg Flaminol Forte) 												

	<ul style="list-style-type: none">• 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 in tracking wounds
--	--

Cutimed Sorbact Swab and Ribbon (BSN)							
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.							
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>Swabs 4x6cm</td> </tr> <tr> <td>Swabs 7x9cm</td> </tr> <tr> <td>Ribbon 2x50cm</td> </tr> <tr> <td>Ribbon 5x200cm</td> </tr> <tr> <td>Round swabs 3cm</td> </tr> </tbody> </table>		Sizes	Swabs 4x6cm	Swabs 7x9cm	Ribbon 2x50cm	Ribbon 5x200cm	Round swabs 3cm
Sizes							
Swabs 4x6cm							
Swabs 7x9cm							
Ribbon 2x50cm							
Ribbon 5x200cm							
Round swabs 3cm							
Indications for use	<ul style="list-style-type: none"> Chronic and acute wounds that are critically colonised Where an antimicrobial dressing is indicated in moderately to highly exuding wounds 						
Contraindications	<ul style="list-style-type: none"> Do not use in combination with ointments and creams as the binding effect is impaired 						
How to apply/remove	<ul style="list-style-type: none"> 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	<p>As exudate dictates – refer to exudate management guidance, can be left in place for up to 7 days</p> <p><i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i></p>						
Prescribing guidance	<ul style="list-style-type: none"> Requires a moist wound condition to be effective Ribbon must not be cut due to shedding 						

Inadine (Systagenix)				
Antimicrobial dressings, Iodine				
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 5 cm</td> </tr> <tr> <td>9.5 x 9.5 cm</td> </tr> </tbody> </table>		Sizes	5 x 5 cm	9.5 x 9.5 cm
Sizes				
5 x 5 cm				
9.5 x 9.5 cm				
Indications for use	<ul style="list-style-type: none"> • Reduce bacterial burden in superficial low exuding wounds with signs of local infection • Can be used under compression 			
Contraindications	<ul style="list-style-type: none"> • Renal/thyroid impairment • Lithium therapy • NB for full list of cautions/contraindications refer to product literature and BNF 			
How to apply/remove	<p>Apply:</p> <ul style="list-style-type: none"> • Iodine based products can stain or irritate surrounding skin therefore ensure products do not have large border out with wound bed. • “Bumpy” side should be in contact with wound bed • Products can be cut to size • Centre the dressing on the wound and apply directly onto wound bed <p>Removal:</p> <ul style="list-style-type: none"> • Lift corner of dressing and peel back from wound • Irrigate with sterile saline to facilitate moisture and ease of removal if adherence to wound bed 			
Frequency of dressing changes	<ul style="list-style-type: none"> • 1-7 days depending upon exudate levels • Pale colour of rayon indicates uptake of iodine <p>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</p>			
Prescribing guidance	<ul style="list-style-type: none"> • Volume of products prescribed should reflect short term use e.g. two week supply in first instance and review treatment plan. • Antimicrobials should only be used on the small number of patients who need them and educate those who don't. • Recent Health Technology Assessment Report 13 (Dec 2015) on the use of antimicrobial wound dressings for chronic wounds highlighted the lack of evidence for their routine use. • Dressings have little absorbency capacity 			

Iodoflex Paste (Smith and Nephew)					
Antimicrobials, Iodine					
<p>Description: A paste basis containing iodine 0.9% as cadexomer-iodine with a gauze backing that releases free iodine on exposure to wound exudate.</p> <table border="1" data-bbox="188 421 341 566"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5g</td> </tr> <tr> <td>10g</td> </tr> <tr> <td>17g</td> </tr> </tbody> </table>		Sizes	5g	10g	17g
Sizes					
5g					
10g					
17g					
Indications for use	<ul style="list-style-type: none"> • 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	<p>Should not be used on:</p> <ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 1. Peel back gauze backing 2. Remove suitable amount and mould to wound surface area, ensuring in full contact with wound bed <p>Removal:</p> <ul style="list-style-type: none"> • by irrigation with saline or water 				
Frequency of dressing changes	<p>Regularly monitor for reduction in exudate to ensure wound bed does not dry out. Refer to exudate and debridement management guidance (appendices 1&2)</p> <p><i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i></p>				
Prescribing guidance	<ul style="list-style-type: none"> • 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 				

Iodosorb Ointment (Smith and Nephew)			
Antimicrobials, Iodine			
Description: ointment containing 0.9% iodine as cadexomer-iodine. Free iodine is released from ointment on exposure to wound exudate.			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>10g</td> </tr> </table>		Size	10g
Size			
10g			
Indications for use	Treatment of wound infection and debridement of moist, superficial slough in chronic wounds		
Contraindications	Should not be used for: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Ensure in full contact with wound surface area Removal: <ul style="list-style-type: none"> • Irrigation with saline or water 		
Frequency of dressing changes	<i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i>		
Prescribing Guidance	<ul style="list-style-type: none"> • 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 • Maximum single application of 50g • Maximum weekly application of 150g • Maximum duration up to 3 months in any single course of treatment 		

Prontosan Gel X (B Braun)			
Other antimicrobials			
Description: A hydrogel wound gel containing betaine surfactant (disrupts biofilm) and polihexanide (an antiseptic).			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>30ml</td> </tr> </table>		Size	30ml
Size			
30ml			
Indications for use	Biofilm disruption, cleansing, decontamination and moisturising of: <ul style="list-style-type: none"> • 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	Has a shelf life of 28 days after opening - no refrigeration required		

Urgotul AG/Silver			
Antimicrobial Dressings			
Description: Urgotul AG/silver is a polyester mesh impregnated with hydrocolloid particles, Vaseline, cohesion polymers and salts. Non -adhesive and non-occlusive dressing			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>10cm x 12cm</td> </tr> </table>		Size	10cm x 12cm
Size			
10cm x 12cm			
Indications for use	<p>Provides a contact layer directly onto the wound surface.</p> <ul style="list-style-type: none"> • Infected or at risk of infection wound • Non to low exuding wounds • Acute wounds • Chronic wounds 		
Contraindications/cautions	<ul style="list-style-type: none"> • Do not use if know sensitivities to silver or other ingredients of the dressing • Do not use on patients undergoing MRI • Do not use in a hyperbaric chamber • Do no use on pregnant or breast feeding women, new born or premature babies • Avoid contact with electrodes or conductive gels during electronic measurement , e.g. EEG and ECG 		
How to apply/remove	<p>Apply: Moisten gloves with saline in order to hold the dressing easier</p> <p>Removal: Raise corner and peel back off wound. Should lift off wound with no adherence.</p>		
Frequency of dressing changes	<ul style="list-style-type: none"> • Dependent on the nature of the wound, can be left in place for up to7 days; however may require more frequent changes if there is a risk of desiccation or unexpected increase in exudate with need to review dressing regimen or more frequent changes. • Maximum use 1 month <p>Refer to exudate and debridement management guidance (appendix 1 & 2)</p>		
Prescribing guidance	Usually used for low exuding wounds		

Jelonet (Smith & Nephew)			
Specialist burns dressing Low adherence dressings			
Description: Knitted polyester primary dressing impregnated with neutral triglycerides, conforms to wound bed.			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>10 x 10cm</td> </tr> </table>		Size	10 x 10cm
Size			
10 x 10cm			
Indications for use	<p>Provides a contact layer directly onto the wound surface. Basic wound dressing for non-complex wounds:</p> <ul style="list-style-type: none"> • Minor burns • Abrasions • Superficial wounds • As a contact layer under compression bandage on leg ulcers <p>A cost effective alternative to silicone contact layer products when dressings are changed more than once a week.</p>		
Contraindications/cautions	<ul style="list-style-type: none"> • Can be used under compression; however risk of adherence to wound bed if minimal exudate present. • Use with caution on chronic low exuding wounds with viscous exudate which may result in pooling and restricted drainage through dressing pores. <p>N-A Ultra Do not use if allergic to silicone.</p>		
How to apply/remove	<p>Apply: Place flat onto the wound surface with 2.5cm border May be applied in multiple layers “fluffed” up to reduce risk of adherence and frequency of dressing changes. Can be cut or folded to size.</p> <p>Removal: Raise corner and peel back off wound. Should lift off wound with no adherence.</p>		
Frequency of dressing changes	<ul style="list-style-type: none"> • Dependent on the nature of the wound, can be left in place for up to 7 days; however may require more frequent changes if there is a risk of desiccation or unexpected increase in exudate with need to review dressing regimen and/or more frequent changes. • If secondary dressing allows strike through e.g. bandages or dry dressings there is a risk of bacterial ingress with requirement for review of dressing regimen or more frequent changes. <p>Refer to exudate and debridement management guidance (appendix 1 & 2)</p>		
Prescribing guidance	<p>Usually used for low exuding wounds Atrauman is a cost effective alternative to silicone contact layer dressings, if greater than once a week dressing changes are required.</p>		

Clinipods (Mayers Pharma)			
Sterile Saline Solution			
Description: Sterile normal saline solution 0.9% w/v ph Eur			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>20ml vials in packs of 25</td> </tr> </table>		Size	20ml vials in packs of 25
Size			
20ml vials in packs of 25			
Indications for use	<ul style="list-style-type: none"> • For topical irrigation of wounds to remove loose slough, debris and chronic wound fluid from wound bed • Social cleansing of peri wound margins 		
Contraindications/cautions	<ul style="list-style-type: none"> • Do not mix with other fluids for irrigation unless directed • Do not use for injection 		
How to apply/remove	<ul style="list-style-type: none"> • Remove twist off seal then use vial to direct the flow of saline over the wound. • Use gauze to soak up irrigation waste. • Product should be warmed to body temperature before use 		
Frequency of dressing changes	At each wound intervention only if wound requires cleansing as not all wounds require cleansing at dressing change.		
Prescribing guidance	<ul style="list-style-type: none"> • Clean granulating wounds do not require routine cleansing • Patient may irrigate wound in shower, which can negate need for saline irrigation • Refer to NHSGGC wound cleansing guidance 		

