



Leicestershire
Medicines Strategy
Group





Wound Management Guidelines & Formulary For Primary Care


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Wound Management Guide

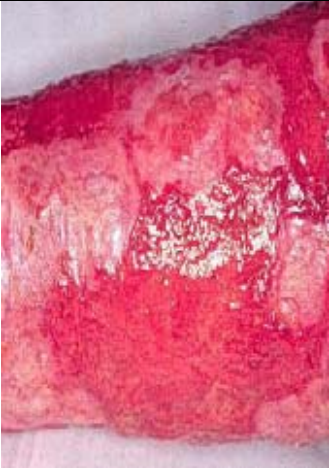

Wound Management Guide				
Photograph	Wound Description	Treatment Objectives	Exudate Level None – Low	Exudate Level Moderate – High
	Necrotic Tissue (Eschar)	Hydration and debridement of necrotic tissue and management of wound exudate. Caution – Lower Limb Wounds – before attempting debridement in any form you must rule out arterial insufficiency to the limb by performing a Doppler assessment where possible (Discuss with TVN)	Hydrogel and semipermeable film (must be reviewed daily due to high risk of maceration) or Nonadherent dressing or hydrocolloid or gel sheet Consider referral to MDT/podiatry for sharp debridement if appropriate	Alginate or Hydrofiber with a secondary absorbent dressing or consider larval therapy. Treat underlying cause of exudate. Consider referral to MDT/podiatry for sharp debridement if appropriate MDT approach. Diabetes / podiatry / surgical

	Necrotic Digit	To prevent infection. To aid auto-amputation of digit.	Leave exposed or cover with low/non-adherent dressing or Reduce infection risk by using Povidone iodine dressing or activated charcoal cloth with silver. Do not hydrate	Cadexamer iodine to convert wet necrosis to dry necrosis with secondary absorbent dressing.
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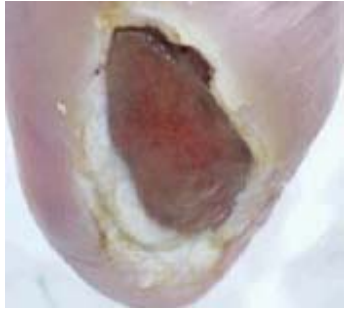

Wound Management Guide				
Photograph	Wound Description	Treatment Objectives	Exudate Level None – Low	Exudate Level Moderate – High
	Slough (Dead Tissue) N.B. Creamy yellow tissue could also denote bone or tendon. Seek medical/TVN advice if unsure If tendon exposed keep moist do not allow to dry	Debridement and management of exudate	Hydrogel and semipermeable film (must be reviewed daily due to high risk of maceration) or non-adherent dressing or hydrocolloid or gel sheet	Alginate or Hydrofiber with a secondary absorbent dressing. or Larvae Treat underlying cause of exudate

	out			
	Granulating The wound bed resembles strawberry jam, as it fills with new vascular connective tissue	Maintain a warm, moist environment Manage exudates Protect delicate tissues	Thin hydrocolloid or silicone contact layer and low/non-adherent dressing or gel sheet	Granulating wounds should not have high levels of exudate Moderate exudate use a foam dressing with a low adherent contact layer



Wound Management Guide				
Photograph	Wound Description	Treatment Objectives	Exudate Level None – Low	Exudate Level Moderate – High




	Epithelialising New skin cells migrate across the surface of the wound.	Maintain a warm, moist environment. Manage exudate. Protect delicate tissues	Low adherent dressing or Thin hydrocolloid	Epithelialising wounds should not have high levels of exudate
	Infected	Reduce/remove bacterial bio burden within the wound. Manage exudate. Manage odour. Do not occlude	Providence Iodine or non-adherent impregnated with silver or activated charcoal cloth with silver or medical grade honey with secondary absorbent dressing.	Cadexamer iodine Or alginate with silver or medical grade honey or alginate gel with secondary absorbent dressing or larvae Discuss further options with tissue viability nurses.

