NHS Greater Glasgow and Clyde Wound Formulary

Primary Care and Adult Acute Joint Formulary

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

Reviewed: April 2017
Foreword

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

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

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

Margaret Ryan
Lead Clinician Prescribing Services / Chair Therapeutics Sub Committee of ADTC
## NHS Greater Glasgow and Clyde Wound Formulary
### Primary Care and Acute Joint Formulary

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</table>
Prescribing Guidance

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

- Basic wound dressings should be considered for non complex wounds or for use as secondary dressings.

- 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.

- When an advanced wound dressing is selected the following prescribing points should be considered:
  - Most advanced wound dressings are designed to control the environment for wound healing and regulate the amount of fluid in the wound bed
  - Wear time varies between products, and will also depend on the both patient and wound related factors
  - Silicone and foam dressings are generally indicated for granulating and epithelialising wounds and should not be used for sloughy or necrotic wounds
  - Foam and silicone dressings are not usually suitable for heavily bleeding wounds as blood clots can cause the dressing to adhere to the wound surface
  - If a silicone contact layer dressing is being used, depending on the level of exudate of the wound, a secondary absorbent dressing may be needed e.g. Zetuvit
  - If changing a silicone contact dressing more than once a week change to Atrauman or equivalent
  - If a more costly, longer wear time product is being used in circumstances where frequent dressing changes are indicated, consider changing dressing type to a less costly alternative

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information.

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)

Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack.
**NHSGGC Primary Care Wound Formulary**

- When prescribing dressings, specify the number of individual dressings required **NOT** the number of boxes
- Basic wound dressings should be considered for non complex wounds or for use as secondary dressings
- See Prescribing Guidance, above, for points to consider when selecting an advanced wound dressing
- See appendices for exudate and debridement guidance

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**Dressing size in cm and cost per dressing (Drug Tariff April 2017)**

<table>
<thead>
<tr>
<th>Basic wound contact layer: low adherence dressings</th>
<th></th>
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<tbody>
<tr>
<td>N-A Ultra</td>
<td>9.5 x 9.5 (33p)</td>
</tr>
<tr>
<td>Atrauman</td>
<td>5 x 5 (27p)</td>
</tr>
<tr>
<td>Jelonet</td>
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<table>
<thead>
<tr>
<th>Absorbent dressings: light exudate with adhesive border</th>
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<tbody>
<tr>
<td>Premierpore</td>
<td>5 x 7 (5p)</td>
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<tr>
<td></td>
<td>10 x 15 (18p)</td>
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<table>
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<td>Absopad</td>
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<table>
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<td>Zetuvit E sterile</td>
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<td>Zetuvit Plus</td>
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<table>
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<td>ActivHeal Hydrogel</td>
<td>15g (£1.41)</td>
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<tr>
<td>ActiFormCool</td>
<td>5 x 6.5 (£1.81)</td>
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| | 15 x 20 (£5.00) | 10 x 20 (£3.20)
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<td>2g x3 pieces</td>
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<td>(£2.54)</td>
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<td>Iodine</td>
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<td>11 x 11</td>
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<td>Prontosan solution</td>
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<td>3cm round swabs x 5</td>
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<td>Cutimed Sorbact Gauze (swabs)</td>
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<td>5 x 200</td>
<td>(£8.03)</td>
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<td>Debridement</td>
<td>10 x 10</td>
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<tr>
<td>Wound irrigation solutions (NaCl 0.9%)</td>
<td>25ml x 20</td>
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<td>Stericlens Aerosol</td>
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<td>(£2.07)</td>
<td>240ml</td>
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<tr>
<td>Wound care accessories: retention bandages and adhesive tape</td>
<td>Comfifast tubular bandage</td>
<td>3.5cm x 1m – red line (56p)</td>
<td>5cm x 1m – green line (58p)</td>
<td>7.5cm x 1m – blue line (77p)</td>
<td>10.75cm x 1m – yellow line (£1.20)</td>
<td>17.5cm x 1m – beige line (£1.83)</td>
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<tr>
<td></td>
<td>Knit band</td>
<td>5cm x 4m</td>
<td>7cm x 4m</td>
<td>10cm x 4m</td>
<td>15cm x 4m</td>
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<tr>
<td></td>
<td>K soft</td>
<td>10cm x 3.5m (46p)</td>
<td>10cm x 4.5m (57p)</td>
<td>15cm x 4m (59p)</td>
<td>10cm x 4m (15p)</td>
<td>7cm x 4m (15p)</td>
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<td></td>
<td>Clinitape</td>
<td>1.25cm x 5m (55p)</td>
<td>2.5cm x 5m (59p)</td>
<td>5cm x 5m (99p)</td>
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<td>Primatix</td>
<td>5cm (£1.61)</td>
<td>10cm (£2.38)</td>
<td>15cm (£3.48)</td>
<td>20cm (£4.29)</td>
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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### NHSGGC Adult Acute Care Wound Formulary

- Scottish Drug Tariff prices are included for information for primary care practitioners
- PECOS codes included for acute care practitioners only
- For information on Acute Care Paediatric wound products, see [here](#)
- See appendices for exudate and debridement guidance

#### Dressing size in cm, PECOS codes (P), manufacturer’s code (M) and cost per dressing (Drug Tariff April 2017)

<table>
<thead>
<tr>
<th>Basic wound contact layer: low adherence dressings</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-A Ultra</td>
</tr>
<tr>
<td>Atrauman</td>
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</table>

<table>
<thead>
<tr>
<th>Absorbent dressings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premierpore</td>
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<td></td>
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<td></td>
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| Eclypse Border    | 15x15 (£4.95) | CR4236 (M) |
|                   | 20x30 (£7.80) | CR4237 (M) |
|                   | 10x20 (oval) (£4.35) | CR4300 (M) |
|                   | 15x20 (oval) (£5.75) | CR4239 (M) |

| Zetuvit E sterile | 10 x 10 (7p) | 025060 (P) |
|                  | 10 x 20 (23p) | 025067 (P) |
|                  | 20 x 30 (39p) | 025064 (P) |

<table>
<thead>
<tr>
<th>Debridement</th>
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<tbody>
<tr>
<td>Instradis gel</td>
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<table>
<thead>
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<th>Hydrogel Dressings</th>
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<td>Hydroxypol</td>
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<thead>
<tr>
<th>Vapour permeable film dressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tegaderm</td>
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<table>
<thead>
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<th>Soft foam and Foam dressings</th>
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<tbody>
<tr>
<td>Permafoam Borderless</td>
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</tr>
<tr>
<td>Iodine</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other antimicrobials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flaminal Forte gel</td>
</tr>
<tr>
<td>Prontosan wound gel</td>
</tr>
<tr>
<td>Prontosan solution</td>
</tr>
<tr>
<td>Cullined Sorbact</td>
</tr>
<tr>
<td>Gauze (swabs)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Debridement</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCSD Debridement Cloth</td>
</tr>
<tr>
<td>DT500 (M)</td>
</tr>
</tbody>
</table>
Primary Care Equivalents of Acute Only Wound Formulary Products

There are some wound products that are included only on the Acute Wound Formulary (see list below). Please be aware that for patients discharged from hospital with these dressings, any discharge supply of dressings should be used up before reassessment. If further dressings are required then the patient should be switched to the Primary Care Formulary alternative.