Prontosan solution (B Braun)				
Other antimicrobials				
Description: An aqueous wound irrigation solution containing betaine surfactant (disrupts biofilm) and polihexanide (an antiseptic).				
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>350ml</td> </tr> <tr> <td>40ml</td> </tr> </table>		Size	350ml	40ml
Size				
350ml				
40ml				
Indications for use	Biofilm disruption, cleansing, decontamination and moisturising of: <ul style="list-style-type: none"> • Acute wounds • Chronic wounds • First and second degree burns 			
Contraindications	If known sensitivity to any of the solutions ingredients			
How to apply/remove	<ul style="list-style-type: none"> • apply as a soak for at least 10 minutes 			
Frequency of dressing changes	N/A			
Prescribing guidance	<ul style="list-style-type: none"> • 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) 			

Stericlens Aerosol (CD Medical)				
Irrigation solutions (NaCl 0.9%)				
Description: Sterile sodium- chloride solution in a spray				
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>100mls</td> </tr> <tr> <td>240 mls</td> </tr> </table>		Sizes	100mls	240 mls
Sizes				
100mls				
240 mls				
Indications for use	<ul style="list-style-type: none"> For topical irrigation of wounds to remove loose slough, debris and chronic wound fluid from wound bed Social cleansing of peri wound margins 			
Contraindications/cautions	<ul style="list-style-type: none"> Do not mix with other fluids for irrigation unless directed Do not use for injection Aerosol is pressurised container and should not be exposed to high temperatures, punctured or burnt. Local disposal regulations and requirements apply. 			
How to apply/remove	<p>Apply: Direct nozzle to area requiring irrigation and spray approx 10cm from wound surface to reduce risk of spray back and allow maximum coverage of wound bed. Can be used through 360 degrees or upside down for awkward to irrigate areas Replace cap after use and store in clean area</p> <ul style="list-style-type: none"> Refer to manufacturer's instructions for further details if required 			
Frequency of dressing changes	At each wound intervention.			
Prescribing guidance	<ul style="list-style-type: none"> Aerosol design allows all saline to be used with no waste. Consider number of interventions and volume required at each dressing change to reduce waste Clean granulating wounds do not require routine cleansing Patient may irrigate wound in shower, which can negate need for saline irrigation Refer to NHSGGC wound cleansing guidance 			

ActiFormCool (Activa)						
Hydrogel dressings						
Description: Ionic non adherent hydrogel sheet to debride devitalised tissue						
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 6.5cm</td> </tr> <tr> <td>10 x 10cm</td> </tr> <tr> <td>10 x 15cm</td> </tr> <tr> <td>20 x 20cm</td> </tr> </tbody> </table>		Sizes	5 x 6.5cm	10 x 10cm	10 x 15cm	20 x 20cm
Sizes						
5 x 6.5cm						
10 x 10cm						
10 x 15cm						
20 x 20cm						
Indications for use	<ul style="list-style-type: none"> • Dry eschar or slough • Painful wounds • Burns • Radiation burns • Fungating wounds • Under compression for light to moderate exuding wounds 					
Contraindications	<ul style="list-style-type: none"> • 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.					
Prescribing guidance	<ul style="list-style-type: none"> • Can stay in place for 7 days depending on levels of exudate • Monitor peri-wound skin for maceration • Consider cutting dressing to size of wound if maceration evident 					

HYDROCLEAN ADVANCE (Hartmanns)											
Debridement											
<p>Description: Hydroclean advance is a hydroactive wound dressing that contains, as a core component, a superabsorbent, polyacrylate (SAP) embedded in cellulose fibres and activated with Ringer's solution. The wound contact layer consists of a polypropylene knitted fabric to which silicone strips have been applied. Hydroclean advance delivers Ringer's solution to the wound for up to three days. During this time, interactive and continuous and continuous wound irrigation takes place and wound exudate is absorbed. The SAP inactivates metalloproteinases which impair wound healing, as a result, stagnating healing in chronic wounds can be reactivated.</p>											
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>3cm round</td> <td>10cm x 10cm</td> </tr> <tr> <td>4cm round</td> <td>4cm round cavity</td> </tr> <tr> <td>5.5cm round</td> <td>7.5cm x 7.5cm cavity</td> </tr> <tr> <td>7.5cm x 7.5 cm</td> <td></td> </tr> </tbody> </table>		Sizes		3cm round	10cm x 10cm	4cm round	4cm round cavity	5.5cm round	7.5cm x 7.5cm cavity	7.5cm x 7.5 cm	
Sizes											
3cm round	10cm x 10cm										
4cm round	4cm round cavity										
5.5cm round	7.5cm x 7.5cm cavity										
7.5cm x 7.5 cm											
Indications for use	Suitable for wet/moist treatment of acute and chronic wounds, in particular wounds requiring debridement or with impaired healing tendency. It can be used on infected wounds and stagnating wounds.										
Contraindications/cautions	Do not use on patients with an intolerance to any of the components in the dressing. Consult wound specialist before using on infected wounds. In patients with risk of excessive bleeding remove with caution or irrigate wound bed prior to removal with appropriate wound cleansing solution.										
How to apply/remove	<p>Apply: DO NOT CUT. Select dressing size to fit wound without overlap as hyper-hydration may occur (swelling of cells that will resolve, this is not maceration). Apply white side down so that the blue writing is visible on the outside.</p> <p>Secondary dressing should be a simple film and not a foam or silicone dressing.</p> <p>Removal: Hydroclean advance should be able to be removed easily, however if there is adherence then the dressing can be removed by irrigating with appropriate wound cleansing solution</p>										
Frequency of dressing changes	Three days										
Prescribing guidance	Hydroclean advance debrides rapidly and often debridement is achieved within a few days. Do not prescribe more than one week supply of dressings.										

UrgoClean Pad (Urgo)					
Hydrocolloid dressings					
Description: Hydrocolloid fibre that converts to gel on contact with moisture (i.e. wound exudate). Pad has soft-adherent lipocolloidal contact layer.					
<table border="1"> <tr> <td>Sizes: pad</td> </tr> <tr> <td>6 x 6cm</td> </tr> <tr> <td>10 x 10cm</td> </tr> <tr> <td>20 x 15cm</td> </tr> </table>		Sizes: pad	6 x 6cm	10 x 10cm	20 x 15cm
Sizes: pad					
6 x 6cm					
10 x 10cm					
20 x 15cm					
Indications for use	<ul style="list-style-type: none"> • Moderate to heavily exuding wounds • Debridement of moist slough 				
Contraindications	Any known sensitivities				
How to apply/remove	<p>Pad: Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.</p> <ol style="list-style-type: none"> 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 peri wound skin <p>Removal: Lift carefully from wound bed using area of overhang Irrigate to facilitate moisture and ease of removal if adherence to wound bed</p>				
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)				
Prescribing guidance	<ul style="list-style-type: none"> • 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 				

Flaminal Forte (Flen Healthcare)			
Other antimicrobials, Antimicrobial Alginate Gel			
Description: Hydroactive alginate gel containing dual enzymes (glucose oxidase and lactoperoxidase) to reduce bioburden and debride devitalised tissue			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>15g (coverage 40cm)</td> </tr> </table>		Size	15g (coverage 40cm)
Size			
15g (coverage 40cm)			
Indications for use	<ul style="list-style-type: none"> • Moderate to heavily exuding, critically colonised or infected • Sloughy critically colonised or infected wounds • Critically colonised or infected cavity wounds 		
Contraindications	<ul style="list-style-type: none"> • Dry or low exuding wounds • Clean wounds with no signs or risks of clinical infection • Known sensitivities 		
How to apply/remove	<ol style="list-style-type: none"> 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 <i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i>		
Prescribing Guidance	No fibre shed in cavities Should only be used for two week periods		

Flaminal Hydro (Flen Health)			
Antimicrobial Alginate Gel			
<p>Description: Alginate gel containing two antimicrobial enzymes (glucose oxidase and lactoperoxidase) which exert their effect without damaging healthy skin cells. Debrides the wound and manages moisture balance. Contains lower proportion of alginate than Flaminal Forte so absorbs less exudate.</p>			
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>15g Tube (coverage 40cm)</td> </tr> </table>		Sizes	15g Tube (coverage 40cm)
Sizes			
15g Tube (coverage 40cm)			
Indications for use	<p>Low to moderately exuding wounds Sloughy critically colonised or infected wounds Critically colonised or infected cavity wounds</p>		
Contraindications/cautions	<p>Highly exuding wounds (use Flaminal Forte instead) Clean wounds with no signs or risks of clinical infection Known sensitivities</p>		
How to apply/remove	<p>Apply: Apply directly to wound bed ensuring protection of surrounding skin. A syringe may be used to insert into cavity wounds.</p> <p>Removal: By gentle irrigation with sterile water or saline.</p>		
Frequency of dressing changes	<p>1-4 days depending on exudate levels. Requires changing when gel structure disappears. Reassessment of wound to determine if antimicrobial dressing to continue should be undertaken at least 2 weekly.</p>		
Prescribing guidance	<p>If exudate levels increase, consider switch to Flaminal Forte.</p>		

ActivHeal Hydrogel (Advanced Medical Solutions)			
Hydrogel application			
Description: Gel (composed of guar gum and propylene glycol) containing 85% water. No animal derived ingredients.			
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>15g</td> </tr> </tbody> </table>		Sizes	15g
Sizes			
15g			
Indications for use	<ul style="list-style-type: none"> • Necrotic and sloughy wounds with nil to low exudate 		
Contraindications	<ul style="list-style-type: none"> • 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)		
Prescribing guidance	Seek specialist advice in diabetic foot conditions and arterial insufficiency		

ActivHeal Aquafiber Extra (Advanced Medical Solutions)						
Gelling Fibre Dressing						
<p>Description: A soft, conformable, highly absorbent dressing that converts into a soft clear gel when in contact with wound exudate. It contains a re-inforcing layer between 2 layers of absorbent fibres to improve the integrity of the dressing when it is wet, so it can be removed intact.</p>						
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5cm x 5cm</td> </tr> <tr> <td>10cm x 10cm</td> </tr> <tr> <td>15cm x 15cm</td> </tr> <tr> <td>2cm x 46cm (ribbon)</td> </tr> </tbody> </table>		Sizes	5cm x 5cm	10cm x 10cm	15cm x 15cm	2cm x 46cm (ribbon)
Sizes						
5cm x 5cm						
10cm x 10cm						
15cm x 15cm						
2cm x 46cm (ribbon)						
Indications for use	Moderate to heavily exuding wounds including pressure ulcers, venous leg ulcers, diabetic ulcers, cavity wounds, post-op surgical wounds, superficial and partial thickness burns. Can also be used to control minor bleeding in superficial wounds.					
Contraindications/cautions	Not indicated to control heavy bleeding					
How to apply/remove	<p>Apply: Sheet – Apply directly to wound bed to ensure maximum contact. Lay loosely into cavity wounds, filling no more than 80% to allow for product swelling</p> <p>Ribbon: Loosely pack into cavity to approximately 80% depth to allow for product swelling. Ensure a ‘tail-end’ is left exposed of each ribbon for ease of removal.</p> <p>Removal: If adhering to wound bed, moisten for ease of removal.</p>					
Frequency of dressing changes	As exudate level and slough dictate. Wetter wounds will require more frequent dressing changes.					
Prescribing guidance	When packing a wound, ensure the number of products used is clearly documented in the dressing regime section of the wound chart. The number of products removed and inserted should be documented at every dressing change to reduce the risk of retained products in a wound.					