Wound Management Guide				
Photograph	Wound Description	Treatment Objectives	Exudate Level None – Low	Exudate Level Moderate – High

	Cavity	Prepare the wound bed accordingly using products advised above. Allow the wound to granulate from the bottom up. Manage exudate.	Hydrogel with secondary foam dressing	Alginate or Hydrofiber with secondary high absorbent foam or super-absorbent dressing or consider negative pressure wound therapy where appropriate
	Macerated Skin	Effective management of exudate. Protect periwound skin to prevent further damage.	Review current dressing regime as low exuding wounds should not cause maceration. Consider has the dressing been worn when bathing? Are there clinical signs of infection?	Alginate or Hydrofiber with secondary high absorbent foam or super-absorbent dressing. Protect skin with barrier preparation.
	Overgranulation Tissue	To suppress formulation of granulation tissues to allow epithelialisation and wound healing.	Foam or tape impregnated with topical steroid or topical steroid ointment for larger areas or honey	Foam – add topical steroid cream or honey ointment NB wounds that are granulating do not normally have high levels of exudates therefore consider critical colonisation

Photograph	Wound Description	Action Plan
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	<p>Traumatic Wound: Cuts and abrasions involving damage to the epidermis and/or superficial damage to the dermis</p>	<p>Cleanse wound to remove dirt, debris or other foreign materials. Primary closure may be necessary using skin glue, adhesive paper strips or sutures where edges can be approximated. Or leave to heal by secondary intention</p>
	<p>Burns: Severity is related to the depth of skin and surface area involved. Superficial: up to 14 days healing – minimal scarring. Partial Thickness: Superficial dermal have blisters that can be very painful. Deep dermal has blotchy cherry red appearance with non blanching usually insensate. Full Thickness: have leathery white or charred appearance, surgical intervention required in all but the smallest injury.</p>	<p>Debride where possible and remove dead skin of open blisters. Deeroof blisters over joints only. Leave small blisters intact if not concerned over depth of burn. Reduce infection risk. Reduce pain. Manage exudate. Check tetanus status.</p> <p>NB: Infants and children, facial burns, deep dermal and full thickness injuries MUST be referred for specialist advice and treatment</p>

Photograph	Wound Description	Action Plan
	<p>Linear tear Without loss of the tissue; the epidermis and dermis are pulled away in one layer or the epidermis is torn away from the dermis</p>	<p>Gently oppose edges of the flap to surrounding skin using closure strips OR Soft silicone wound contact dressing.</p>
	<p>Skin tear with partial loss of epidermis/dermis, flap evident</p>	<p>Do not attempt to oppose epidermal flap to surrounding skin. Gently spread out the skin flap using moistened sterile gloved finger to cover as much exposed tissue as possible – it may be necessary to use forceps if the skin flap has rolled.</p>
	<p>Skin Tears with Complete Loss of epidermal / dermis tissue. Caused by either initial trauma or infection</p>	<p>Wound bed preparation. Allow to heal by secondary intention Control of exudates</p>

Dressings Guide

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Alginates Calcium alginate dressing. Forms a gel in contact with wound exudate			
Sorbsan (Aspen Medical) 5x5cm 10x10cm 1g ribbon + probe	Moderate – heavily exuding wounds Primary dressing, needs a secondary dressing Facilitates autolytic debridement Available as flat sheets for shallow wounds, ribbon and packing for cavity wounds Wear time dependent upon exudate level and secondary dressing used but up to 3 days maximum.	All alginate material must be removed from a wound due to risk of inflammatory response despite its biodegradable nature. Do not allow to dry out. Do not pack into sinuses as risk of plug formation Alginates should be used with caution in fungating tumours with friable tissue as they may cause bleeding.	No alternative alginate
Hydrofiber Hydrofiber dressings made up of 100% Hydrocolloid (sodium carboxymethylcellulose) converts to a soft gel when in contact with wound exudate			
Aquacel® (Convatec) 5x5cm 10x10cm 2g x 45cm	Moderate – heavily exuding wounds Primary dressing, needs a secondary dressing Facilitates autolytic debridement. Available as flat sheets for shallow wounds, ribbon and packing for cavity wounds Can help with wound pain due to gel conversion Has the ability to retain and absorb higher levels of exudate than some alginates giving longer wear time, leading to fewer dressing changes. Wear time up to 7 days dependent on exudates levels.	Do not use if known sensitivity to Aquacel® and its components. When using Aquacel® to pack cavity wounds fill cavity to 80% only to allow for expansion of the product To aid removal when using flat sheet ensure that the dressing extends 1cm beyond the wound edge and 2cm beyond wound margin if using ribbon irrigate with body temperature saline if required. Stitch bonding has been added to strengthen the original Aquacel® ribbon dressing so must not be cut along its length.	No alternative hydrofiber