<table>
<thead>
<tr>
<th>Acute Only Wound Product</th>
<th>Primary Care Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Absorbent dressings</strong></td>
<td></td>
</tr>
<tr>
<td>Eclipse Border 15x15</td>
<td>Allevyn Life 15.4 x 15.4</td>
</tr>
<tr>
<td>20x30 (£4.95)</td>
<td>(£2.51)</td>
</tr>
<tr>
<td>10x20 (oval) 15x20</td>
<td></td>
</tr>
<tr>
<td>20x30 (£4.35)</td>
<td></td>
</tr>
<tr>
<td>20x30 (oval) 15.4 x 15.4</td>
<td>(£2.51)</td>
</tr>
<tr>
<td>10.3 x 10.3 (oval)</td>
<td>(£1.71)</td>
</tr>
<tr>
<td>15.4 x 15.4</td>
<td></td>
</tr>
<tr>
<td>2 x 21 (£6.04)</td>
<td></td>
</tr>
<tr>
<td><strong>Hydrogel dressings</strong></td>
<td></td>
</tr>
<tr>
<td>Intrasite Gel 15g</td>
<td>ActivHeal Hydrogel 15g</td>
</tr>
<tr>
<td>(£1.41)</td>
<td>(£2.66)</td>
</tr>
<tr>
<td>10x10 (£2.26)</td>
<td></td>
</tr>
<tr>
<td>20x20 (£6.77)</td>
<td></td>
</tr>
<tr>
<td>5x7.5 (£1.58)</td>
<td></td>
</tr>
<tr>
<td>15g (£2.44)</td>
<td></td>
</tr>
<tr>
<td><strong>Vapour permeable film dressing</strong></td>
<td></td>
</tr>
<tr>
<td>Tegaderm 5 x 7 (30p)</td>
<td>Hydrofilm 7.2 x 5 (18p)</td>
</tr>
<tr>
<td>12 x 12 (£1.11)</td>
<td></td>
</tr>
<tr>
<td>20 x 20 (£2.41)</td>
<td></td>
</tr>
<tr>
<td>15 x 15 (£1.81)</td>
<td></td>
</tr>
<tr>
<td>10 x 10 (£2.66)</td>
<td></td>
</tr>
<tr>
<td>Hydrofilm Plus 20 x 20</td>
<td></td>
</tr>
<tr>
<td>(£8.01)</td>
<td></td>
</tr>
<tr>
<td>10 x 15 (£3.83)</td>
<td></td>
</tr>
<tr>
<td><strong>Soft polymer and Foam dressings</strong></td>
<td></td>
</tr>
<tr>
<td>Permafoam 15x15 155 (4.06)</td>
<td>(20 x 20 (£6.50)</td>
</tr>
<tr>
<td>5 x 5 (£1.95)</td>
<td>(£3.95)</td>
</tr>
<tr>
<td>Urgotul Absorb Borderless 10 x 10 (£4.20)</td>
<td>20 x 20 (£6.50)</td>
</tr>
<tr>
<td>5 x 5 (£1.95)</td>
<td>(£3.95)</td>
</tr>
<tr>
<td>Urgotul Absorb Borderless 10 x 10 (£4.20)</td>
<td>20 x 20 (£6.50)</td>
</tr>
<tr>
<td>5 x 5 (£1.95)</td>
<td>(£3.95)</td>
</tr>
<tr>
<td>Hydrocolloid dressings</td>
<td></td>
</tr>
<tr>
<td>UrgoClean Rope 2.5 x 40 (£2.41)</td>
<td>2 x 45 (£2.48)</td>
</tr>
<tr>
<td>2.5 x 40 (£2.41)</td>
<td></td>
</tr>
<tr>
<td>Alginite dressings</td>
<td></td>
</tr>
<tr>
<td>Algise M 5x5 (93p)</td>
<td>Kaltostat 5.5 x 12</td>
</tr>
<tr>
<td>10 x 10 (£1.93)</td>
<td>(£2.10)</td>
</tr>
<tr>
<td>10 x 25 (£3.64)</td>
<td></td>
</tr>
<tr>
<td>15 x 20 (£3.95)</td>
<td></td>
</tr>
<tr>
<td>20 x 20 (£4.31)</td>
<td></td>
</tr>
<tr>
<td>5 x 5 (96p)</td>
<td></td>
</tr>
<tr>
<td>2g (rope) (£3.50)</td>
<td></td>
</tr>
<tr>
<td>10 x 10 (£4.12)</td>
<td></td>
</tr>
<tr>
<td>7.5 x 12 (£2.10)</td>
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</tr>
<tr>
<td>15 x 25 (£7.08)</td>
<td></td>
</tr>
<tr>
<td>2g £3 pieces (£3.86)</td>
<td></td>
</tr>
<tr>
<td>Antimicrobial dressings</td>
<td></td>
</tr>
<tr>
<td>Inadine 5x5 (33p)</td>
<td>Povitulle 5 x 5</td>
</tr>
<tr>
<td>9.5 x 9.5 (49p)</td>
<td>(£2.05)</td>
</tr>
<tr>
<td>10 x 10 (£2.97)</td>
<td></td>
</tr>
<tr>
<td>MediHoney Tulle 5 x 5 (80)</td>
<td>(28p) 9.5 x 9.5 (42p)</td>
</tr>
<tr>
<td>MediHoney Tube 5 x 5 (80)</td>
<td>(28p) 9.5 x 9.5 (42p)</td>
</tr>
<tr>
<td>MediHoney Tube 10 x 10 (80)</td>
<td>(28p) 9.5 x 9.5 (42p)</td>
</tr>
</tbody>
</table>

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack.
Atrauman (Hartmann)  
N-A Ultra (Systagenix)  
Jelonet (Smith & Nephew)

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). Jelonet Knitted polyester primary dressing impregnated with neutral triglycerides, conforms to wound bed.

<table>
<thead>
<tr>
<th>Atrauman sizes (PECOS codes*)</th>
<th>N-A Ultra sizes (PECOS codes*)</th>
<th>Jelonet sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 5cm</td>
<td>9.5 x 9.5cm (025374)</td>
<td>10 x 10cm</td>
</tr>
<tr>
<td>7.5 x 10cm (052295)</td>
<td>9.5 x 19cm (025367)</td>
<td></td>
</tr>
<tr>
<td>10 x 20 cm (052301)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 x 30cm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

Indications for use

Provides a contact layer directly onto the wound surface. Basic wound dressing for non-complex wounds:
- minor burns
- abrasions
- superficial wounds
- as a leg ulcer contact layer under compression bandage on leg ulcers

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

Consideration should be given to the following when prescribing:
- 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.

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)

Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### Premierpore (Shermond)

**Absorbent dressings**

**Description:** An absorbent perforated dressing with adhesive border.

| Sizes (pad size in brackets) (PECOS*) |  
|-------------------------------------|---
| 5 x 7cm (3 x 4cm) (118151)         |  
| 10 x 10cm (6 x 5cm) (118168)       |  
| 10 x 15cm (5 x 10cm)               |  
| 10 x 20cm (5 x 15cm) (118182)      |  
| 10 x 25cm (5 x 20cm)               |  
| 10 x 30cm (5 x 25cm)               |  
| 10 x 35cm (5 x 30cm) (12441)       |  

* PECOS codes included for acute care practitioners only

| Indications for use |  
|---------------------|---
| post operative incision sites |  
| lightly exuding wounds |  

| Contraindications |  
|-------------------|---
| Any known sensitivity to adhesives |  

| How to apply/ remove |  
|----------------------|---
| Place directly over wound ensuring the absorbent pad covers the wound and/or suture line |  
| **Removal:** Lift one corner and peel back gently. |  

| Frequency of dressing changes |  
|-------------------------------|---
| post operative dressings should be removed 48 hours post op or as per surgeons instructions |  
| remove and inspect wound if a large amount of exudate is visible on the outer dressing |  
| Refer to exudate and debridement management guidance (appendix 1 & 2) |  

| Prescribing guidance |  
|----------------------|---
| Consideration should be given to the following when prescribing: |  
| care must be taken on removal to prevent skin stripping |  
| do not use as primary dressing on wounds with moderate to heavy levels of exudate; this will result in strike through, increased risk of bacterial contamination and increased frequency of dressing changes |  

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* See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information

* For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))

* Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack*
**Telfa pad (Aria Medical)**
**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>
<thead>
<tr>
<th>Sizes:</th>
<th>Telfa sterile</th>
<th>Absopad</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 cm x 7.5 cm</td>
<td>10 x 10 cm</td>
<td></td>
</tr>
<tr>
<td>10 cm x 7.5 cm</td>
<td>20 x 10 cm</td>
<td></td>
</tr>
<tr>
<td>7.5 cm x 15 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5 cm x 20 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telfa non sterile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 cm x 7.5 cm</td>
<td></td>
<td></td>
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<tr>
<td>25 cm x 20 cm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**
- 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
- Absopad film surface direct to wound bed

**Secondary layer**
- Retention bandage or secure with tape

**Frequency of dressing changes**
As exudate dictates – for low or minimal exudate.
Patient may prefer to change their own dressing when carrying out general social hygiene and to promote independence.

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- Volume of dressings required for treatment
- Sterile dressings are individually wrapped
- Telfa is also available in non sterile form, if required in bulk

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### Zetuvit E sterile and non sterile (Hartmann) 
**Celludress (Medicareplus International)**

#### Absorbent dressings

**Description:** Absorbent cellulose pad with fluid repellent backing for moderate to heavy exudate.

**Sizes:**

<table>
<thead>
<tr>
<th>Zetuvit E sterile and non sterile</th>
<th>Celludress</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm</td>
<td>10 x 10cm</td>
</tr>
<tr>
<td>10 x 20cm</td>
<td>10 x 15cm</td>
</tr>
<tr>
<td>20 x 30cm</td>
<td>10 x 20cm</td>
</tr>
<tr>
<td>20 x 40cm</td>
<td>15 x 20cm</td>
</tr>
<tr>
<td></td>
<td>20 x 25cm</td>
</tr>
<tr>
<td></td>
<td>20 x 30cm</td>
</tr>
</tbody>
</table>

**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. Zetuvit Plus, Kliniderm Superabsorbent
- If exudate increases review treatment regimen to establish underlying cause

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- alternative to secondary foam or silicone dressing
- volume to be prescribed for treatment period to avoid waste

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*See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information*

*For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))*

*Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack*
Zetuvit Plus (Hartmann)
Kliniderm Super Absorber (Aria Medical)

Absorbent dressings

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

<table>
<thead>
<tr>
<th></th>
<th>Zetuvit Plus</th>
<th>Kliniderm Super Absorber</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm</td>
<td>10 x 10cm</td>
<td></td>
</tr>
<tr>
<td>10 x 20cm</td>
<td>10 x 15cm</td>
<td></td>
</tr>
<tr>
<td>15 x 20cm</td>
<td>20 x 20cm</td>
<td></td>
</tr>
<tr>
<td>20 x 25cm</td>
<td>20 x 30cm</td>
<td></td>
</tr>
<tr>
<td>20 x 40cm</td>
<td>20 x 40cm</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**
- basic wound pad
- use as primary or secondary dressing for heavily exuding wounds
- as a leg ulcer contact layer under compression bandage on leg ulcers
- to provide excess exudate management for oedematous legs due to chronic venous insufficiency
- 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/removed**
Direct to wound bed, or as secondary dressing over primary dressing.