Duoderm Extra Thin (Convatec)											
Polyurethane matrix dressing without adhesive border											
Description: Semi-permeable conformable low absorbency hydrocolloid adherent occlusive dressing.											
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 10cm</td> <td>9 x 15cm</td> </tr> <tr> <td>7.5 x 7.5cm</td> <td>9 x 25cm</td> </tr> <tr> <td>10 x 10cm</td> <td>9 x 35cm</td> </tr> <tr> <td>15 x 15cm</td> <td></td> </tr> </tbody> </table>		Sizes		5 x 10cm	9 x 15cm	7.5 x 7.5cm	9 x 25cm	10 x 10cm	9 x 35cm	15 x 15cm	
Sizes											
5 x 10cm	9 x 15cm										
7.5 x 7.5cm	9 x 25cm										
10 x 10cm	9 x 35cm										
15 x 15cm											
Indications for use	<ul style="list-style-type: none"> • Superficial low exuding wounds • To debride low levels of slough by autolysis • Primary dressing on clean granulating/epithelialising wound • Secondary dressing over Aquacel Extra (Jubilee technique) on post operative incisions in highly exuding wounds • Secondary dressing to provide showerproof, bacterial barrier • To protect peri-wound margins when using NPWT or Larvae therapy 										
Contraindications/ cautions	<ul style="list-style-type: none"> • Known sensitivities to carboxymethylcellulose, gelatin, pectin • Heavily exuding wounds when used direct to wound bed • Known wound infection • Should not be applied to exposed muscle or bone 										
How to apply/remove	<p>Apply: dry surrounding peri wound skin Peel backing layer and place directly on wound bed, allowing a 3cm border around wound bed.</p> <p>Can be cut to size</p> <p>Removal: Press down gently on skin and lift corner of dressing stretching each edge until free.</p>										
Frequency of dressing changes	<ul style="list-style-type: none"> • Semi transparent qualities and will allow for viewing of wound bed. • Change when gelling of 80% of dressing has taken place or if wound assessment is required. • If Jubilee technique is used, change when underlying Aquacel Extra has fully gelled or if wound assessment is required. 										
Prescribing guidance	Frequency of dressing change when prescribing volume										

Debrisoft (Activa)			
Physical debridement pads			
<p>Description: Debrisoft is a polyacrylate coated pad made up of polyester fibres with bound edges.</p> <p>NB: this is a debridement pad and NOT a wound dressing</p>			
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>10cm x 10cm</td> </tr> </table>		Sizes	10cm x 10cm
Sizes			
10cm x 10cm			
Indications for use	<ul style="list-style-type: none"> To debride loose superficial slough and debris to reveal underlying granulating wound bed Removal of softened loose hyperkeratotic skin from peri wound margins 		
Contraindications	<ul style="list-style-type: none"> Wound bed with granulating base Dry slough or necrosis Deep slough Pain despite analgesia 		
How to use	<ul style="list-style-type: none"> 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/ Prescribing guidance	<ul style="list-style-type: none"> 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 <p>(For further information on range of debridement techniques refer to appendix 2)</p>		

UCS Debridement (medi UK)			
Physical debridement cloth			
Description: Sterile, pre-moistened soft debridement cloth for single use.			
NB: this is a debridement cloth and NOT a wound dressing			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>10 x 10cm</td> </tr> </table>		Size	10 x 10cm
Size			
10 x 10cm			
Indications for use	<ul style="list-style-type: none"> To debride loose superficial slough and debris to reveal underlying granulating wound bed Removal of softened loose hyperkeratotic skin from peri wound margins 		
Contraindications	<ul style="list-style-type: none"> Wound bed with granulating base Dry slough or necrosis Deep slough Pain despite analgesia 		
How to use	<ul style="list-style-type: none"> Apply rotational movements over wound bed and margins with cloth 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 UCS cloth. 		
Frequency/ Prescribing guidance	<ul style="list-style-type: none"> 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 <p>(For further information on range of debridement techniques refer to appendix 2)</p>		

**Dress-It (Richardson)
Nurse-It (Medicareplus International)**

Dressing packs

Description: Procedure dressing pack for use in primary care, to provide a sterile working surface with contents to support aseptic technique when carrying out wound management.

Sizes of gloves: Small/medium and medium/large gloves available
NB variation in contents of packs

Dress-It	Nurse-It
<ul style="list-style-type: none"> • Vitrex gloves x one pair • Softswabs 4 ply x 4 • Absorbent pad x 1 • Sterile field x 1 • Paper towel x 1 • Large apron x 1 • Disposable bag 	<ul style="list-style-type: none"> • Latex Free, Powder Free, Nitrile Gloves x one pair • Non-Woven Swabs x 7 • Laminated Paper Sterile Fields x 2 • Paper Towel x 1 • Large Apron x 1 • White Polythene Disposable Bag x 1 • Compartment Tray x 1 • Disposable Forceps x 1 • Laminated Paper Sterile Field x1 • Paper Measuring Tape x 1

Indications for use	<ul style="list-style-type: none"> • Dressing pack for patients to support aseptic wound management in domiciliary setting.
----------------------------	--

Contraindications/ cautions	<ul style="list-style-type: none"> • None noted
------------------------------------	--

Prescribing guidance	<ul style="list-style-type: none"> • Consideration should be given to the following when prescribing: • Pack size 10; take this into account when prescribing to avoid waste dependent on number of dressing changes
-----------------------------	--

Covawound Alginate (Covalon Technologies Ltd)					
Alginate					
<p>Description: A primary wound dressing made from the calcium salt of alginic acid. When in contact with wound exudate, the calcium ions in the dressing are exchanged for sodium ions to produce a highly absorbent, soft gelling dressing which maintains its integrity. The soft gel facilitates moist wound healing and de-sloughing, settling into the contours of the wound to minimise the dead spaces where exudate can pool and bacteria grow.</p>					
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5cm x 5cm</td> </tr> <tr> <td>10cm x 10cm</td> </tr> <tr> <td>2cm x 30cm (rope)</td> </tr> </tbody> </table>		Sizes	5cm x 5cm	10cm x 10cm	2cm x 30cm (rope)
Sizes					
5cm x 5cm					
10cm x 10cm					
2cm x 30cm (rope)					
<p>Indications for use</p>	<ul style="list-style-type: none"> Moderate to heavily exuding wounds such as partial thickness burns, donor sites, leg ulcers, pressure ulcers, diabetic foot ulcers, post-op incision and trauma wounds, The rope dressing can be applied to moderate to heavily exuding cavity wounds. This dressing has haemostatic properties, therefore can be used on bleeding wounds. This product can be used under compression 				
<p>Contraindications/cautions</p>	<ul style="list-style-type: none"> Sensitivities to calcium alginate Dry or lightly exuding wounds. 				
<p>How to apply/remove</p>	<p>Apply: Select a dressing that is slightly larger than the wound. Alginate rope dressing should be used in cavity wounds. Product may be trimmed to fit the wound size. Apply directly to wound bed. For cavity wounds, loosely pack to 80% depth, ensuring an end of product is left exposed for removal. Cover and secure with a non-occlusive secondary dressing.</p> <p>Removal: Hydrate with saline or sterile water if dry to ensure ease of removal.</p>				
<p>Frequency of dressing changes</p>	As exudate levels dictate.				
<p>Prescribing guidance</p>	If using to pack wound ensure number of products inserted and removed are clearly documented on a wound chart to avoid the risk of retained products.				

Actilite (Advancis Medical)									
Antimicrobial Dressings, Honey sheet dressing									
Description: Medical grade manuka honey 99% and manuka oil 1% knitted viscose sheet dressing 99% manuka honey and 1% manuka									
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 5cm</td> <td>20 x 30cm</td> </tr> <tr> <td>10 x 10cm</td> <td>30 x 30cm</td> </tr> <tr> <td>10 x 20cm</td> <td>30 x 60cm</td> </tr> </tbody> </table>		Sizes		5 x 5cm	20 x 30cm	10 x 10cm	30 x 30cm	10 x 20cm	30 x 60cm
Sizes									
5 x 5cm	20 x 30cm								
10 x 10cm	30 x 30cm								
10 x 20cm	30 x 60cm								
Indications for use	<ul style="list-style-type: none"> • Reduce bacterial burden in superficial low exuding wounds with signs of local infection • Actilite may be used for patients whom iodine based products are contraindicated or alternative honey and iodine based products are not tolerated by patient • Can be used under compression 								
Contraindications/ cautions	<ul style="list-style-type: none"> • Any known sensitivities to bee venom • NB for full list of cautions/contraindications refer to product literature and BNF 								
How to apply/remove	<p>Apply: “Bumpy” side should be in contact with wound bed Products can be cut to size Centre the dressing on the wound and apply directly onto wound bed.</p> <p>Removal: lift corner of dressing and peel back from wound</p>								
Frequency of dressing changes	Can be left in place up to one week; however if antimicrobial dressing is required more frequent assessment may be required								
Prescribing guidance	<ul style="list-style-type: none"> • Volume of products prescribed should reflect short term use e.g. two week supply in first instance and review treatment plan. • Antimicrobials should only be used on the small number of patients who need them and educate those who don't. • Health Technology Assessment Report 13 (Dec 2015) on the use of antimicrobial wound dressings for chronic wounds highlighted the lack of evidence for their routine use 								