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Hydrogels Amorphous hydrogel dressings and absorbent polyurethane gel covered with a gas-permeable polyurethane film			
Activheal hydrogel (Advanced medical Solutions) 15g tube	For use on open and necrotic wounds Suitable for pressure ulcers, cavity wounds, leg ulcers, skin donor sites and diabetic foot ulcers. Aids autolytic debridement Primary dressing requiring a secondary dressing Change when gel structure has liquefied or been absorbed	Unsuitable for surgical implantation or third degree burns.	Consider if hydrogel sheet or impregnated cloth are suitable
Hydrosorb gel sheet (Paul Hartmann) 5 x 7.5cm 10x10cm	Primary dressing used for the protection of granulating wounds and tendons and for the debridement of slough and necrotic tissue. Requires a secondary dressing It will release moisture and absorb secretions providing a moist wound environment and will not stick to the wound bed allowing removal without leaving any residue Can be used on painful wounds and skin conditions such as leg ulcers, radiation therapy damage, pressure necrosis, exposed tendons, burns and scalds. Wear time depends on nature of wound and level of exudate but can be left in-situ for up to 7 days Impermeable to liquid and bacteria	Do not use on wounds which are clinically infected, or on third-degree burns or on highly exuding wounds.	Consider if hydrogel or impregnated cloth are suitable

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Hydrogels A hydrogel combined with a conformable non-woven dressing			
Intrasite Conformable (Smith & Nephew) 10x10cm 10x20cm	Primary dressing indicated to aid in the gentle packing of deep, shallow, open or undermined wounds where there is light to moderate exudate. Requires a secondary dressing Will soften and hydrate eschar and will facilitate autolytic debridement Wear time - It is recommended that the dressing is changed at least every three days to prevent drying out	Known sensitivity to IntraSite Conformable or any of its ingredients. Risk of maceration if exudate is not managed effectively	Consider if hydrogel sheet or hydrogel are suitable
Film Dressing A self-adhesive transparent film which can be a cost effective secondary or primary dressing			
Hydrofilm (Paul Hartmann) 6x7cm 10x12.5cm 10x15cm	Indicated for use on donor sites, first-degree burns, abrasions and for prophylactic use on category / grade 1 pressure ulcers to reduce friction. Wear time - can remain in situ up to 14 days	Do not use on clinically infected or bleeding wounds or fragile skin. Film dressings are not designed to cope with exudate and could cause maceration. Remove with extreme care – stretch horizontally, do not pull upwards as this may cause stripping of the epidermis.	No alternative film dressing

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Film Dressing (contd.) A self-adhesive transparent film which can be a cost effective secondary or primary dressing			
Tegaderm IV (3M Healthcare)	Tegaderm I V for use with PICC lines		No Alternative
Antimicrobials – Non Silver: Povidone iodine impregnated viscose dressing, Cadexomer paste in a protective gauze and Cadexomer powder and an antimicrobial gauze dressing coated with (DACC) dialkylcarbamoyl chloride			
Inadine (Systagenix Wound Management) 5x5cm 9.5x9.5cm	Primary dressing for use in minor trauma and for shallow, low exuding wounds at risk of infection due to gross contamination or critically colonised. Requires a secondary dressing Effectiveness is quickly deactivated by high exudate/pus Effective against MRSA but not pseudomonas Can be layered or folded into 4 to increase wear time and reduce risk of adhesion dressing Wear time - change according to iodine absorption rate (dressing turns white where in contact with wound once iodides absorbed)	Do not use in patients with known sensitivity to iodine, before or after use of radio-iodine, on children, pregnant or lactating women, on people with renal impairment, to treat deep ulcerative wounds, burns or large injuries. Use under medical supervision in patients with thyroid disorders and with caution in diabetics taking sulphonylureas (tolbutamide, glicizide, glibenclamide) Caution - can adhere to wound bed once iodine absorbed.	No alternative povidone iodine, consider Actilite or Cutimed Sorbact
Iodoflex (Smith and Nephew) 5g & Iodosorb 3g powder	For topical treatment of chronic, infected or critically colonised exuding wounds. Primary dressing only, requires a secondary dressing Paste can be modelled to fit shape of wound after removing gauze Effective against MRSA but not pseudomonas Wear time 2 - 3 days according to iodine absorption rate (dressing turns white once iodides absorbed)	Do not use on dry necrotic tissue or on patients with known sensitivity to iodine. Do not use on children, pregnant or lactating women or people with renal impairment or thyroid disorders. Do not use more than 50g per single application or more than 150g per week. Treatment duration should not exceed 3 months. Potential interaction with lithium, coadministration not recommended.	No alternative cadexomer iodine for cavities, consider Activon tube or Flaminel forte or Cutimed Sorbact