**Secondary dressing**
Bandage or tape

**Frequency of dressing changes**
As exudate dictates – refer to exudate and debridement management guidance (appendix 1&2)

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- Cost effective alternative to foam or silicone dressings when used as secondary dressings

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack

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**ActivHeal Hydrogel (Advanced Medical Solutions)**

### Hydrogel application

**Description:** Gel (composed of guar gum and propylene glycol) containing 85% water. No animal derived ingredients.

<table>
<thead>
<tr>
<th>Sizes</th>
<th>15g</th>
</tr>
</thead>
</table>

**Indications for use**
- necrotic and sloughy wounds with nil to low exudate

**Contraindications**
- surgical implantations
- full thickness burns

**How to apply/remove**
Direct to wound bed, half fill cavity to reduce risk of maceration to surrounding skin and number of dressing changes required.

**Frequency of dressing changes**
As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2)

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- seek specialist advice in diabetic foot conditions and arterial insufficiency
- reduces the need for secondary foam or silicone dressing

---

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up to date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
ActiFormCool (Activa)
Hydrogel dressings

Description: Ionic non adherent hydrogel sheet to debride devitalised tissue

<table>
<thead>
<tr>
<th>Sizes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 6.5cm</td>
<td></td>
</tr>
<tr>
<td>10 x 10cm</td>
<td></td>
</tr>
<tr>
<td>10 x 15cm</td>
<td></td>
</tr>
<tr>
<td>20 x 20cm</td>
<td></td>
</tr>
</tbody>
</table>

Indications for use

- dry eschar or slough
- painful wounds
- burns
- radiation burns
- fungating wounds
- under compression for light to moderate exuding wounds

Contraindications

- deep cavity wounds
- narrow cavity wounds
- sinus wounds
- bleeding wounds
- infected wounds
- poorly perfused wounds

How to apply/remove

Position on wound bed and smooth into place

Removal: Lift one corner and gently peel off dressing
If dressing has dried out, soak with water or saline to rehydrate and peel off.

Frequency of dressing changes

As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2)
Dressing should be changed when dressing becomes discoloured or opaque.

Prescribing guidance

See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff

Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
Hydrofilm (Hartmann)

Vapour permeable film dressing (Semi-permeable Adhesive Dressing)

Description: Conformable adhesive waterproof film dressing with high moisture vapour transmission rate.

<table>
<thead>
<tr>
<th>Sizes</th>
<th></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>

Indications for use
- Superficial wounds with minimal exudate
- Abrasions
- Provide showerproof bacterial barrier wound contact layer on post op incisions

Contraindications/cautions
- Heavily exuding wounds
- Fragile skin if risk of skin tears
- Known sensitivities to excipients

How to apply/remove
To apply:
- 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

For removal:
Gently lift corner and pull backwards towards centre of wound and stretch off

For further advice refer to manufacturers instructions

Frequency of dressing changes
- 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
Consideration should be given to the following when prescribing:
Volume of dressings required based on number of wound care interventions required

* See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
* For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
* Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### 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>
<thead>
<tr>
<th>Sizes</th>
<th></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>

**Indications for use**
- 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**
- Hydrofilm should not be used as a primary dressing on clinically infected, bleeding or heavily secreting wounds
- Known sensitivities

**How to apply/remove**

**Apply:**
- 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

**Removal:**
- When absorbent lift corner and pull backwards towards centre of wound
  For further advice refer to manufacturers instructions

**Frequency of dressing changes**
- 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**
Consideration should be given to the following when prescribing:
- Film allows inspection of wound and surrounding skin when used as a primary dressing
- Low absorbency capacity

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*See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information*

*For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))*

*Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack*
### Adaptic Touch (Systagenix)

**Soft polymer dressings**

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

<table>
<thead>
<tr>
<th>Sizes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 7.6cm</td>
<td></td>
</tr>
<tr>
<td>7.6 x 11cm</td>
<td></td>
</tr>
<tr>
<td>12.7 x 15cm</td>
<td></td>
</tr>
<tr>
<td>20 x 32cm</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**

For the management of wounds where adherence of a dressing to the underlying tissue represents a particular clinical problem. Typical applications include:

- skin tears or abrasions
- surgical excisions
- second-degree burns
- blistering conditions such as epidermolysis bullosa
- lacerations
- partial and full thickness grafts
- skin damage following radiotherapy or steroid therapy.

**Contraindications**

Known sensitivity to any of the components

**How to apply/remove**

- Direct to wound bed
- Dressing should overlap the wound margin by at least two centimetres. Can be cut to size or shape before removal of the protective films.
- If more than one dressing is required, the dressings may be partially overlapped, ensuring that the pores are not blocked. Moistening gloves with sterile water or saline will help to stop the dressing sticking to the fingers and thus facilitate application.
- Once in position the dressing should be smoothed into place, ensuring a good seal with the surrounding skin, and covered with an appropriate absorbent secondary dressing and a suitable fixation device or bandage.

**Frequency of dressing changes**

Depending on the nature and condition of the wound, may be left in place for up to 7-10 days, but the outer absorbent layer should be changed as frequently as required. As exudate dictates – refer to exudate management guidance (appendix 1)

**Prescribing guidance**

Consideration should be given to the following when prescribing:

- This dressing should not be changed more than once a week
- If more than once weekly consider product from basic wound dressing selection
- Not to be used with other non-adherent or silicone base dressings

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer's instruction leaflet enclosed in pack
**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>
<thead>
<tr>
<th>Sizes</th>
<th></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>

**Indications for use**
- Suitable for moderate to heavily exuding chronic and acute wounds
- Can be used under compression

**Contraindications**
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**
- 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.
### ActivHeal 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>
<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>

#### Indications for use
- moderate to heavily exuding wounds

#### Contraindications
- 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
Consideration should be given to the following when prescribing:
*Do not use a foam dressing unless exudate levels and wound conditions indicate it is appropriate*
## Allevyn Gentle Border (Smith and Nephew)

### Soft polymer dressings with absorbent pad with ADHESIVE BORDER

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

**Sizes:**

<table>
<thead>
<tr>
<th>Size</th>
<th>Description and Application Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.5 x 7.5cm</td>
<td>Peel back film dressing and apply directly to wound bed ensuring the dressing overlaps the wound margins by 2cm. Do not stretch. On dressing removal gently lift one corner and slowly peel back the dressing.</td>
</tr>
<tr>
<td>10 x 10cm</td>
<td></td>
</tr>
<tr>
<td>10 x 20cm</td>
<td></td>
</tr>
<tr>
<td>12.5 x 12.5cm</td>
<td></td>
</tr>
<tr>
<td>15 x 15cm</td>
<td></td>
</tr>
<tr>
<td>17.5 x 17.5cm</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**

Suitable for a wide range of exuding chronic and acute wounds as well as secondary healing wounds.

**Contraindications**

Do not use if allergic to silicone.

**How to apply/remove**

- Peel back film dressing and apply directly to wound bed ensuring the dressing overlaps the wound margins by 2cm. Do not stretch.
- On dressing removal gently lift one corner and slowly peel back the dressing.

**Frequency of dressing changes**

- Change dressing when there is 80% discoloration on outer surface of dressing, this indicates that it has reached its full absorption capacity.
- The interval between changes will normally be determined by the amount of exudate produced by the wound, but the dressing may be left in place for several days on clean non-infected wounds for up to seven days.
- Refer to exudate and debridement management guidance (appendices 1 & 2)

**Prescribing guidance**

Consideration should be given to the following when prescribing:

- Only to be used in patients with fragile skin or intolerance to other dressings.
- Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.

The presence of clinical infection does not preclude use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds dressed may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information.
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)).
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack.
Allevyn Life (Smith and Nephew)

**Soft polymer dressings**

**Description:** A soft silicone wound contact layer, mesh screen, and polyurethane foam film backing and adhesive border.

<table>
<thead>
<tr>
<th>Sizes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.3 x 10.3cm</td>
<td></td>
</tr>
<tr>
<td>12.9 x 12.9cm</td>
<td></td>
</tr>
<tr>
<td>15.4 x 15.4cm</td>
<td></td>
</tr>
<tr>
<td>21 x 21cm</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**
- Granulating wounds
- Chronic and acute exuding wounds

**Contraindications**
- Do not use if allergic to silicone.
- 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**
- Peel back film dressing and apply directly to wound bed ensuring the dressing overlaps the wound margins by 2cm.
- Do not stretch the dressing.
- Remove dressing by gently lifting one corner and slowly peeling back the dressing.

**Frequency of dressing changes**
- The interval between changes will normally be determined by the amount of exudate produced by the wound, but the dressing may be left in place on clean non-infected wounds for up to seven days.
- Refer to exudate and debridement management guidance (appendices 1 & 2).