Activon Tube (Advancis)			
Antimicrobial Dressings, Honey-based topical application			
Description: 100% medical grade manuka honey ointment.			
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>25g tube</td> </tr> </table>		Sizes	25g tube
Sizes			
25g tube			
Indications for use	<ul style="list-style-type: none"> • Debridement • Helps control odour • Provides a moist wound healing environment for all types of acute and chronic wounds including; <ul style="list-style-type: none"> ○ pressure ulcers ○ burns ○ graft sites ○ fungating tumours • Has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected • Can be used in cavities 		
Contraindications	<ul style="list-style-type: none"> • <u>DO NOT</u> use if the patient has a known allergy to bee venom • <u>Not recommended on leg ulcers (SIGN 120)</u> 		
How to apply/remove	Apply directly to wound bed or insert into cavity. Refer to wound cleansing guidelines (see links)		
Frequency of dressing changes	<i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i>		
Prescribing guidance	<ul style="list-style-type: none"> • 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) 		

Activon Tulle (Advancis)			
Antimicrobial Dressings, Honey sheet dressing			
Description: Knitted viscose impregnated with medical grade honey.			
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>10 x 10cm</td> </tr> </table>		Sizes	10 x 10cm
Sizes			
10 x 10cm			
Indications for use	<ul style="list-style-type: none"> • Debridement • Helps control odour • Provides a moist wound healing environment for all types of acute and chronic wounds including; <ul style="list-style-type: none"> ○ pressure ulcers ○ burns ○ graft sites ○ fungating tumours • Has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected 		
Contraindications	<ul style="list-style-type: none"> • <u>DO NOT</u> use if the patient has a known allergy to bee venom. • <u>Not recommended on leg ulcers (SIGN 120)</u> 		
How to apply/remove	Apply directly to wound bed (can be opened out to cover larger surface area). Can be cut to size if necessary.		
Frequency of dressing changes	As exudate dictates refer to exudate and debridement management guidance (appendix 1&2) <i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i>		
Prescribing guidance	<ul style="list-style-type: none"> • 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 		

L-Mesitran Ointment (Aspen Medical Europe)				
Antimicrobial ointment				
<p>Description: Hydroactive antibacterial ointment that has anti-inflammatory properties, debrides and reduces malodour, stimulates wound healing, is safe and cost effective.</p> <p>Contains: 48% medical grade Honey, Medical Grade Hypoallergenic Lanolin, Sunflower oil, Cod liver oil, Calendula officinalis, Aloe Barbadosis, Vitamin C and E, Zinc Oxide.</p> <table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>20g tube</td> </tr> <tr> <td>50g tube</td> </tr> </tbody> </table>		Sizes	20g tube	50g tube
Sizes				
20g tube				
50g tube				
Indications for use	Superficial and acute wounds (cuts, abrasions, donor sites, etc). Superficial and partial-thickness burns (first and second degree). Chronic wounds (pressure ulcers, and venous, arterial and diabetic ulcers). Fungating wounds (to help deodorise and debride). Colonised acute wounds and post-operative surgical wounds.			
Contraindications/cautions	None known to date. Do not use on patients who are sensitive to the product or any of its components.			
How to apply/remove	<p>Apply: Remove lid and clean the mouth of the tube and the lid with an alcohol wipe. Apply a thin layer of L-Mesitran directly on to the wound area and surrounding tissue. Cover and secure with the appropriate secondary dressing, depending on the amount of the wound exudate.</p> <p>Removal: Remove old L-Mesitran by gently cleansing the wound (refer to NHSGGC wound cleansing guidance).</p>			
Frequency of dressing changes	Depends on the amount of exudate and the needs of the wound. Re-apply product once dissolved, usually every 24-48 hours.			
Prescribing guidance	Single patient use; after opening use within three months. Wound may appear to increase in size as devitalised tissue is removed through autolytic debridement. This is normal and prepares wound bed for healing.			

L-Mesitran Soft (Aspen Medical Europe)			
Antimicrobial gel			
<p>Description: Hydroactive antibacterial ointment that has anti-inflammatory properties, debrides and reduces malodour, stimulates wound healing, is safe and cost effective.</p> <p>Contains: 40% medical grade Honey, Medical Grade Hypoallergenic Lanolin, propylene glycol, PEG 4000 and Vitamin C and E.</p> <table border="1" data-bbox="188 533 402 600"> <tr> <th>Sizes</th> </tr> <tr> <td>15g tube</td> </tr> </table>		Sizes	15g tube
Sizes			
15g tube			
Indications for use	Superficial and acute wounds (cuts, abrasions, donor sites, etc). Superficial and partial-thickness burns (first and second degree). Chronic wounds (pressure ulcers, and venous, arterial and diabetic ulcers). Fungating wounds (to help deodorise and debride). Colonised acute wounds and post-operative surgical wounds.		
Contraindications/cautions	None known to date. Do not use on patients who are sensitive to the product or any of its components.		
How to apply/remove	<p>Apply: Remove lid and clean the mouth of the tube and the lid with an alcohol wipe. Apply a thin layer of L-Mesitran Soft directly on to the wound area and surrounding tissue. Cover and secure with the appropriate secondary dressing, depending on the amount of the wound exudate.</p> <p>Removal: Remove old L-Mesitran Soft by gently cleansing the wound.</p>		
Frequency of dressing changes	Depends on the amount of exudate and the needs of the wound. Re-apply product once dissolved, usually every 24-48 hours.		
Prescribing guidance	Single patient use; after opening use within three months. Wound may appear to increase in size as devitalised tissue is removed through autolytic debridement. This is normal and prepares wound bed for healing.		

Urgostart (Urgo)

THIS PRODUCT MUST ONLY BE INITIATED BY A WOUND SPECIALIST

Modulating Matrix

Description: Foam dressing with an adherent TLC-NOSF layer combine with an absorbent Polyurethane foam pad and an outer vapour permeable film.

Sizes (pad size in brackets)
6x6cm
10 x 10cm
15 x 20cm

Indications for use	Exuding chronic wounds
Contraindications	<ul style="list-style-type: none">• Cancerous wounds• Fistular wounds with deep abscess formation.• Known sensitivity to the dressing• Signs of critical colonisation
How to apply/remove	<ul style="list-style-type: none">• Clean the wound using the standard protocol.• If an antiseptic has previously been used, rinse the wound carefully with normal saline.• Carefully dry the skin around the wound.• UrgoStart can be cut using sterile scissors to fit the dressing size to the wound if necessary.• The soft-adherent layer adheres to surgical gloves (latex), it is recommended to use the protective tabs to aid application.• Apply the soft-adherent side of the dressing in contact with the wound.• Secure the dressing in place with a suitable bandage or tape.• To remove lift one corner and peel back gently.
Frequency of dressing changes	<ul style="list-style-type: none">• The dressing should be changed every 2 to 4 days, and left in place for up to 7 days depending on the level of exudate and the clinical condition of the wound.• The recommended treatment duration is a minimum of 4 to 5 weeks.
Prescribing guidance	<ul style="list-style-type: none">• In case of an atypical ulcer presenting induration or overgranulation, UrgoStart should only be used after checking the absence of wound-related malignancy in order not to delay the diagnosis.• The action of the product on the healing process may possibly cause stinging or painful sensations at the start of treatment with UrgoStart. This rarely warrants suspension of treatment• Urgostart is not recommended as a first line treatment in acute wounds, and in the treatment of Epidermolysis bullosa (even for longstanding lesions)• Check that the sterility protector is intact before use.

- | | |
|--|--|
| | <ul style="list-style-type: none">• Single-use, individual and sterile dressing: re-using a single-use product may lead to risks of infection. |
|--|--|

Promogran Prisma 3M + KCI				
<u>THIS PRODUCT MUST ONLY BE INITIATED BY A WOUND SPECIALIST</u>				
Wound Balancing Matrix				
<p>Description: Promogran Prisma is a topical wound treatment containing collagen, oxidised-regenerated cellulose (ORC) and 1% silver-ORC. It is a protease-modulating matrix that has the potential to alter the wound environment by reducing the protease activity in the wound and thus stimulate healing.</p>				
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>28cm²</td> </tr> <tr> <td>123cm²</td> </tr> </table>		Sizes	28cm²	123cm²
Sizes				
28cm²				
123cm²				
Indications for use	All chronic wounds free from necrotic tissue healing by secondary intention.			
Contraindications	Known hypersensitivity to any components in the dressing			
How to apply/remove	For optimal effect, apply directly to the whole wound bed. For a wound with low or no exudate apply PROMOGRAN PRISMA and hydrate with saline or Ringer's solution. This will initiate the gel forming process. The biodegradable gel is naturally absorbed over time. It can be cut to size.			
Frequency of dressing changes	The dressing should be changed every 72 hours or more frequently if the exudate level is high. If the gel has not biodegraded the dressing should be left in place until the next dressing change, minimising disturbance to the wound.			
Prescribing guidance	This product must only be initiated by a wound care specialist			

**Atrauman (Hartmann)
N-A Ultra (Systagenix)**

Low adherence dressings

Description:

N-A Ultra Primary wound contact layer consisting of a knitted viscose rayon sheet with a silicone coating.

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

Atrauman sizes	N-A Ultra sizes
5 x 5cm	9.5 x 9.5cm
7.5 x 10cm (052295)	9.5 x 19cm
10 x 20 cm (052301)	
20 x 30cm	

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 contact layer under compression bandage on leg ulcers

A cost effective alternative to silicone contact layer products when dressings are changed more than once a week.

Contraindications/cautions

- Can be used under compression; however risk of adherence to wound bed if minimal exudate present.
- Use with caution on chronic low exuding wounds with viscous exudate which may result in pooling and restricted drainage through dressing pores.

N-A Ultra Do not use if allergic to silicone.

How to apply/remove

Apply: Place flat onto the wound surface with 2.5cm border. May be applied in multiple layers “fluffed” up to reduce risk of adherence and frequency of dressing changes.

Can be cut or folded to size.

Removal: Raise corner and peel back off wound. 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; however may require more frequent changes if there is a risk of desiccation or unexpected increase in exudate with need to review dressing regimen and/or more frequent changes.
- If secondary dressing allows strike through e.g. bandages or dry dressings there is a risk of bacterial ingress with requirement for review of dressing regimen or more frequent changes.