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Antimicrobials – Non Silver (contd.): Povidone iodine impregnated viscose dressing, Cadexomer paste in a protective gauze and Cadexomer powder and an antimicrobial gauze dressing coated with (DACC) dialkylcarbamoyl chloride			
Cutimed Sorbact (BSN Medical Ltd) Pad; 10x10cm 10x20cm Gauze swab; 4x6cm 7x9cm Ribbon; 2x50cm	Primary dressing requires a secondary dressing. Indicated for use in all chronic and acute wounds which are critically colonised or infected Available as ribbon, gauze and absorbent pad (gauze swab size quoted is folded)	Do not use in combination with ointments and creams as the dressing is designed to bind bacteria and fungi to its surface under moist wound conditions and therefore the binding effect would be impaired	No alternative DACC product consider alternative antimicrobial
Honey Knitted viscose and non-adherent with medical grade Manuka honey diluted with Manuka oil and a honey ointment in a tube			
Actilite (Advancis Medical) 10x10cm 10x20cm	Primary dressing indicated for superficial wounds that are critically colonised or have known gross contamination including: self harm, cuts, abrasions, burns, surgical wounds, leg ulcers, pressure ulcers. Secondary dressing required. Effective against MRSA but not pseudomonas	Do not use in patients with a known sensitivity to bee venom, bee products or essential oils e.g.; tea tree oil, or any of the materials used in the dressing. See below for precautions	Inadine
Activon Tulle (Advancis Medical) 5x5cm 10x10cm	Primary dressing indicated for shallow infected, critically colonised or grossly contaminated wounds Effective against MRSA but not pseudomonas Wear time - may initially require daily change, dependant on wound exudate	Do not use in patients with a known sensitivity to bee venom. Honey from the dressing is not absorbed into the blood stream, however it is advisable to monitor the glucose levels of patients with diabetes. Occasionally a stinging sensation may be felt due to the osmotic pressure. If this is unacceptable with appropriate analgesia, remove the dressing and irrigate the wound bed to remove all trace and discontinue use.	

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Honey (contd.) Knitted viscose and non-adherent with medical grade Manuka honey diluted with Manuka oil and a honey ointment in a tube			
Activon Tube (Advancis Medical) 25g	Indicated for infected, critically colonised and grossly contaminated wounds. Shallow wounds and small cavities only that are sloughy, granulating or necrotic apply product liberally to the wound bed to a minimum depth of 5mm. Change when structure of honey has liquefied or been absorbed Wear time - up to 4 days depending on exudate level but may require daily change Single patient use only Discard tube 4 days after opening	As Above	Flaminal forte
Medicated Bandages			
PB7 Viscopaste & Ichthopaste (Smith and Nephew) 7.5x6cm	Indicated in the management of chronic eczema or dermatitis and to assist in the management of venous leg ulcers. Bandage properties help soothe, cool and reduce inflammation relieving chronic irritation that can lead to lesions Where venous insufficiency exists use under compression bandages. Wear time: up to one week 10% Zinc oxide cotton bandage – must pleat over the tibia to allow leg expansion and prevent constriction of the limb as the bandage dries	Do not use in known cases of sensitivity or allergy to any of the ingredients (Patch test for 48hrs prior to first use) Ichthopaste contains animal products (Porcine)	No alternative paste bandages