**Prescribing guidance**
- Consideration should be given to the following when prescribing:
  - Only to be used in patients with fragile skin or intolerance to other dressings.
  - Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.
### Aquacel Foam (Convatec)

**Hydrocolloid-fibrous dressings with ADHESIVE BORDER**

**Hydrocolloid-fibrous dressing BORDERLESS**

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

<table>
<thead>
<tr>
<th>WITH BORDER</th>
<th>WITHOUT BORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sizes</td>
<td></td>
</tr>
<tr>
<td>8 x 8cm</td>
<td>5 x 5cm</td>
</tr>
<tr>
<td>10 x 10 cm</td>
<td>10 x 10cm</td>
</tr>
<tr>
<td>12.5 x 12.5 cm</td>
<td>15 x 15cm</td>
</tr>
<tr>
<td>17.5 x 17.5 cm</td>
<td>10 x 20cm</td>
</tr>
<tr>
<td>19.8 x 14 cm</td>
<td>15 x 20cm</td>
</tr>
<tr>
<td>20 x 16.9 cm</td>
<td>20 x 20cm</td>
</tr>
<tr>
<td>21 x 21 cm</td>
<td></td>
</tr>
<tr>
<td>25 x 30 cm</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**
- Primary or secondary dressing
- Moderately to heavily exuding wounds
- Acute or chronic wounds

**Contraindications**
- Allergy to silicone/sensitivity to any of the components

**How to apply/remove**
- Remove release layer and place directly over wound ensuring the central absorbent pad overlaps the wound margins by at least 1cm
- To remove dressing, press down gently on skin and gently remove one corner – continue until all edges free and carefully lift away dressing
- Cannot be cut to size

**Frequency of dressing changes**
- As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2).
- May be left in place for up to 7 days.

**Prescribing guidance**
- Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.

Consideration should be given to the following when prescribing:
- **do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate**

*See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information*

*For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))*

*Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack*
**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.

<table>
<thead>
<tr>
<th>Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.5 x 7.5cm</td>
</tr>
<tr>
<td>10 x 10cm</td>
</tr>
<tr>
<td>12.5 x 12.5cm</td>
</tr>
<tr>
<td>15 x 15cm</td>
</tr>
<tr>
<td>10 x 20cm</td>
</tr>
<tr>
<td>15 x 20cm</td>
</tr>
</tbody>
</table>

**Indications for use**

Suitable for exuding chronic and acute wounds

**Contraindications**

Do not use if allergic to silicone or any other components of the dressing

**How to apply/remove**

Apply directly to wound bed ensuring the dressing overlaps the wound margins by at least 2cm.

Remove dressing by gently lifting one corner and slowly peel back the dressing.

**Frequency of Dressing changes**

May be left in place for up to 7 days depending on wound exudates. Refer to exudate and debridement management guidance (appendices 1 & 2).

**Prescribing guidance**

Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.

Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing.

Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### Flivasorb (Activa)

**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.

<table>
<thead>
<tr>
<th>Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm</td>
</tr>
<tr>
<td>10 x 20cm</td>
</tr>
<tr>
<td>20 x 20cm</td>
</tr>
<tr>
<td>20 x 30cm</td>
</tr>
</tbody>
</table>

**Indications for use**

- primary dressing for the management of heavily exuding and sloughy wounds
- secondary dressing for deep heavily exuding wounds

**Contraindications**

Known sensitivity to any components of the dressing

**How to apply/remove**

Direct to wound bed

**Secondary dressing**

Bandage or tape

**Frequency of dressing changes**

As exudate dictates – refer to exudate and debridement management guidance (appendix 1 & 2)

**Prescribing guidance**

Consideration should be given to the following when prescribing:

- reduces the need for secondary foam or silicone dressing
- dressing must not be cut or torn
- can remain in situ for up to 7 days when appropriate

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### PolyMem (Non-adhesive) (Aspen Medical)

**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>
<thead>
<tr>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 61cm</td>
</tr>
</tbody>
</table>

**Indications for use**

Low to moderately exuding wounds including:
- skin tears
- burns
- donor and graft sites
- and radiotherapy induced skin reactions

**Contraindications**

Not suitable for full thickness burns. Do not use in conjunction with solutions containing hypochlorite.

**How to apply/remove**

Apply directly to wound bed, grid side showing, secure with bandage or tape at edges.

**Frequency of dressing changes**

As exudate dictates – refer to exudate management guidance (attached)

**Prescribing guidance**

Consideration should be given to the following when prescribing:
- seek specialist guidance before use
- do not use a foam dressing unless exudate levels and wound conditions indicate appropriate
- no need to cleanse wound bed as dressing contains cleanser
- a dramatic increase in fluid may be observed in first few days which should resolve in this time; if not reassess wound.

**DO NOT USE WITH ANY OTHER WOUND CARE PRODUCT, THIS IS A PRIMARY DRESSING AND DOES NOT REQUIRE A SECONDARY DRESSING**

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
## Duoderm Extra Thin (Convatec)

### Polyurethane matrix dressing without adhesive border

**Description:** Semi-permeable conformable low absorbency hydrocolloid adherent occlusive dressing.

### Sizes (PECOS* codes in brackets)

<table>
<thead>
<tr>
<th>Size</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 10cm</td>
<td>9 x 15cm</td>
</tr>
<tr>
<td>7.5 x 7.5cm (034840)</td>
<td>9 x 25cm (165452)</td>
</tr>
<tr>
<td>10 x 10cm</td>
<td>9 x 35cm (165469)</td>
</tr>
<tr>
<td>15 x 15cm</td>
<td></td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

### Indications for use

- Superficial low exuding wounds
- To debride low levels of slough by autolysis
- Primary dressing on clean granulating/epithelialising wound
- Secondary dressing over Aquacel (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

- 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

**Apply:** dry surrounding peri wound skin
Peel backing layer and place directly on wound bed, allowing a 3cm border around wound bed.

Can be cut to size

**Removal:** Press down gently on skin and lift corner of dressing stretching each edge until free.

### Frequency of dressing changes

- 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 has fully gelled or if wound assessment is required.

### Prescribing guidance

Consideration should be given to the following when prescribing:
- Frequency of dressing change when prescribing volume

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack.

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**Aquacel Extra (Convatec)**

**Aquacel Ribbon**

**Hydrocolloid dressings**

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

<table>
<thead>
<tr>
<th>Sizes Aquacel Extra</th>
<th></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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sizes Aquacel Ribbon</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 x 45cm</td>
<td>2 x 45cm</td>
</tr>
</tbody>
</table>

**Indications for use**

- moderate to heavily exuding wounds
- debridement of moist slough
- critically colonised wounds

**Contraindications**

Any known sensitivities

**How to apply/remove**

**Sheet:**

Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.

1. Apply to wound bed leaving small overhang around the entire wound edge
2. Ensure maximum contact with wound bed
3. Lay loosely into cavity wounds filling no more than 80% to allow for product swelling
4. Overlap surrounding periwound skin

**Ribbon:**

1. Loosely pack into cavity to approximately 80% of depth to allow for product swelling
2. Ribbon can be cut lengthwise. Use 4 x 20cm sheet and cut to size if using on narrow cavity

**Removal:** Lift carefully from wound bed using area of overhang

Irrigate to facilitate moisture and ease of removal if adherence to wound bed

**Frequency of dressing changes**

As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)

**Prescribing guidance**

Consideration should be given to the following when prescribing:

- mechanically lifts slough and bacteria from wound bed
- reduces risk of maceration and excoriation of peri-wound and surrounding tissues
- avoid in dry or low exuding wounds as it can dry out and adhere to wound bed
- in deep cavities requiring multiple dressings consider alternative
- can be used as secondary dressing with honey or surfactants in tracking wounds

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### Alginate dressings

**Description:**
- **Kaltostat** - Sterile non-woven calcium-sodium alginate fibre dressing.
- **Algisite M** - Sterile non-woven calcium alginate fibre dressing.

Alginate dressings form a soft gel on contact with wound exudate and promote haemostasis on contact with a bleeding wound.

<table>
<thead>
<tr>
<th>Sizes Kaltostat</th>
<th>Sizes Algisite M</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 5cm</td>
<td>5 x 5cm</td>
</tr>
<tr>
<td>7.5 x 12cm</td>
<td>10 x 10cm</td>
</tr>
<tr>
<td>10 x 20cm</td>
<td>15 x 20cm</td>
</tr>
<tr>
<td>15 x 25cm</td>
<td>30cm/2g rope cavity dressing</td>
</tr>
<tr>
<td>2g rope cavity dressing</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**
- local management of bleeding wounds, please note Kaltostat or Algisite M are not intended to control heavy bleeding
- in wound management Kaltostat or Algisite M can manage moderate to heavy exudate

**Contraindications**
- Any known allergies to alginates

**How to apply/remove**
- for haemostasis, apply directly to bleeding area and remove when bleeding has stopped
- trim/fold to the exact size of the wound
- for heavily exuding wounds, apply dry onto the wound (dressing gels in moisture)
- when using rope dressing in cavity wounds, 2.5cm of dressing should be left outside to facilitate easy retrieval of dressing

**Removal:** can be assisted by saturating the dressing with normal saline (not water)

**Frequency of dressing changes**
- As exudate dictates refer to exude and debridement management guidance (appendix 1&2)

**Prescribing guidance**
- Consideration should be given to the following when prescribing:
  - not indicated for third-degree burns or use as a surgical sponge.
  - not indicated for heavily bleeding wounds (seek specialist advice).
# CarboFLEX (Convatec)

## Odour absorbant dressings

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

<table>
<thead>
<tr>
<th>Sizes (PECOS* in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm</td>
</tr>
<tr>
<td>8 x 15cm oval (049646)</td>
</tr>
<tr>
<td>15 x 20cm (034871)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

**Indications for use**
- discharging, malodorous, sloughy, and moderate to heavily exuding wounds
- hydrocolloid and alginate layer will gel where moisture present and sequester exudate, proteases and bacteria into dressing facilitating debridement
- water resistant layer reduces rate of charcoal becoming wet and ineffective, whilst outer layer reduces risk of strikethrough
- the underlying cause of wound odour should be identified and any infection treated appropriately with antibacterials if required
- CarboFlex dressing may be used as a primary dressing for shallow wounds or with deeper wounds as a secondary dressing over a wound filler.