Refer to exudate and debridement management guidance (appendix 1 & 2)

Prescribing guidance

- Usually used for low exuding wounds

	<ul style="list-style-type: none">• Atrauman is a cost effective alternative to silicone contact layer dressings, if greater than once a week dressing changes are required.
--	--

CarboFLEX (Convatec)					
Odour absorbant dressings					
<p>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.</p>					
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>10 x 10cm</td> </tr> <tr> <td>8 x 15cm oval</td> </tr> <tr> <td>15 x 20cm</td> </tr> </tbody> </table>		Sizes	10 x 10cm	8 x 15cm oval	15 x 20cm
Sizes					
10 x 10cm					
8 x 15cm oval					
15 x 20cm					
Indications for use	<ul style="list-style-type: none"> • 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 wound bed treated appropriately for example debridement • 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	<ul style="list-style-type: none"> • 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)				
Prescribing guidance	<ul style="list-style-type: none"> • 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 packing dressing 				

CliniSorb (CliniMed)					
Odour absorbent dressings					
Description: A non-adherent activated charcoal cloth enclosed in viscose rayon with outer polyamide coating.					
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>10 x 10cm</td> </tr> <tr> <td>10 x 20cm</td> </tr> <tr> <td>15 x 25cm</td> </tr> </table>		Sizes	10 x 10cm	10 x 20cm	15 x 25cm
Sizes					
10 x 10cm					
10 x 20cm					
15 x 25cm					
Indications for use	<ul style="list-style-type: none"> • 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, as exudate and slough dictates. Refer to exudate and debridement management guidance (appendices 1&2).				
Prescribing guidance	<ul style="list-style-type: none"> • Can be cut to size • For use in low to moderate exuding wounds • Inactivated when wet 				

PolyMem_(Non-adhesive) (Aspen Medical) FOR Radiotherapy RTOG damage.			
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.			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>10 x 61cm</td> </tr> </table>		Size	10 x 61cm
Size			
10 x 61cm			
Indications for use	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 (Appendix One)		
Prescribing guidance	<ul style="list-style-type: none"> • 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. <p>DO NOT USE WITH ANY OTHER WOUND CARE PRODUCT, THIS IS A PRIMARY DRESSING AND DOES NOT REQUIRE A SECONDARY DRESSING</p>		

Absopad (Medicareplus Int)				
Absorbent perforated plastic film faced dressing				
Description: low adherence contact layer dressing consisting of three layers: perforated film polyester film wound contact layer, absorbent cotton pad and hydrophobic backing				
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>10 x 10cm</td> </tr> <tr> <td>20 x 10 cm</td> </tr> </tbody> </table>		Sizes	10 x 10cm	20 x 10 cm
Sizes				
10 x 10cm				
20 x 10 cm				
Indications for use	<ul style="list-style-type: none"> • Superficial wounds • Abrasions • Post op wounds • Lightly exuding wounds • Lower depth of these products may be of value in difficult to dress areas e.g. toe nail avulsion 			
Contraindications/ cautions	Use with caution on chronic wounds which produce copious or viscous exudate. Under these circumstances, the exudate may become trapped under the dressing, leading to maceration and inflammation of the surrounding skin.			
How to apply/remove	Absopad film surface direct to wound bed			
Secondary layer	Retention bandage or secure with tape			
Frequency of dressing changes	<p>As exudate dictates – for low or minimal exudate.</p> <p>Patient may prefer to change their own dressing when carrying out general social hygiene and to promote independence.</p>			
Prescribing guidance	<ul style="list-style-type: none"> • Consider volume of dressings required for treatment • Sterile dressings are individually wrapped 			

ActivHeal Silicone Foam Adhesive (Advanced Medical Solutions) Foam dressings							
Description: A polyurethane foam pad with a waterproof, high moisture vapour transmission rate film backing and adhesive border.							
<table border="1"> <thead> <tr> <th>Sizes (pad size in brackets)</th> </tr> </thead> <tbody> <tr> <td>7.5 x 7.5cm (5 x 5cm)</td> </tr> <tr> <td>10 x 10cm (6.25 x 6.25cm)</td> </tr> <tr> <td>12.5 x 12.5cm (7.5 x 7.5cm)</td> </tr> <tr> <td>15 x 15cm (11 x 11cm)</td> </tr> <tr> <td>20 x 20 cm (13.5 x 13.5cm)</td> </tr> </tbody> </table>		Sizes (pad size in brackets)	7.5 x 7.5cm (5 x 5cm)	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)
Sizes (pad size in brackets)							
7.5 x 7.5cm (5 x 5cm)							
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 heavily exuding wounds						
Contraindications	<ul style="list-style-type: none"> • Any known sensitivities • Third degree burns • Surgical implantation • Do not use with oxidising agents such as hypochlorite solutions or hydrogen peroxide as these can break down the absorbent polyurethane component of the dressing. 						
How to apply/remove	Select a dressing large enough so that the pad overlaps the wound edges by 2cm. Centre the dressing on the wound and apply it gently to 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. As exudate dictates – refer to exudate management guidance (appendix 1)						
Prescribing guidance	Do not use a foam dressing unless exudate levels and wound conditions indicate it is appropriate						

ActivHeal Silicone Foam Borderless (Advanced Medical Solutions)									
Foam dressings									
Description: a polyurethane foam dressing with waterproof film backing and perforated wound contact layer (non-adhesive)									
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 5cm</td> <td>15 x 15cm</td> </tr> <tr> <td>7.5 x 7.5cm</td> <td>10 x 20cm</td> </tr> <tr> <td>10 x 10cm</td> <td>20 x 20cm</td> </tr> </tbody> </table>		Sizes		5 x 5cm	15 x 15cm	7.5 x 7.5cm	10 x 20cm	10 x 10cm	20 x 20cm
Sizes									
5 x 5cm	15 x 15cm								
7.5 x 7.5cm	10 x 20cm								
10 x 10cm	20 x 20cm								
Indications for use	<ul style="list-style-type: none"> • Suitable for moderate to heavily exuding chronic and acute wounds • Can be used under compression 								
Contraindications	<ul style="list-style-type: none"> • Third-degree burns. • Do not use with oxidising agents such as hypochlorite solutions or hydrogen peroxide as these can break down the absorbent polyurethane component of the dressing. 								
How to apply/remove	<ul style="list-style-type: none"> • Select a dressing large enough to overlap the wound edges by 2cm • Dressing can be cut to shape 								
Secondary dressing	Bandage or tape								
Frequency of dressing changes	Depending on the nature and condition of the wound, may be left in place for up to 7 days. As exudate dictates – refer to exudate management guidance (appendix 1)								
Prescribing guidance	Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.								

Celludress (Medicareplus International)**Absorbent dressings****Description:** Absorbent cellulose pad with fluid repellent backing for moderate to heavy exudate.**Sizes**

10 x 10cm

10 x 15cm

10 x 20cm

15 x 20cm

20 x 25cm

20 x 30cm

Indications for use

- Basic wound pad
- Use as primary or secondary dressing for moderate to heavily exuding wounds
- Under compression therapy for increased fluid handling capability

Contraindications

None listed

How to apply/remove

Apply blue backing uppermost, facing away from the wound

Secondary dressing

Bandage or tape

Frequency of dressing changes

- As exudate dictates (see appendix 1&2)
- If strike through occurs review frequency of change requirement or consider e.g. Kliniderm Superabsorbent
- If exudate increases review treatment regimen to establish underlying cause

Prescribing guidance

- Consider alternative to secondary foam or silicone dressing
- Consider volume to be prescribed for treatment period to avoid waste

Comfifast (Synergy Health plc)**Tubular bandages and garments (elasticated)**

Description: Conformable elasticated viscose stockinet tubular bandage. 92% viscose, 5% elastane, 3% polyamide

Sizes:

colour code	sizes width and length available	Application
red line	3.5 cm x 1m	small limb (8-15cm)
green line	5.0cm x 1m, 3m, 5m	small/medium limb (10 – 25cm)
blue line	7.5 cm x 1m, 3m, 5m	large limb (20 – 45 cm)
yellow line	10.75cm x 1m, 3m, 5m	extra-large limb, head, children trunk (35-65cm)
beige line	17.5 cm x 1 m	adult trunk (50 – 120cm)

Indications for use

- To hold primary dressing in place
- holds wound dressing in place without need for pins or tape
- Can be used following application of dermatology products to reduce staining to clothing
- Is not intended as compression therapy

Contraindications/cautions

- Ensure Comfifast is correct size is applied by competent practitioner to prevent tourniquet effect, slippage or damage to skin integrity

How to apply/remove

Apply: Measure area for correct size choice
Removal: Roll off like a stocking.

Frequency of dressing changes

When dressing changes or treatment required

Prescribing guidance

- May be washed and reused when appropriate
- For irregular shaped limbs Comfifast Multi Stretch may be considered
- Comfifast sizes are colour coded to inform correct prescription

Hydrofilm (Hartmann)											
Vapour permeable film dressing (Semi-permeable Adhesive Dressing)											
Description: Conformable adhesive waterproof film dressing with high moisture vapour transmission rate.											
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>6 x 7cm</td> <td>12 x 25cm</td> </tr> <tr> <td>10 x 12.5cm</td> <td>15 x 20cm</td> </tr> <tr> <td>10 x 15cm</td> <td>20 x 30cm</td> </tr> <tr> <td>10 x 25cm</td> <td></td> </tr> </tbody> </table>		Sizes		6 x 7cm	12 x 25cm	10 x 12.5cm	15 x 20cm	10 x 15cm	20 x 30cm	10 x 25cm	
Sizes											
6 x 7cm	12 x 25cm										
10 x 12.5cm	15 x 20cm										
10 x 15cm	20 x 30cm										
10 x 25cm											
Indications for use	<ul style="list-style-type: none"> • Superficial wounds with minimal exudate • Abrasions • Provide showerproof bacterial barrier wound contact layer on post op incisions 										
Contraindications/cautions	<ul style="list-style-type: none"> • Heavily exuding wounds • Fragile skin if risk of skin tears • Known sensitivities to dressing components 										
How to apply/remove	<p>To apply:</p> <ul style="list-style-type: none"> • Remove film backing paper • Apply direct to wound surface with approximately 2.5 cm border • Peel off frame and smooth edges. The frame prevent stretching the dressing to apply and reduces risk of discomfort and skin tears <p>For removal: Gently lift corner and pull backwards towards centre of wound and stretch off</p> <p>For further advice refer to manufacturer's instructions</p>										
Frequency of dressing changes	<ul style="list-style-type: none"> • May be left in situ up to seven days. • Transparency of dressing will allow assessment of wound bed without removal, to inform frequency of changes 										
Prescribing guidance	Consider volume of dressings required based on number of wound care interventions required										