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Wound Contact Layer Non adherent polyester mesh with neutral fatty acids			
Atrauman (Paul Hartmann) 5x5cm 7.5x10cm 10x20cm	Primary dressing indicated for all wound types where low adherent layer is required under secondary dressing Wear time 1 - 7 days	None listed Neutral fatty acids are a derivation of coconut and have no reported sensitivity.	No alternative WCL
Wound Contact Layer Non-adherent dressing made from polyester mesh coated with soft silicone.			
Silflex (Advancis Medical) 5x7cm 8x10cm 12x15cm	Primary dressing for use on skin tears, abrasions, surgical wounds, second degree burns, lacerations and leg ulcers. Requires a secondary dressing; this can be changed whilst leaving the Silflex in place Wear time – may remain in place up to 14 days however irrigate ‘holes’ if full of exudate	Do not use if allergic to silicone	No alternative silicone contact layer
Odour Control Sterile activated charcoal cloth sandwiched between layers of nylon/viscose rayon			
Clinisorb (Clinimed) 10x10cm 10x20cm	Indicated for the management of malodorous wounds. Can be cut to size. Apply over suitable primary dressing. Change when saturated with exudate as effect will be reduced	Do not use as a primary dressing	No alternative to Clinisorb

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Odour Control (contd.)			
Metronidazole Gel (POM) Pale clear gel containing 0.75% Metronidazole for topical application	Indicated for the deodorisation of malodorous fungating tumours and pressure ulcers Apply up to twice a day Available on prescription only	Do not use in patients with known sensitivity to any component of this product. Do not use on children, pregnant or lactating women Avoid direct sunlight and contact with eyes	No alternative antibiotic gel
Skin Protection No sting barrier film protection in spray, cream or 'lollipop' format			
Sorbaderm Film Spray (Aspen Medical) 28ml spray	Skin protection against bodily fluids i.e. exudate, urine, faeces and saliva. Indicated for use on broken and excoriated skin Apply evenly 10-15cm from skin ensuring that any 'skin to skin' contact areas are dry before returning to normal position (30 seconds) Re-apply every 48-72 hours Will not affect continence product absorption	Too many layers may make area feel stiff and cause a dry, white, flaky build up Can affect electrode readings in the treated area Not to be used with other barrier creams or Lotions Excess application will cause stickiness	No alternatives
Sorbaderm Barrier Cream (Aspen Medical) 20 x 2g sachet 92g tube	For use on intact skin to protect against incontinence dermatitis Re-apply after every 3rd episode of incontinence applying sparingly. An 'oily' or 'sticky' after feel indicates over application Will not affect continence product absorption	Can increase adherence of some adhesive products, so should be avoided under adhesive products in people with fragile skin.	No alternatives

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Skin Protection (contd.) No sting barrier film protection in spray, cream or 'lollipop' format			
Sorbaderm Film Applicator (Aspen Medical) 1ml pack of 5	Use where protection is required against skin irritation from bodily fluids by providing a waterproof barrier For use on broken and excoriated skin as does not sting. Re-apply every 48-72 hours depending on level of fluid involved Allows for accurate application to peri-wound area	Too many layers may make area feel stiff and cause a dry, white, flaky build up Can affect electrode readings in the treated area Not to be used with other barrier creams or lotions.	No alternatives
Foams – Bordered			
Allevyn Gentle Border (Smith and Nephew) 7.5cm x 7.5cm 10cm x 10cm 10cm x 20cm 17.5cm x 17.5cm	Can be used for highly exuding wounds May be changed whilst leaving primary dressing in place providing the primary dressing is not past its wear time Also used for where skin stripping or contact dermatitis has occurred. Dressing choice for very fragile tissue paper skin and/or very sensitive skin	None listed.	No alternative silicone foam therefore consider a Superabsorbent if foam will not handle amount of exudate
Tielle Plus (Systagenix) 11x11cm 15x15cm 15x20cm	Primary or secondary dressing indicated for the management of moderate to heavily exuding wounds. Must use a primary dressing on sloughy wounds, wet necrotic wounds and in cavity wounds.	Do not use on third-degree burns or lesions with active vasculitis. On removal release adhesive with water or sterile saline to prevent skin stripping.	Allevyn Gentle Border (for general use, plus dressing choice where fragile or sensitive skin is present). Allevyn Adhesive (for general use)
Allevyn Adhesive (Smith & Nephew) 10x10cm 12.5x12.5cm 12.5x22.5cm	Hydrocellular dressing used in wound management by secondary intention on chronic and acute, full-thickness or partial thickness or shallow granulating, exuding wounds.	Do not use with oxidising agents such as hypochlorite or peroxide. Release adhesive with water or sterile saline to prevent tissue trauma on removal. If reddening or sensitisation occur discontinue use.	Allevyn Gentle Border (for general use, plus dressing choice where fragile or sensitive skin is present). Tielle Plus (for general use)