**Contraindications**
- not suitable for dry wounds, as requires moisture to activate gelling process
- any known sensitivity to the dressing or its components

**How to apply/remove**
Select dressing size large enough to overlap the wound edge by 3cm.

**Secondary Dressing**
Bandage or tape.

**Frequency of dressing changes and removal**
As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1&2)

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- useful in palliative and fungating wounds, as conforms to shape of wound
- cannot be cut to size
- suitable for surface and shallow wounds
- if large cavity or tracking wound, can be used additionally with Aquacel primary dressing to pack cavity

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
CliniSorb (CliniMed)

Odour absorbent dressings

Description: A non-adherent activated charcoal cloth enclosed in viscose rayon with outer polyamide coating.

<table>
<thead>
<tr>
<th>Sizes (PECOS* in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm</td>
</tr>
<tr>
<td>10 x 20cm (024728)</td>
</tr>
<tr>
<td>15 x 25cm (024735)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

Indications for use
- apply as a primary or secondary dressing.
- management of malodorous wounds whilst underlying cause is being addressed (e.g. debridement, management of infection)

Contraindications
None listed

How to apply/remove
Place directly on wound bed or over primary dressing. Can be cut to size.

Frequency of dressing changes
Can be left in place for up to 7 days, ss exudate and slough dictates. Refer to exudate and debridement management guidance (appendices 1&2).

Prescribing guidance
Consideration should be given to the following when prescribing:
- can be cut to size
- for use in low to moderate exuding wounds
- inactivated when wet

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)

Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### Activon Tulle (Advancis)

**Antimicrobial Dressings, Honey sheet dressing**

**Description:** Knitted viscose impregnated with medical grade honey.

<table>
<thead>
<tr>
<th>Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm</td>
</tr>
</tbody>
</table>

**Indications for use**

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

**Contraindications**

- **DO NOT** use if the patient has a known allergy to bee venom.
- Not recommended on leg ulcers (SIGN 120)

**How to apply/remove**

Apply directly to wound bed (can be opened out to cover larger surface area). Can be cut to size if necessary.

**Frequency of dressing changes**

As exudate dictates refer to exudate and debridement management guidance (appendix 1&2)

*Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.*

**Prescribing guidance**

Consideration should be given to the following when prescribing:

- can make wound bed very moist and may lead to maceration if exudate not managed adequately
- a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues/cannot be tolerated discontinue use and irrigate with saline solution
- dressing hardens when cold, can be softened in warm environment, needs to be softened prior to use
- Activon contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes
- seek specialist advice in diabetic foot conditions and arterial insufficiency

---

*See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information*

*For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))*

*Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack*
### Activon Tube (Advancis)

**Antimicrobial Dressings, Honey-based topical application**

**Description:** 100% medical grade manuka honey ointment.

<table>
<thead>
<tr>
<th>Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>25g tube</td>
</tr>
</tbody>
</table>

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

**Contraindications**
- DO NOT use if the patient has a known allergy to bee venom
- Not recommended on leg ulcers (SIGN 120)

**How to apply/remove**
Apply directly to wound bed or insert into cavity. Refer to wound cleansing guidelines (see links)

**Frequency of dressing changes**
Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- can make wound bed very moist and may lead to maceration if exudate not managed adequately
- a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues / cannot be tolerated discontinue use and irrigate with saline solution
- Activon contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes
- seek specialist advice in diabetic foot conditions and arterial insufficiency
- tube can be used for up to 90 days after opening (single patient use only)

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
## 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>
<thead>
<tr>
<th>Sizes</th>
<th></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>

**Indications for use**

- 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**

- Any known sensitivities to bee venom
- NB for full list of cautions/contraindications refer to product literature and BNF

**How to apply/remove**

**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.

**Removal:** lift corner of dressing and peel back from wound

**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**

- 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.
Povitulle (CD Medical)  
Inadine (Systagenix) (Acute Care only)

Antimicrobial dressings, Iodine

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

<table>
<thead>
<tr>
<th>Sizes (PECOS* for Inadine in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 5 cm (039654)</td>
</tr>
<tr>
<td>9.5 x 9.5 cm (061662)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

Indications for use
- Reduce bacterial burden in superficial low exuding wounds with signs of local infection
- Can be used under compression

Contraindications/cautions
- renal/thyroid impairment
- lithium therapy

NB for full list of cautions/contraindications refer to product literature and BNF

How to apply/remove
Apply:
- iodine based products can stain or irritate surrounding skin therefore ensure products do not have large border outwith 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.

Removal:
- 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
- 1-7 days depending upon exudate levels
- pale colour of rayon indicates uptake of iodine

Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.

Prescribing guidance
- 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

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information.

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)

Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack.
Iodoflex (Smith and Nephew)

Antimicrobials, Iodine

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

<table>
<thead>
<tr>
<th>Sizes</th>
<th>5g</th>
<th>10g</th>
<th>17g</th>
</tr>
</thead>
</table>

Indications for use
- treatment of wound infection and debridement of moist, superficial slough in chronic wounds
- maximum single application of 50g;
- maximum weekly application of 150g;
- maximum duration up to 3 months in any single course of treatment

Contraindications
- Should not be used on:
  - dry, necrotic tissue
  - known sensitivity to any of its ingredients
  - children
  - pregnant or lactating women
  - people with thyroid disorders or renal impairment
  - patients prescribed lithium
  - if bone or tendon visible

How to apply/remove
1. Peel back gauze backing
2. Remove suitable amount and mould to wound surface area, ensuring in full contact with wound bed

Removal:
- by irrigation with saline or water

Frequency of dressing changes
- Regularly monitor for reduction in exudate to ensure wound bed does not dry out. Refer to exudate and debridement management guidance (appendices 1&2) Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.

Prescribing guidance
- Consideration should be given to the following when prescribing:
  - Iodine may be absorbed, particularly from large wounds or during prolonged use
  - suitable for smaller wound surface areas.
  - not suitable for large surface areas.
  - some patients may find pain on application; if pain in wound continues/cannot be tolerated discontinue use and irrigate
  - seek specialist advice in diabetic foot conditions and arterial insufficiency

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)

Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack.
## Iodosorb (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>
<thead>
<tr>
<th>Ointment Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>10g</td>
</tr>
</tbody>
</table>

### Indications for use

- Treatment of wound infection and debridement of moist, superficial slough in chronic wounds
- Maximum single application of 50g
- Maximum weekly application of 150g
- Maximum duration up to 3 months in any single course of treatment

### Contraindications

Should not be used for:
- Dry, necrotic tissue
- Known sensitivity to any of its ingredients
- Children
- Pregnant or lactating women
- People with thyroid disorders or renal impairment
- Patients taking lithium
- If bone or tendon exposed

### How to apply/remove

- Ensure in full contact with wound surface area

**Removal:**
- By irrigation with saline or water

### Frequency of dressing changes

Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.

### Prescribing Guidance

Consideration should be given to the following when prescribing:
- Iodine may be absorbed, particularly from large wounds or during prolonged use
- Less likely to dry wound bed out when slough removed and bacterial burden reduced due to ointment preparation
- Not suitable for large surface areas
- Some patients may find pain on application; if pain in wound continues/cannot be tolerated discontinue use and irrigate
- Seek specialist advice in diabetic foot conditions and arterial insufficiency

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See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information.

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)).

Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack.
### Silvercel Non-Adherent (Systagenix)

**Antimicrobial dressing, silver, alginate dressing**

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

<table>
<thead>
<tr>
<th>Sizes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 5cm</td>
<td></td>
</tr>
<tr>
<td>11 x 11cm</td>
<td></td>
</tr>
<tr>
<td>10 x 20cm</td>
<td></td>
</tr>
<tr>
<td>2.5 x 30.5cm</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**

Antimicrobial dressings containing silver should be used only when infection is suspected as a result of clinical signs or symptoms.