Hydrofilm Plus (Hartmann)									
Vapour permeable adhesive film dressing with absorbent pad									
Description: Conformable adhesive waterproof film dressing with high moisture vapour transmission rate and adsorbent island pad									
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>7.2 x 5cm</td> <td>10 x 20cm</td> </tr> <tr> <td>9 x 10cm</td> <td>10 x 25cm</td> </tr> <tr> <td>9 x 15cm</td> <td>10 x 30cm</td> </tr> </tbody> </table>		Sizes		7.2 x 5cm	10 x 20cm	9 x 10cm	10 x 25cm	9 x 15cm	10 x 30cm
Sizes									
7.2 x 5cm	10 x 20cm								
9 x 10cm	10 x 25cm								
9 x 15cm	10 x 30cm								
Indications for use	<ul style="list-style-type: none"> • Low exuding wounds • Provide showerproof bacterial barrier wound contact layer • Minor traumatic wounds such as grazes, abrasions and lacerations • Post-operative surgical wounds • Superficial burns • Can be used as a secondary dressing 								
Contraindications/ cautions	<ul style="list-style-type: none"> • Hydrofilm should not be used as a primary dressing on clinically infected, bleeding or heavily secreting wounds • Known sensitivities 								
How to apply/remove	<p>Apply:</p> <ul style="list-style-type: none"> • Remove film backing • Apply to wound ensuring absorbent pad is covering wound bed or incision line • Peel off frame following application to prevent stretching skin and risking epidermal blistering and smooth edges <p>Removal:</p> <ul style="list-style-type: none"> • When absorbent lift corner and pull backwards towards centre of wound <p>For further advice refer to manufacturer's instructions</p>								
Frequency of dressing changes	<ul style="list-style-type: none"> • When absorbent pad is 80% discoloured change dressing or earlier if wound assessment dictates • If exudate level results in greater than 2-3 times per week changes, or exudate becomes more discoloured or viscous reassess treatment regimen 								
Prescribing guidance	<ul style="list-style-type: none"> • Film allows inspection of wound and surrounding skin when used as a primary dressing • Low absorbency capacity 								

Kliniderm Foam Silicone Border (Aria Medical)

Soft polymer dressings with absorbent pad with ADHESIVE BORDER

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

7.5cm x 7.5cm

10cm x 10cm

12.5cm x 12.5cm

15cm x 15cm

10cm x 20cm

15cm 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	<ul style="list-style-type: none">• Ensure wound margins are dry• 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 exudate. Refer to exudate and debridement management guidance (appendices 1 & 2).
Prescribing guidance	<p>Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.</p> <p>Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing.</p> <p>Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide</p>

Kliniderm Foam Silicone Non- Border (Aria Medical)

Soft polymer dressings with absorbent pad

Description: A soft conformable absorbent polyurethane foam with a silicone wound contact layer and a moisture permeable backing

Sizes

5cm x 5cm

10cm x 10cm

15cm x 15cm

20cm 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	<ul style="list-style-type: none">• Ensure wound margins are dry• Select a suitable size so that the dressing overlaps the wound margins by at least 2cm• Gently apply directly onto the wound site• Secure with simple secondary dressing• 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 exudate. Refer to exudate and debridement management guidance (appendices 1 & 2).
Prescribing guidance	<p>Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.</p> <p>Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing.</p> <p>Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide</p>

Knit Band (Clinisupplies)**Lightweight conforming bandages****Description:** Lightweight knitted polyamide and cellulose contour retention bandage**Sizes:**

5cm x 4m

7cm x 4m

10cm x 4m

15cm x 4m

Indications for use

Dressing retention

Contraindications/ cautions

- Bandage should be applied by practitioner to prevent tourniquet effect, slippage or damage to skin integrity
- Allow for swelling following application of product between changes to ensure there is no constriction

How to apply/remove

Apply:

Bandaging is a basic procedure but if carried out incorrectly it has the potential to cause considerable harm, for example by restricting movement or blood flow.

Bandages can be used to fix or retain a primary dressing product. In some instances, the bandage is simply wrapped around the affected area and secured with tape

Removal: Unwind bandage.

To avoid trauma, particularly if bandage is in direct contact with skin, do not remove using scissors, loosen and unwind dressing.

Frequency of dressing changes

When wound dressing change dictates

Prescribing guidance

Volume of bandages should be in line with number of dressing changes

KSoft (Urgo)**Sub compression wadding bandage****Description: Soft absorbent padding layer****Sizes**

10 cm x 3.5m

10 cm x 4.5m

Indications for use

- Normally used as sub compression wadding layer for shaping and protecting bony prominences under compression bandages
- May also be used for padding, protecting bony prominences and extra absorbency on limbs under retention bandages

**Contraindications/
cautions**

None listed

How to apply/remove**Apply:** as directed dependent on purpose**Secondary Dressing**

Retention bandage

**Frequency of dressing
changes and removal**

As wound dressing or exudate dictates

Prescribing guidance

Consider purpose of product, absorbent pads may also be used if extra absorbency required

Premierpore (Shermond)									
Absorbent dressings									
Description: An absorbent perforated dressing with adhesive border.									
<table border="1"> <thead> <tr> <th>Sizes (pad size in brackets)</th> </tr> </thead> <tbody> <tr> <td>5 x 7cm (3 x 4cm)</td> </tr> <tr> <td>10 x 10cm (6 x 5cm)</td> </tr> <tr> <td>10 x 15cm (5 x 10cm)</td> </tr> <tr> <td>10 x 20cm (5 x 15cm)</td> </tr> <tr> <td>10 x 25cm (5 x 20cm)</td> </tr> <tr> <td>10 x 30cm (5 x 25cm)</td> </tr> <tr> <td>10 x 35cm (5 x 30cm)</td> </tr> </tbody> </table>		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)
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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)								
Prescribing guidance	<ul style="list-style-type: none"> • 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 								

Telfa pad (Aria Medical)									
Absorbent perforated plastic film faced dressing non adhesive									
Description: low adherence contact layer dressing consisting of three layers: perforated film polyester film wound contact layer, absorbent cotton pad and hydrophobic backing									
Sizes:									
<table border="1"> <tr><td>Telfa sterile</td></tr> <tr><td>5 cm x 7.5 cm</td></tr> <tr><td>10 cm x 7.5 cm</td></tr> <tr><td>7.5 cm x 15 cm</td></tr> <tr><td>7.5 cm x 20 cm</td></tr> <tr><td>Telfa non sterile</td></tr> <tr><td>20 cm x 7.5 cm</td></tr> <tr><td>25 cm x 20 cm</td></tr> </table>		Telfa sterile	5 cm x 7.5 cm	10 cm x 7.5 cm	7.5 cm x 15 cm	7.5 cm x 20 cm	Telfa non sterile	20 cm x 7.5 cm	25 cm x 20 cm
Telfa sterile									
5 cm x 7.5 cm									
10 cm x 7.5 cm									
7.5 cm x 15 cm									
7.5 cm x 20 cm									
Telfa non sterile									
20 cm x 7.5 cm									
25 cm x 20 cm									
Indications for use	<ul style="list-style-type: none"> • Superficial wounds • Abrasions • Post op wounds • Lightly exuding wounds • Lower depth of these products may be of value in difficult to dress areas e.g. toe nail avulsion 								
Contraindications/ cautions	Use with caution on chronic wounds which produce copious or viscous exudate. Under these circumstances, the exudate may become trapped under the dressing, leading to maceration and inflammation of the surrounding skin.								
How to apply/remove	Telfa can be applied any side down								
Secondary layer	Retention bandage or secure with tape								
Frequency of dressing changes	As exudate dictates – for low or minimal exudate.								
Prescribing guidance	<ul style="list-style-type: none"> • Consider volume of dressings required for treatment • Sterile dressings are individually wrapped • Telfa is also available in non-sterile form, if required in bulk 								

Biatain Silicone (Coloplast)																
<u>THIS PRODUCT MUST ONLY BE INITIATED BY A WOUND SPECIALIST AND SHOULD ONLY BE USED ON WOUNDS OF LESS THAN 2CM DEEP AND SHOULD NOT BE USED WITH ANOTHER WOUND PRODUCT</u>																
Foam																
<p>Description: Biatain silicone is a soft conformable polyurethane dressing with semi-permeable and waterproof top film, a lock-away pad and soft silicone adhesive layer. The pad absorbs vertically and retains exudate and bacteria.</p> <p>It has a unique and patented 3D Fit technology, conforming to the wound bed up to 2cm in depth to fill the dead space and reduce exudate pooling for optimal healing. There is no requirement for a wound filler unless the wound is greater than 2cm in depth.</p>																
<table border="1"> <thead> <tr> <th colspan="3">Sizes:</th> </tr> </thead> <tbody> <tr> <td>7.5x7.5cm</td> <td>12.5x12.5cm</td> <td>Multi-shape 14x19.5cm</td> </tr> <tr> <td>10x10cm</td> <td>15x15cm</td> <td>Sacral 15x19cm</td> </tr> <tr> <td>10x20cm</td> <td>17.5x17.5cm</td> <td></td> </tr> <tr> <td>10x30cm</td> <td>Heel 18x18cm</td> <td></td> </tr> </tbody> </table>		Sizes:			7.5x7.5cm	12.5x12.5cm	Multi-shape 14x19.5cm	10x10cm	15x15cm	Sacral 15x19cm	10x20cm	17.5x17.5cm		10x30cm	Heel 18x18cm	
Sizes:																
7.5x7.5cm	12.5x12.5cm	Multi-shape 14x19.5cm														
10x10cm	15x15cm	Sacral 15x19cm														
10x20cm	17.5x17.5cm															
10x30cm	Heel 18x18cm															
Indications for use	Indicated for a wide range of low to highly exuding wounds including acute wounds such as donor sites; postoperative and traumatic wounds; and chronic wounds such as leg ulcers, pressure ulcers and non-infected diabetic foot ulcers. May be used to prevent postoperative blistering. Can be used under compression therapy															
Contraindications/cautions	Should not be used on individuals who are sensitive to or have an allergic reaction to the dressing or its components. Do not use with oxidising solutions such as hypochlorite and hydrogen peroxide solutions. Ensure that any other evaporating solution is completely dried off before dressing application.															
How to apply/remove	<p>Apply: Before applying the product ensure the periwound skin is dry and free from emollients.</p> <p>Remove the centre protective film first and apply to the wound. Do not touch the adhesive side of the foam pad. Then, smooth out the dressing along the skin as you remove the remaining protective films.</p> <p>Once applied, run your fingers around the dressing border to ensure contact between skin and silicone</p> <p>Removal: gently lift the border of the dressing and slowly pull back until fully removed.</p>															
Frequency of dressing changes	Biatain Silicone can be left in place for up to 7 days, depending on the amount of wound fluid and type of wound. The dressing															

	should be changed when there is 1cm between the exudate and the edge of the foam pad.
Prescribing guidance	This product can only be initiated by a wound specialist