Dressing Suggested	Indications for use	Contraindications/Precautions	Alternative Dressing
Foams - Non Adhesive			
Allevyn Gentle (Smith and Nephew) 10cm x 10cm 10cm x 20cm 15cm x15cm Activheal Foam (Medlogic Global) 5x5cm 10x10cm 17.8x10cm	<p>Primary or secondary dressing suitable for use on low to moderately exuding wounds. Must use a primary dressing on sloughy wounds, wet necrotic wounds and in cavity wounds.</p> <p>Primary or secondary dressing indicated for use on granulating, epithelializing or sloughy wounds with moderate to heavy exudate. Must use a primary dressing on sloughy wounds, wet necrotic wounds and in cavity wounds</p>	<p>None listed</p> <p>Surgical implantation</p> <p>Fluid is handled through moisture vapour transfer therefore do not occlude by securing with secondary film dressings</p>	<p>No alternative silicone foam therefore consider a Superabsorbent if foam will not handle amount of exudate</p> <p>Consider Superabsorbent if foam will not handle amount of exudate</p>
Hydrocolloid- Bordered Highly absorbent, conformable dressing with a Tegaderm film backing layer extended to a border.			
Tegaderm Hydrocolloid (3M Healthcare) 10x10cm 10x12cm 13x15cm	<p>Primary dressing used for low to moderately exuding wounds that are necrotic, sloughy or granulating. Facilitates autolytic debridement Dressing island should extend 1.5-2cm beyond the wound edge. Wear time - change dressing when exudate is visible at edge of dressing island, can stay in place for 7 days</p>	<p>Do not use on clinically infected wounds or on wounds at high risk of developing Infection e.g. arterial ulcers. Not recommended for use on deep burns or wounds with exposed bone, muscle or tendon. Do not cut Do not allow dressing to become saturated and monitor peri-wound area for maceration Care needed on removal Stretch border horizontal to the patient's skin</p>	No alternative

		all the way for trauma free removal.	
Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Hydrocolloids Thin Thin hydrocolloid with vapour-permeable film backing printed with a 1cm grid			
Comfeel Plus Transparent (Coloplast) 5x7cm 10x10cm 15x15cm	Primary dressing for low to moderately exuding superficial acute and chronic wounds. Will protect granulation tissue Bevelled edge helps prevent rucking of dressing. Wear time - up to 7 days dependent on exudate level	As above but no need to stretch dressing to remove.	No alternative
Island adherent dressing – Fabric Water repellent, breathable, adhesive island dressing			
Softpore (Richardson Healthcare) 6x7cm 10x10cm 10x15cm 10x20cm	Indicated for lightly exuding wounds, such as surgical incisions, cuts and abrasions. Wear time - change every 1-7 days depending on exudate	Can adhere to wound if not changed in a timely manner	No alternative
Island adherent dressing – Film Transparent adhesive film dressing with absorbent pad			
Tegaderm + Pad (3M Healthcare) 5x7cm 9x10cm 9x15cm	Indicated for lightly exuding wounds, such as surgical incisions, cuts and abrasions. Waterproof, impermeable to micro-organisms. Hypoallergenic Wear time - change every 1-7 days depending on exudate	Not recommended for use over deep cavity wounds, exuding wounds or infected wounds. Care needed on removal Stretch border horizontal to the patient's skin all the way for trauma free removal. Can adhere to wound if not changed in a timely manner	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Low Adherent Dressing Low-adherent, perforated plastic film faced dressing			
Release (Systagenix) 5x5cm 10x10cm 10x20cm	Primary dressing indicated for lightly exuding wounds, such as surgical incisions, cuts and abrasions. Wear time - change every 1-7 days	Can adhere to wound if not changed in a timely manner	No alternative
Wound Irrigation Products Sterile sodium chloride solution and surfactants			
Irripods (CD Medical)	Indications for use on traumatic and surgical wounds, diabetic foot ulcers, arterial ulcers, self-harm wounds and for topical irrigation of the eye.	None listed	No alternative
Surfactants			
Octenilin® Wound Irrigation Solution and gel (Schülke UK) 20ml	Indicated for rapid, effective cleansing, moisturising and decontamination of wounds. Removes wound crusts consisting of necrotic tissue, biofilm and fibrous films in all wound and reduces bio burden. Warm solution to body temperature before use Works immediately on contact with the wound Can be used long term if required.	Do not use on anyone with known sensitivity to active ingredients Octenidine and Oxadermol Only to be applied to the wound externally. Ensure that the preparation is not introduced under pressure into the tissue. Use within 8 weeks after first opening.	Prontosan