**Contraindications**

- do not use on patients with a known sensitivity to alginates, ethylene or silver
- do not use where the presence of metals is contraindicated e.g. patients receiving radiotherapy or having MRI
- pregnant or breast feeding women
- third degree burns

**How to apply/remove**

Apply as a primary dressing. Fold or cut to the size of the wound and apply directly to wound bed following wound debridement. Secure in position with a non-occlusive secondary dressing. **Re-assessment of wound to determine if silver containing dressing to continue should be undertaken at least two weekly.**

**Frequency of dressing Changes**

Provides a sustained release of silver ions for up to 7 days, dressing changes therefore dependent on holistic clinical assessment. As exudate, slough and infection dictates – refer to exudate and debridement management guidance. (appendices 1&2)

**Prescribing Guidance**

Consideration should be given to the following when prescribing:

- silver-impregnated dressings should not be used routinely for the management of uncomplicated wounds

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### Flaminal Forte (Crawford 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>
<thead>
<tr>
<th>Size (PECOS*)</th>
<th>15g (138067)</th>
</tr>
</thead>
</table>

* PECOS codes included for acute care practitioners only

#### Indications for use
- moderate to heavily exuding, critically colonised or infected wounds
- sloughy critically colonised or infected wounds
- critically colonised or infected cavity wounds

#### Contraindications
- dry or low exuding wounds
- clean wounds with no signs or risks of clinical infection
- known sensitivities

#### How to apply/remove
1. Apply directly to wound bed ensuring protection of surrounding skin
2. A syringe may be used to insert into cavity wounds

**Removal:** By gentle irrigation with sterile water or saline

#### Frequency of dressing Changes
1 - 4 days depending upon exudate levels. Requires changing when gel structure disappears

**Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.**

#### Prescribing Guidance
- Consideration should be given to the following when prescribing:
  - no fibre shed in cavities
  - should only be used for two week periods

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer's instruction leaflet enclosed in pack
<table>
<thead>
<tr>
<th>Prontosan wound gel (B Braun)</th>
</tr>
</thead>
</table>

**Other antimicrobials**

**Description:** A hydrogel wound gel containing betaine surfactant (disrupts biofilm) and polihexanide (an antiseptic).

<table>
<thead>
<tr>
<th>Size (PECOS* in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30ml (169603)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

**Indications for use**

Biofilm disruption, cleansing, decontamination and moisturising of:
- acute wounds
- chronic wounds
- first and second degree burns

**Contraindications**

If known sensitivity to any of the gel’s ingredients. NB In very rare cases there may be a mild burning sensation after application of Prontosan wound gel but this should disappear after a few minutes.

**How to apply/remove**

- apply directly to wound bed

**Frequency of dressing Changes**

N/A

**Prescribing Guidance**

Consideration should be given to the following when prescribing:
- use only if indicated by wound cleansing guidance (See links)
- wound cleansing product for use in wounds showing signs of critical colonisation or for removal of biofilm
- has a shelf life of 28 days after opening - no refrigeration required
- apply every dressing change as per wound cleansing guidance

---

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack

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Prontosan solution (B Braun)

Other antimicrobials

**Description:** An aqueous wound irrigation solution containing betaine surfactant (disrupts biofilm) and polihexanide (an antiseptic).

<table>
<thead>
<tr>
<th>Size (PECOS* in brackets)</th>
<th>350ml (133895)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40ml (176694-24x40ml) ACUTE ONLY</td>
<td></td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

**Indications for use**

- Biofilm disruption, cleansing, decontamination and moisturising of:
  - acute wounds
  - chronic wounds
  - first and second degree burns

**Contraindications**

- If known sensitivity to any of the solutions ingredients

**How to apply/remove**

- Apply as a soak for at least 10 minutes

**Frequency of dressing changes**

N/A

**Prescribing guidance**

- Consideration should be given to the following when prescribing:
  - use only if indicated by wound cleansing guidance (See links) and debridement guidance (appendix 2)
  - wound cleansing product for use in wounds showing signs of critical colonisation or for removal of biofilm
  - has a shelf life of 28 days after opening - no refrigeration required
  - one bottle should allow for approximately 8 dressing changes (based on average size 10 x 10 cm wound size)
  - apply as a soak at every dressing change as per wound cleansing guidance (See links)

---

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
**Cutimed Sorbact (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>
<thead>
<tr>
<th>Sizes (PECOS* in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swabs 4x6cm (178988)</td>
</tr>
<tr>
<td>Swabs 7x9cm (178995)</td>
</tr>
<tr>
<td>Ribbon 2x50cm (178964)</td>
</tr>
<tr>
<td>Ribbon 5x200cm</td>
</tr>
<tr>
<td>Round swabs 3cm</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

**Indications for use**
- chronic and acute wounds that are critically colonised
- where an antimicrobial dressing is indicated in moderately to highly exuding wounds

**Contraindications**
- do not use in combination with ointments and creams as the binding effect is impaired

**How to apply/remove**
- place directly onto the wound surface
- swabs can be used folded or unfolded and applied to achieve maximum contact with the wound bed

**Frequency of dressing changes**
As exudate dictates – refer to exudate management guidance, can be left in place for up to 7 days.

*Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.*

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- requires a moist wound condition to be effective
- ribbon should not be cut due to shedding

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
**Debrisoft (Activa)**

**Physical debridement pads**

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

NB: this is a debridement pad and **NOT** a wound dressing

<table>
<thead>
<tr>
<th>Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10cm x 10cm</td>
</tr>
</tbody>
</table>

**Indications for use**

- to debride loose superficial slough and debris to reveal underlying granulating wound bed
- removal of softened loose hyperkeratotic skin from peri wound margins

**Contraindications**

- wound bed with granulating base
- dry slough or necrosis
- deep slough
- pain despite analgesia

**How to use**

- Fully moisten pad with water before use and shake off excess – do not squeeze out
- Apply rotational movements over wound bed and margins with pad, with **fibre** side contacting the wound bed to loosen and remove slough and debris.
- Procedure may take a few minutes, as tolerated, to debride and expose granulating wound bed.
- During procedure if less hydrated slough is exposed, further hydration with wound dressings is required to soften and liquefy slough to be removed at following dressing change with Debrisoft.
- Check pad at end of intervention – if pad is clean this may be due to technique in using pad (seek further advice on correct use)

**Frequency/ Prescribing guidance**

- May only require a “one off” treatment or follow up depending on chronicity of wound
- At follow up dressing change if slough which was removed is apparent again, this may indicate poor perfusion with vascular referral required; or biofilm formation requiring cleansing with surfactant

(For further information on range of debridement techniques refer to appendix 2)

---

**See** [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) **for links to all GGC formularies and prescribing information**

**For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff** ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))

**Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack**
Irripods (CD Medical)
Stericlens (CD Medical)

Irrigation solutions (NaCl 0.9%)

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

Sizes:

<table>
<thead>
<tr>
<th>Irripods</th>
<th>Stericlens</th>
</tr>
</thead>
<tbody>
<tr>
<td>25ml x 10 pods</td>
<td>100mls</td>
</tr>
<tr>
<td></td>
<td>240 mls</td>
</tr>
</tbody>
</table>

Indications for use
• 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
• 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
Apply: Pods. Twist off nozzle to break seal. Squeeze pod in a downward direction and apply to area requiring irrigation.
Aerosol: 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

Frequency of use
At each wound intervention.

Prescribing guidance
Consideration should be given to the following when prescribing:
• 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

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)
Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
**Comfifast (Synergy Health plc)**

**Tubular bandages and garments (elasticated)**

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

**Sizes:**

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

**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

---

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up to date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
Knit Band (Clinisupplies)

Lightweight conforming bandages

**Description:** Lightweight knitted polyamide and cellulose contour retention bandage competent

<table>
<thead>
<tr>
<th>Sizes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5cm x 4m</td>
</tr>
<tr>
<td>7cm x 4m</td>
</tr>
<tr>
<td>10cm x 4m</td>
</tr>
<tr>
<td>15cm x 4m</td>
</tr>
</tbody>
</table>

**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

---

*See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information*

*For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))*

*Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack*
### KSoft (Urgo)

**Sub compression wadding bandage**

**Description:** soft absorbent padding layer

<table>
<thead>
<tr>
<th>Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 cm x 3.5m</td>
</tr>
<tr>
<td>10 cm x 4.5m</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indications for use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normally used as sub compression wadding layer for shaping and protecting bony prominences under compression bandages</td>
</tr>
<tr>
<td>May also be used for padding, protecting bony prominences and extra absorbency on limbs under retention bandages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contraindications/cautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>None listed</td>
</tr>
</tbody>
</table>

**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**

Consideration should be given to the following when prescribing:

- Purpose of product, absorbent pads may also be used if extra absorbency required

---

**See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information**

**For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff** ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))

**Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack**
Clinipore (Clinisupplies)  
Primafix  (Smith & Nephew)

**Surgical adhesive tape**

**Description:**  
Clinipore: Permeable non woven synthetic adhesive tape  
Primafix: Permeable apertured non woven synthetic adhesive tape

**Sizes:**

<table>
<thead>
<tr>
<th></th>
<th>Clinipore</th>
<th>Primafix</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.25cm x 5m</td>
<td></td>
<td>5cm</td>
</tr>
<tr>
<td>2.5cm x 5m</td>
<td></td>
<td>10cm</td>
</tr>
<tr>
<td>5cm x 5m</td>
<td></td>
<td>15cm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 cm</td>
</tr>
</tbody>
</table>

**Indications for use**
- 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**
- **Apply:** direct to required area, avoid large adhesive margins to ensure patient comfort and minimise risk of discomfort on removal  
- **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)

**Secondary Dressing**
- NA

**Frequency of dressing changes and removal**
- As wound dressing regimen dictates

**Prescribing guidance**
- Consideration should be given to the following when prescribing:  
  - Consider the use of basic adhesive dressings when appropriate to negate need for tape

---

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information  
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))  
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### Nurse-It (Medicareplus International)
### Dress-It (Richardson)

#### 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

<table>
<thead>
<tr>
<th>Nurse-It</th>
<th>Dress-It</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Latex Free, Powder Free, Nitrile Gloves x one pair</td>
<td>• Vitrex gloves x one pair</td>
</tr>
<tr>
<td>• Non-Woven Swabs x 7</td>
<td>• Softswabs 4 ply x 4</td>
</tr>
<tr>
<td>• Laminated Paper Sterile Fields x 2</td>
<td>• Absorbent pad x 1</td>
</tr>
<tr>
<td>• Paper Towel x 1</td>
<td>• Sterile field x 1</td>
</tr>
<tr>
<td>• Large Apron x 1</td>
<td>• Paper towel x 1</td>
</tr>
<tr>
<td>• White Polythene Disposable Bag x 1</td>
<td>• Large apron x 1</td>
</tr>
<tr>
<td>• Compartment Tray x 1</td>
<td>• Disposable bag</td>
</tr>
<tr>
<td>• Disposable Forceps x 1</td>
<td>• Laminated Paper Sterile Field x1</td>
</tr>
<tr>
<td>• Paper Measuring Tape x 1</td>
<td>• Paper towel x 1</td>
</tr>
</tbody>
</table>

**Indications for use**

- Dressing pack for patients to support aseptic wound management in domiciliary setting.