Kliniderm (H and R Healthcare)									
Silicone Wound Contact Layer									
Description: One sided soft silicone wound contact layer with porous structure that allows exudates to pass into an outer absorbent dressing. The one sided layer prevents the secondary dressing from sticking to the wound contact layer. Can also be used as a protective layer in negative pressure wound therapy.									
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>5cm x 7.5cm</td> <td>17cm x 25cm</td> </tr> <tr> <td>7.5cm x 10cm</td> <td>20cm x 30cm</td> </tr> <tr> <td>10cm x 18cm</td> <td></td> </tr> </tbody> </table>		Sizes		5cm x 7.5cm	17cm x 25cm	7.5cm x 10cm	20cm x 30cm	10cm x 18cm	
Sizes									
5cm x 7.5cm	17cm x 25cm								
7.5cm x 10cm	20cm x 30cm								
10cm x 18cm									
Indications for use	Can be used in acute and chronic wounds								
Contraindications	Not to be used on third degree burns or with patients with known hypersensitivity to any of the components of the dressing. Not for surgical implantation.								
How to apply/remove	<ul style="list-style-type: none"> • Ensure peri wound skin is dry • Ensure 1cm overlap over wound margins • Remove protective film and apply directly to the wound and smooth down the edges • Cover with appropriate secondary dressing 								
Frequency of dressing changes	As wound exudate dictates								
Prescribing guidance	N/A Ultra or Autraman should be considered before using Kliniderm contact								

Cutimed Sorbion Sachet S (Essity)											
<u>THIS DRESSING MUST ONLY BE INITIATED BY A WOUND CARE SPECIALIST</u>											
Superabsorbent dressing with Hydration Response Technology. This is a Primary dressing not a secondary dressing.											
<p>Description: Superabsorbent dressing with Hydration Response Technology. It has a hypoallergenic polypropylene outer sheath and an inner core consisting of superabsorbent polymers and cellulose. Does not contain glue or adhesives. Can be used under compression.</p> <table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>7.5cm x 7.5cm</td> <td>15cm x 15cm</td> </tr> <tr> <td>12cm x 5cm</td> <td>20cm x 20cm</td> </tr> <tr> <td>10cm x 10cm</td> <td>20cm x 30 cm</td> </tr> <tr> <td>20 cm x 10 cm</td> <td></td> </tr> </tbody> </table>		Sizes		7.5cm x 7.5cm	15cm x 15cm	12cm x 5cm	20cm x 20cm	10cm x 10cm	20cm x 30 cm	20 cm x 10 cm	
Sizes											
7.5cm x 7.5cm	15cm x 15cm										
12cm x 5cm	20cm x 20cm										
10cm x 10cm	20cm x 30 cm										
20 cm x 10 cm											
Indications for use	For wound cleansing and debridement with moderate or high exudates levels.										
Contraindications/ cautions	Do not apply to dry wounds or wounds with low exudates levels Only apply to tunnel cavities with caution as product expands as it absorbs fluid.										
How to apply/remove	<p>Apply:</p> <ul style="list-style-type: none"> • Directly to wound bed that has high exudate • Ensure at least 1.5cm margin of dressing beyond wound edge • Do not use greasy barrier products under dressing as this compromises absorbency • Do not use restrictive circumferential tape to hold in place as the dressing swells and may cause ischaemia if restricted <p>Removal: Should come away from wound bed easily if used appropriately on exudating wound. It may adhere if used on wound that has low exudate</p>										
Secondary Dressing	Do not use circumferential tape or film as this may restrict and cause ischaemia. Simple non restrictive retention bandage Frame with tape or film										
Frequency of dressing changes and removal	As wound exudates regimen dictates										
Prescribing guidance	A wound care specialist must initiate this dressing Do not use on wounds with no or low exudate										

Kliniderm Super Absorbent (Aria Medical)**Absorbent dressings****Description:** Superabsorbent polymer/cellulose dressing with fluid repellent backing.**Sizes:**

10 x 10cm

10 x 15cm

20 x 20cm

20 x 30cm

20 x 40cm

Indications for use

- Basic wound pad
- Use as primary or secondary dressing for heavily exuding wounds
- As a contact layer under compression bandage on leg ulcers
- To provide excess exudate management for oedematous legs due to chronic venous insufficiency
- Kliniderm Super Absorber is low profile and can be used when less bulk is required

Contraindications/cautions

- Low level of exudate as wound contact layer if risk of adherence
- Do not use with larvae therapy. Outer waterproof layer will suffocate larvae

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

Cost effective alternative to foam or silicone dressings when used as secondary dressings

Vliwasorb Pro (formerly Flivasorb) (Lohmann & Rauscher)**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

12.5 x 12.5cm

12.5 x 22.5cm

22 x 22cm

22 x 32cm

Indications for use	<ul style="list-style-type: none">• Primary dressing for the management of heavily exuding and sloughy wounds• Secondary dressing for deep heavily exuding wounds• Can be used under compression bandaging
Contraindications	<ul style="list-style-type: none">• Known sensitivity to any components of the dressing• Lightly/non-exuding wounds• Cavity wounds
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	<ul style="list-style-type: none">• Reduces the need for secondary foam or silicone dressing• Dressing must not be cut or torn

Zetuvit E non sterile (Hartmann)**Superabsorbent dressing****Description:** Absorbent cellulose pad with fluid repellent backing for moderate to heavy exudate.**Sizes:****10 x 10cm****10 x 20cm****20 x 30cm****20 x 40cm**

Indications for use	<ul style="list-style-type: none"> • Basic wound pad • Use as primary or secondary dressing for moderate to heavily exuding wounds • Under compression therapy for increased fluid handling capability
Contraindications	None listed
How to apply/remove	Apply blue backing uppermost, facing away from the wound
Secondary dressing	Bandage or tape
Frequency of dressing changes	<ul style="list-style-type: none"> • As exudate dictates (see appendix 1&2) • If strike through occurs review frequency of change requirement or consider Kliniderm Superabsorbent • If exudate increases review treatment regimen to establish underlying cause
Prescribing guidance	<ul style="list-style-type: none"> • Alternative to secondary foam or silicone dressing • Consider volume to be prescribed for treatment period to avoid waste

Seal-Tight Wound Care Protector (Autonomed)**Category: Wound care accessory****Description: Waterproof dressing protector for lower limb****Sizes****Adult short leg CV27103****Adult wide short leg CV27106****Adult foot/ ankle CV27105****Indications for use**

To keep wound dressings and compression bandages dry when bathing for patients with chronic wounds

For further information and support contact podiatric team or vascular nurse specialist.

Contraindications

- Acute wounds where healing is projected to take place within 4 weeks
- Patients who are able to or have assistance to self-manage dressing changes
- Patients who have ability to remove their own dressing, can shower/bathe and apply a temporary cover prior to new dressing application by a health care professional
- Inability or has no assistance to apply and remove Seal-Tight™
- Routine prescribing for acute limb fractures with casts

How to apply/remove

- Pull diaphragm of device open as per manufacturer's instructions
- Put foot through the opening and pull device up and over any dressings/bandages
- Check seal prior to bathing by pulling device up a few cm then pushing it down. The device should have a visible flare at the top
- Remove by expanding the diaphragm again and pulling device down over the foot
- Avoid using any chemicals to clean the device
- Hang up and allow to dry between use

Frequency of dressing changes

N/A

Prescribers guidance

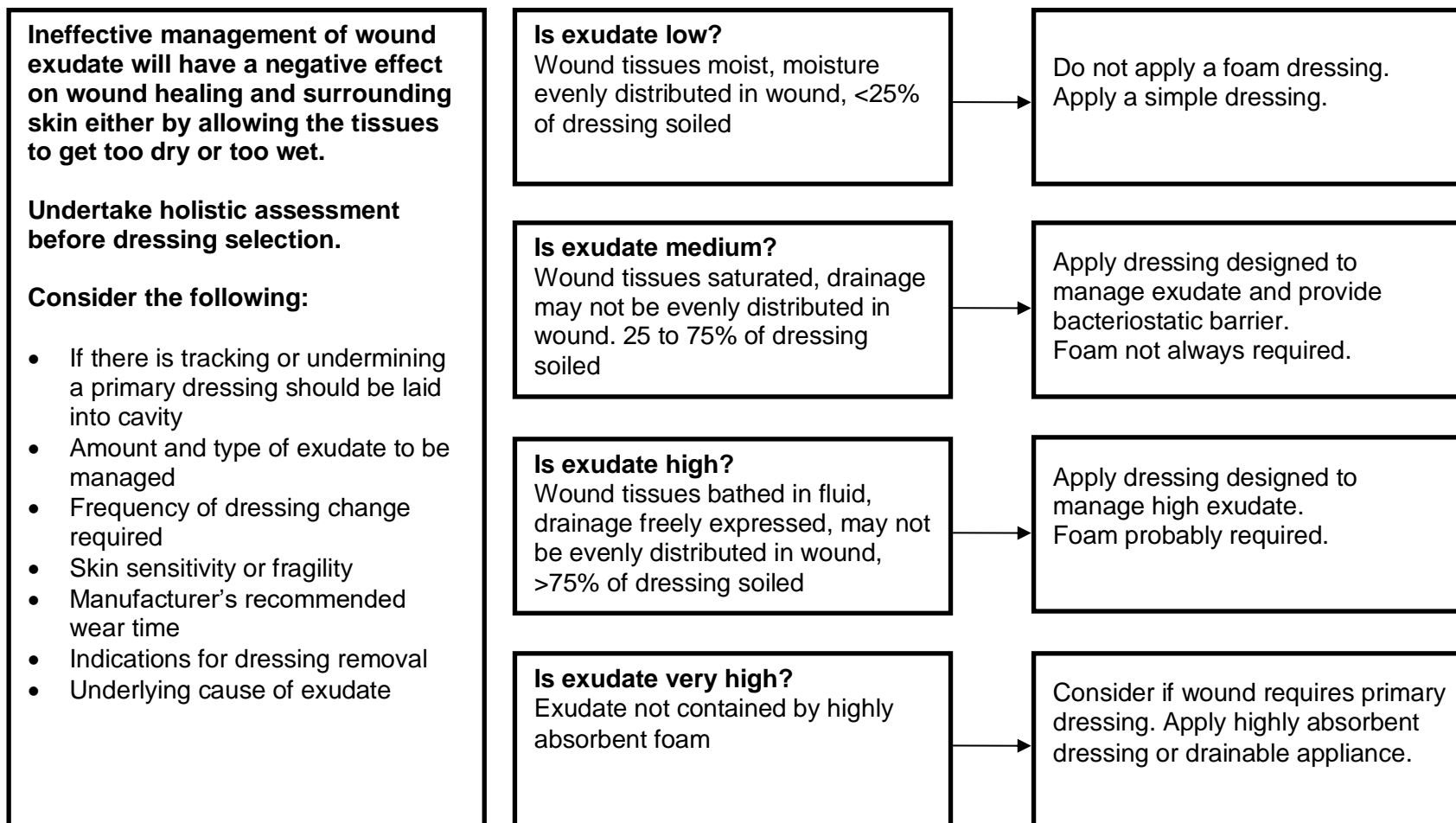
Check appropriate sizing to ensure correct choice of product and effective seal is achieved.
 Product is one per patient limb and should not require repeat prescriptions.
 Device should last at least 6 months before replacement required