**Contraindications/cautions**

- None noted

**Prescribing guidance**

- 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

---

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff [here](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
**Eclypse Border (Advancis)  ** *(ACUTE USE ONLY)*

**Absorbent dressings**

**Description:** Absorbent cellulose dressing (absorbent layer gels on contact with exudate) with silicone contact layer, fluid repellent backing and adhesive border.

<table>
<thead>
<tr>
<th>Sizes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 x 15cm</td>
<td></td>
</tr>
<tr>
<td>20 x 30cm</td>
<td></td>
</tr>
<tr>
<td>10 x 20cm (oval)</td>
<td></td>
</tr>
<tr>
<td>15 x 20cm (oval)</td>
<td></td>
</tr>
<tr>
<td>20 x 30cm (oval)</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**

Moderate to heavily exuding wounds:
- leg ulcers
- pressure ulcers
- sloughy or granulating wounds
- post-operative or dehisced wounds
- fungating wounds
- donor site management
- can be used under compression therapy

**Contraindications**

Do not use on arterial bleeds or heavily bleeding wounds

**How to apply/remove**

Place white face down on wound surface with beige backing uppermost and at least a 2cm border overlap around the wound area. Do not cut dressings.

**Secondary dressing**

Dressing has adhesive border but bandage or tape may be needed for extra support.

**Frequency of dressing changes**

- Dependant on nature of wound bed and exudate level, can be left in place for up to 7 days. Refer to exudate and debridement management guidance (appendix 1&2)

**Prescribing guidance**

Can dry out wounds with lower exudate levels.

---

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the [Scottish Drug Tariff](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
Intrasite Gel (Smith and Nephew)  **(ACUTE USE ONLY)**

**Hydrogel application**

**Description:** Gel (composed of modified carmellose polymer and propylene glycol).

<table>
<thead>
<tr>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>15g</td>
</tr>
</tbody>
</table>

**Indications for use**
- necrotic and sloughy wounds with nil to low exudate

**Contraindications**
- surgical implantations
- full thickness burns

**How to apply/remove**
Direct to wound bed, half fill cavity to reduce risk of maceration to surrounding skin and number of dressing changes required. Remove by irrigation with normal saline.

**Secondary dressing**

**Frequency of dressing changes**
As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2)

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- seek specialist advice in diabetic foot conditions and arterial insufficiency
- reduces the need for secondary foam or silicone dressing

---

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up to date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
Hydrosorb (Hartmann)  (ACUTE USE ONLY)

Hydrogel dressings

Description: Absorbent, non-adherent transparent hydrogel sheet containing polyurethane polymers covered with a gas-permeable film (impermeable to liquids and bacteria) used to debride devitalised tissue.

<table>
<thead>
<tr>
<th>Sizes (PECOS* codes in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 7.5cm (214914)</td>
</tr>
<tr>
<td>10 x 10cm (214471)</td>
</tr>
<tr>
<td>20 x 20cm (214976)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

Indications for use
- dry eschar or slough
- painful wounds
- burns (but not third-degree burns)
- radiation burns
- fungating wounds

Contraindications
- deep cavity wounds
- narrow cavity wounds
- sinus wounds
- bleeding wounds
- infected wounds
- poorly perfused wounds
- sensitivity to propylene glycol

How to apply/remove
Position on wound bed (dressing should overlap wound margins by 1-2cm) 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.

Secondary Dressing
Adhesive tape or bandage

Frequency of dressing changes
As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2). Absorption of exudate shows as clouding and/or blistering of the dressing – change dressing when this area reaches the size of the wound.

Prescribing guidance
Consideration should be given to the following when prescribing:
- adds or absorbs moisture depending upon wound bed
- can be used under compression therapy
- may dry out rapidly and adhere to wound
- seek specialist advice in diabetic foot conditions and arterial insufficiency
- NB contains propylene glycol

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)
Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
Tegaderm (3M)  
(ACUTE USE ONLY)

Vapour permeable films and membranes

Description: Thin polyurethane film coated with acrylic adhesive

<table>
<thead>
<tr>
<th>Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 x 7cm</td>
</tr>
<tr>
<td>12 x 12cm</td>
</tr>
<tr>
<td>15 x 20cm</td>
</tr>
</tbody>
</table>

Indications for use
- dry or low exuding wounds
- minor traumatic wounds such as grazes, abrasions and lacerations
- post operative surgical wounds
- superficial burns

Contraindications
- moderate to heavily exuding wounds
- known sensitivities

How to apply/remove
1. Gently peel perforated centre cut out and discard
2. Remove printed liner to reveal wound contact layer
3. Apply to wound bed leaving 2-3cm margin
4. Peel off frame surrounding film and smooth edges

Removal: Gently lift corner and pull backwards towards centre of wound

Frequency of dressing changes
As exudate dictates — refer to exudate and debridement management guidance (appendix 1 & 2)

Prescribing guidance
Consideration should be given to the following when prescribing:
- film allows inspection of wound and surrounding skin when used as a primary dressing
- no absorbency capacity
- risk of blistering if skin is stretched during application

See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information

For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/)

Disclaimer — seek further information on products from manufacturer’s instruction leaflet enclosed in pack
## Tegaderm + pad (3M) (ACUTE USE ONLY)

### Vapour permeable films and membranes

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

<table>
<thead>
<tr>
<th>Sizes (pad size in brackets) (PECOS*)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9 x 10cm (4.5 x 6cm) (117826)</td>
<td></td>
</tr>
<tr>
<td>9 x 15cm (4.5 x 10cm) (117840)</td>
<td></td>
</tr>
<tr>
<td>9 x 20cm (4.5 x 15cm) (117857)</td>
<td></td>
</tr>
<tr>
<td>9 x 25cm (4.5 x 20cm) (047451)</td>
<td></td>
</tr>
<tr>
<td>9 x 35cm (4.5 x 30cm) (117819)</td>
<td></td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

### Indications for use

- dry or low exuding wounds
- minor traumatic wounds such as grazes, abrasions and lacerations
- post operative surgical wounds
- superficial burns
- secondary dressing for use with hydrogel and antimicrobial dressings

### Contraindications

- heavily exuding wounds
- known sensitivities

### How to apply/remove

1. Remove film backing
2. Apply to wound ensuring absorbent pad is covering wound bed or incision line
3. Peel off frame and smooth edges

**Removal:** Gently lift corner and pull backwards towards centre of wound

### Frequency of dressing changes

As exudate and dictates – refer to exudate and debridement management guidance (appendix 1)

### Prescribing guidance

Consideration should be given to the following when prescribing:

- film allows inspection of wound and surrounding skin when used as a primary dressing
- low absorbency capacity
- risk of blistering if skin is stretched during application

---

- [See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information](http://www.ggcprescribing.org.uk)
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### PermaFoam Non-adhesive foam dressing (Hartmann) **(ACUTE USE ONLY)**

**Foam dressings**

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

<table>
<thead>
<tr>
<th>Size (PECOS* code)</th>
<th>15cm x 15cm (164905)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* PECOS codes included for acute care practitioners only</td>
<td></td>
</tr>
</tbody>
</table>

**Indications for use**

- Moderately exuding chronic and acute wounds
- Can be used under compression

**Contraindications**

- Any known sensitivities

**How to apply/remove**

- Select a dressing larger than the wound area.
- Centre the dressing on the wound and apply directly onto wound bed.

**Frequency of dressing changes**

- As exudate and slough dictate – refer to exudate and debridement management guidance (appendices 1&2)

**Prescribing guidance**

Consideration should be given to the following when prescribing:

*Do not use a foam dressing unless exudate levels and wound conditions indicate it is appropriate*

---

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
UrgoTul Absorb (Urgo)  (ACUTE USE ONLY)

Soft polymer dressing with absorbent pad WITHOUT BORDER

<table>
<thead>
<tr>
<th>Description: Absorbent foam with soft silicone contact layer and film backing.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sizes (PECOS*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 x 6cm (214402)</td>
</tr>
<tr>
<td>10 x 10cm (211746)</td>
</tr>
<tr>
<td>15 x 20cm (211753)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

<table>
<thead>
<tr>
<th>Indications for use</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Moderate to heavily exuding wounds including pressure ulcers</td>
</tr>
<tr>
<td>• Traumatic wounds resulting in skin loss</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>None noted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to apply/remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The wound contact surface of the dressing is protected by a divided plastic film that must be removed before use. Soft silicone contact layer adheres to latex gloves: moisten with saline before handling/use tweezers. Dressing should overlap the wound margin by at least two centimetres.</td>
</tr>
<tr>
<td>• Can be cut to size or shape before removal of the protective film. Once in position the dressing may be held in place with a bandage or other suitable retention aid.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of dressing changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Change every 2 to 4 days; may be left in place for up to 7 days on clean granulating wounds - refer to exudate and debridement management guidance (appendices 1 &amp; 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescribing guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration should be given to the following when prescribing:</td>
</tr>
<tr>
<td>• Only to be used in patients with fragile skin or intolerance to other dressings</td>
</tr>
<tr>
<td>• Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate</td>
</tr>
</tbody>
</table>

The presence of clinical infection does not preclude the use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.