Acute variation

NA

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 secrete 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)

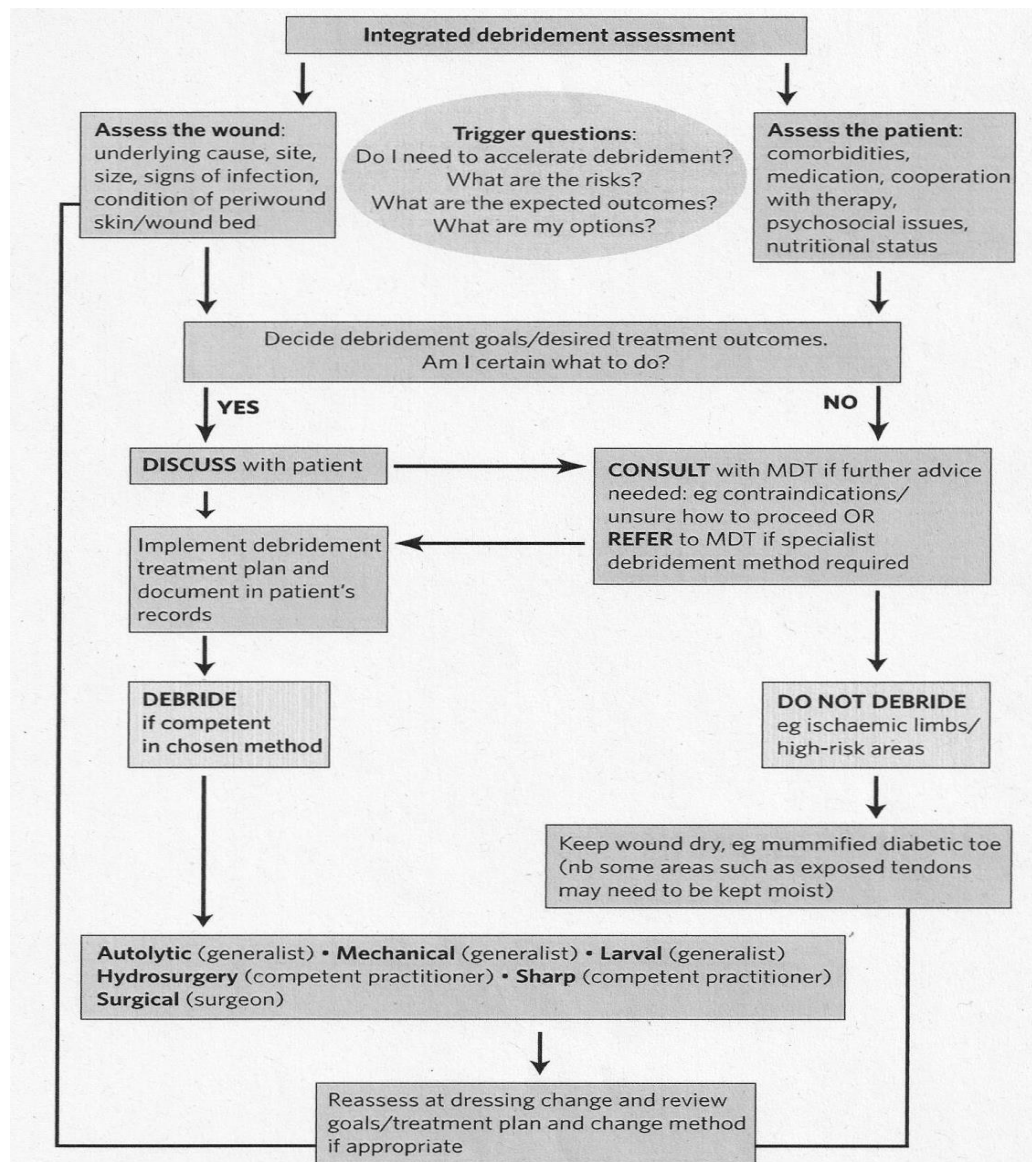


Figure 1

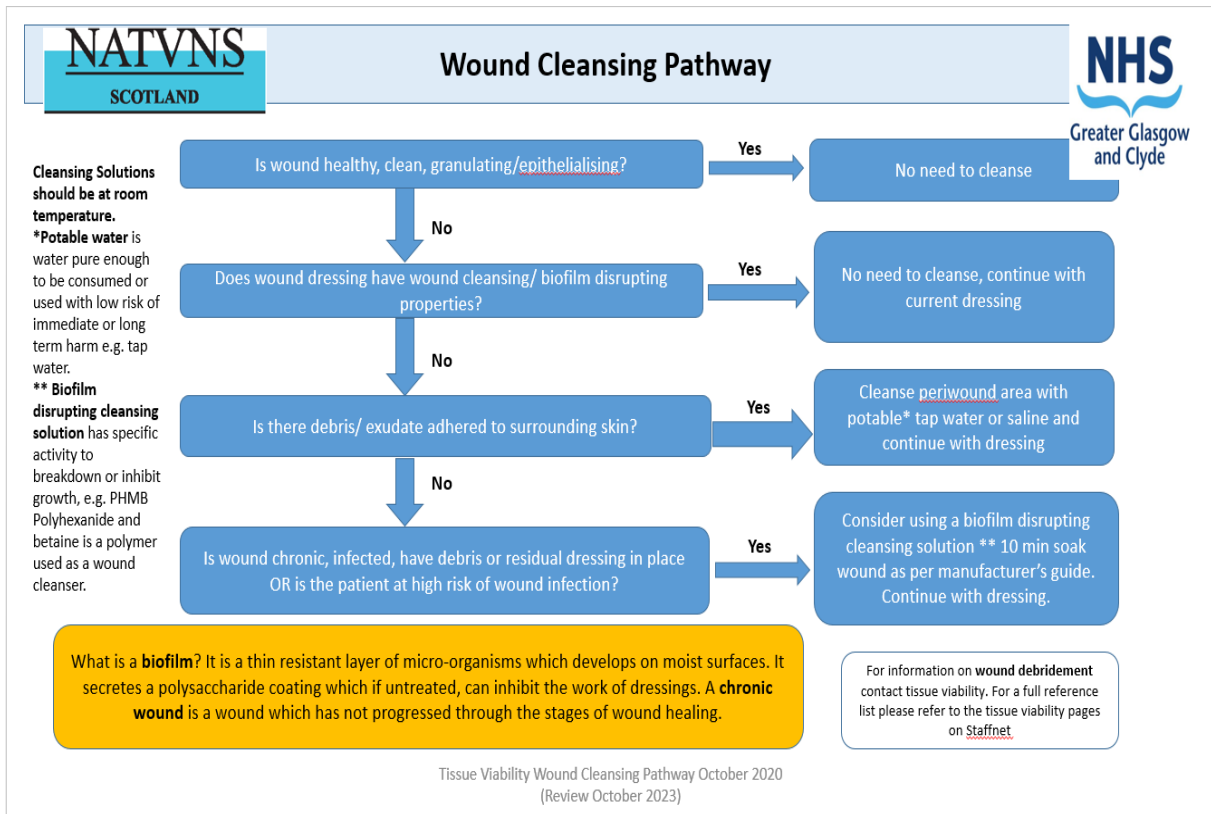
Note:

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

If patient unable to give consent please discuss with carer.

Appendix 3

Wound Cleansing Pathway



Appendix 4

Useful Links to related guidelines and resources

[Acute Care Paediatric and Neonatal Wound Management Formulary](#)

[Acute Care Wound Resource Folder – Guidelines & Tools](#)

[Antimicrobial wound dressings \(AWDs\) for chronic wounds: Health Technology Assessment 13](#) - Healthcare Improvement Scotland (HIS) guidance on antimicrobial wound dressings

[GGC Medicines](#) homepage. A tool to assist in promoting high quality, safe and cost-effective prescribing within the Greater Glasgow and Clyde Health Board. The site includes formulary information (including Stoma Care Joint Formulary, Wound Product Formularies & Urology Formulary; accessed under [Other Formularies](#)), BNF, clinical guidelines and resources (including information on GGC medicines app).

[Negative Pressure Wound Therapy Systems guideline](#)

[NHSGGC Code of Business Conduct for staff](#)

[NHSGGC Tissue Viability Service site](#)

[Prescribing Larvae, Unlicensed Medicine Protocol](#)

[Single use negative pressure wound therapy guideline](#)

NHSGGC Joint Wound Care Formulary		
Date of Publication	December 2022	77