---

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer - seek further information on products from manufacturer’s instruction leaflet enclosed in pack
**UrgoTul Absorb Border (Urgo)**

(ACUTE USE ONLY)

**Foam dressing**

**Description:** Soft silicone wound contact dressing with polyurethane foam film backing and adhesive border.

<table>
<thead>
<tr>
<th>Sizes (PECOS*)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8 x 8cm (211739)</td>
<td>15 x 20cm (213412)</td>
</tr>
<tr>
<td>10 x 10cm (211722)</td>
<td>20 x 20cm (sacrum) (214426)</td>
</tr>
<tr>
<td>10 x 25cm (214815)</td>
<td></td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

**Indications for use**

- Moderate to heavily exuding wounds including pressure ulcers
- Traumatic wounds resulting in skin loss

**Contraindications**

None noted

**How to apply/remove**

- The wound contact surface of the dressing is protected by a divided plastic film that must be removed before use. Soft silicone contact layer adheres to latex gloves: moisten with saline before handling/use tweezers. Dressing should overlap the wound margin by at least two centimetres.
- Can be cut to size or shape before removal of the protective film. Once in position the dressing may be held in place with a bandage or other suitable retention aid.

**Frequency of dressing changes**

- Change every 2 to 4 days; may be left in place for up to 7 days on clean granulating wounds - refer to exudate and debridement management guidance (appendices 1 & 2)

**Prescribing guidance**

Consideration should be given to the following when prescribing:

- Only to be used in patients with fragile skin or intolerance to other dressings
- Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate

The presence of clinical infection does not preclude the use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.

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- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
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- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
## UrgoClean Pad (Urgo) 
### UrgoClean Rope (ACUTE USE ONLY)

### 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>
<thead>
<tr>
<th>Sizes: pad</th>
<th>Sizes: rope</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 x 6cm</td>
<td>2.5 x 40cm</td>
</tr>
<tr>
<td>10 x 10cm</td>
<td></td>
</tr>
<tr>
<td>20 x 15cm</td>
<td></td>
</tr>
</tbody>
</table>

### Indications for use
- moderate to heavily exuding wounds
- debridement of moist slough

### Contraindications
- Any known sensitivities

### How to apply/remove

**Pad:**
1. Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.
2. Apply to wound bed leaving small overhang around the entire wound edge
3. Ensure maximum contact with wound bed
4. Lay loosely into cavity wounds filling no more than 80% to allow for product swelling
5. Overlap surrounding periwound skin

**Rope:**
1. Loosely pack into cavity to approximately 80% of depth to allow for product swelling
2. Rope can be cut lengthwise.

**Removal:** Lift carefully from wound bed using area of overhang. Irrigate to facilitate moisture and ease of removal if adherence to wound bed

### Frequency of dressing changes
As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)

### Prescribing guidance
- Consideration should be given to the following when prescribing:
  - mechanically lifts slough and bacteria from wound bed
  - reduces risk of maceration and excoriation of peri-wound and surrounding tissues
  - avoid in dry or low exuding wounds as it can dry out and adhere to wound bed
  - in deep cavities requiring multiple dressings consider alternative

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*See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information*

*For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))*

*Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack*
MediHoney Tulle (Derma)  (ACUTE USE ONLY)

Antimicrobial Dressings, Honey sheet dressing

**Description:** Non-adherent woven fabric impregnated with medical grade manuka honey.

<table>
<thead>
<tr>
<th>Size (PECOS* in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm (210053)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

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

**Contraindications**
- **DO NOT** use if the patient has a known allergy to bee venom.
- **Not recommended on leg ulcers (SIGN 120)**

**How to apply/ remove**
Apply directly to wound bed (can be opened out to cover larger surface area).
Can be cut to size if necessary.

**Secondary dressing**

**Frequency of dressing changes**
As exudate dictates refer to exudate and debridement management guidance (appendix 1&2)

*Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.*

**Prescribing guidance**
Consideration should be given to the following when prescribing:
- can make wound bed very moist and may lead to maceration if exudate not managed adequately
- a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues/cannot be tolerated discontinue use and irrigate with saline solution
- dressing hardens when cold, can be softened in warm environment, needs to be softened prior to use
- 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

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- See [www.ggc-prescribing.org.uk](http://www.ggc-prescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
<table>
<thead>
<tr>
<th>MediHoney (Derma) (ACUTE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antimicrobial Dressings, Honey-based topical application</strong></td>
</tr>
<tr>
<td><strong>Description:</strong> 100% medical grade manuka honey.</td>
</tr>
<tr>
<td><em><em>Size (PECOS</em> in brackets)</em>*</td>
</tr>
<tr>
<td>20g (210060)</td>
</tr>
<tr>
<td>* PECOS codes included for acute care practitioners only</td>
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<tr>
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<tr>
<td>• can be used in cavities</td>
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</tbody>
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<td>• Not recommended on leg ulcers (SIGN 120)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to apply/remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply directly to wound bed or insert into cavity. Refer to wound cleansing guidelines (see links)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Frequency of dressing changes</th>
</tr>
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<tr>
<td>• MediHoney 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</td>
</tr>
<tr>
<td>• seek specialist advice in diabetic foot conditions and arterial insufficiency</td>
</tr>
<tr>
<td>• sealable tube can be used for up to 4 months after opening (single patient use only)</td>
</tr>
</tbody>
</table>

- See [www.ggcprescribing.org.uk](http://www.ggcprescribing.org.uk) for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
### UCS Debridement (medi UK) (ACUTE USE ONLY)

**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>
<thead>
<tr>
<th>Size (PECOS* code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 x 10cm (217106)</td>
</tr>
</tbody>
</table>

* PECOS codes included for acute care practitioners only

**Indications for use**

- to debride loose superficial slough and debris to reveal underlying granulating wound bed
- removal of softened loose hyperkeratotic skin from peri wound margins

**Contraindications**

- wound bed with granulating base
- dry slough or necrosis
- deep slough
- pain despite analgesia

**How to use**

- 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**

- May only require a “one off” treatment or follow up depending on chronicity of wound
- At follow up dressing change if slough which was removed is apparent again, this may indicate poor perfusion with vascular referral required; or biofilm formation requiring cleansing with surfactant

(For further information on range of debridement techniques refer to appendix 2)

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- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff ([http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff))
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack
## Exudate management guidance notes

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

Undertake holistic assessment before dressing selection.

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

<table>
<thead>
<tr>
<th>Is exudate low?</th>
<th>Wound tissues moist, moisture evenly distributed in wound, &lt;25% of dressing soiled</th>
<th>Do not apply a foam dressing. Apply a simple dressing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is exudate medium?</td>
<td>Wound tissues saturated, drainage may not be evenly distributed in wound. 25 to 75% of dressing soiled</td>
<td>Apply dressing designed to manage exudate and provide bacteriostatic barrier. Foam not always required.</td>
</tr>
<tr>
<td>Is exudate high?</td>
<td>Wound tissues bathed in fluid, drainage freely expressed, may not be evenly distributed in wound, &gt;75% of dressing soiled</td>
<td>Apply dressing designed to manage high exudate. Foam probably required.</td>
</tr>
<tr>
<td>Is exudate very high?</td>
<td>Exudate not contained by highly absorbent foam</td>
<td>Consider if wound requires primary dressing. Apply highly absorbent dressing or drainable appliance.</td>
</tr>
</tbody>
</table>
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

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 monofilament pad to physically 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)

**Ultrasound:** 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)

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)

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

If patient unable to give consent please discuss with carer.

References:

NHS Greater Glasgow & Clyde (2013)

UNLICENSED MEDICINE PROTOCOL:
Prescribing larvae
Links:

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

NHSGGC Prescribing webpage, formulary information, guidance and resources (including
information on GGC medicines app): www.ggcprescribing.org.uk

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

NHSGGC Tissue Viability Service site:
http://www.staffnet.ggc.scot.nhs.uk/Partnerships/Greater%20Glasgow%20and%20clyde%20ser
vices/tissueviabilityptn/Pages/TissueViabilityPartnerships.aspx

NHSGGC Paediatric Resource Folder (information on wound products used in acute care):
http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/TissueViabilityService
AcuteDivision/Pages/PaediatricResourceFolder-WoundFormulary.aspx

Unlicensed Medicine Protocol Prescribing Larvae:
http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/
GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Prescribing%20Larvae,

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

British National Formulary (BNF) 72 September 2016 – March 2017 can be accessed via
NHSGGC Prescribing webpage: www.ggcprescribing.org.uk