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Surfactants (contd.)			
Prontosan Solution and gel (B Braun) 300ml bottle 30ml tube	<p>Indicated for the effective cleansing, decontamination and moisturizing of acute and chronic wounds. Removes wound crusts consisting of necrotic tissue, biofilm and fibrous films in all wounds and reduces bio burden.</p> <p>Warm solution to body temperature before use</p> <p>Can be used long term if required.</p> <p>Prontosan starts to work immediately upon contact with the wound. For better results, soak for 10-15mins</p>	Do not use on anyone with known sensitivity to active ingredients	Octenilin
Absorbent Pads			
Zetuvit E Sterile (Hartmann UK) 10x10cm 10x20cm 20x20cm (in patient wards only)	<p>Indicated for use in in-patient areas where sterile secondary dressing pad is required.</p>	None listed	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Absorbent Pads (contd.)			
Gamgee tissue (Robinson Healthcare)	Gauze and cotton tissue on a roll. Indicated for moderate to heavily exuding wounds as a secondary dressing only. Can be cut to length required.	Always consider super absorbent dressing first Increased risk of infection from strikethrough of exudates Do not use to manage leaky legs until suitability for compression bandaging has been excluded.	Eclypse
Super-Absorbents			
Eclypse nonadherent (Advancis Medical) 15x15cm 20x30cm Boot (60x70cm)	Secondary dressing indicated for the management of moderate to high levels of exudate. Dressings stay dry to touch reducing risk of maceration Can be used under compression Place white side down to wound Wear time - change dressing every 1-7 days according to exudate To apply the boot: open out fully with white side up, place heel onto the base of the small triangle. Fold the smaller sections over the foot one at time and secure with tape. Fold the larger sections around the leg also securing with tape. Can be cut along the seams only.	Do not use on arterial bleeds or heavily bleeding wounds If the wound has a potential to dry out a wound contact layer or primary dressing must be used first Boot must not be used for first line management of wet 'leaky' legs until suitability for compression bandaging has been excluded.	Kerramax
Kerramax (Ark Therapeutics) 22x10cm 22x20cm 30x20cm	Indicated for the management of moderate to high levels of exudate including the treatment of pressure ulcers, delayed closure surgical wounds, leg and foot ulcers and venous ulcers under moderate compression. The product is stackable to increase absorption if required. Dressing stays dry to touch reducing risk of maceration. Change every 1-7 days.	None listed.	Eclypse non adherent

Dressing	Indications for use	Contraindications/Precautions Suggested	Alternative Dressing
Dressing Retention			
Comfifast (Synergy Health) Elasticated viscose stockinette with radial and longitudinal stretch	Used to hold dressings securely, without constriction or compression May also be used to reduce sensitivity risk under compression bandaging systems Variable sizes for different limbs - colour coded	None listed	No alternative
Easifix (BSN Medical) Polyamide and cellulose contour bandage.	Retention bandage indicated for the fixation of wound dressings.	Not to be used as a component of compression bandaging. Do not stretch the bandage when applying as this can cause pressure damage especially on fragile oedematous skin or over joints.	No alternative
Adhesive Tapes			
Micropore (3M) Permeable non-woven synthetic adhesive tape.	Indicated to secure dressings for patients with skin reactions to other plasters and where long term use is required.	Extreme care should be taken when securing dressings on fragile skin where possible use Allevyn Gentle border as a secondary dressing	Scanpore Use only when prescribing for self-care by patient.
Mefix (Molnlyke) Permeable apertured non-woven synthetic adhesive tape.	Indicated for securing dressings, swabs, catheters and tubes. It is ideal for fixation in awkward areas such as the neck, elbows and knees.	Do not use on fragile skin Care should be taken to ensure that Mefix is not applied under tension to prevent shearing forces from damaging the skin. This is particularly important when applied over joints.	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Compressions Bandages – multilayer			
K-Four System (Urgo)	Kit Indicated for treatment and management of venous leg ulcers consisting of the following single components Also available in long sizes for use with larger limbs.	<p>Compression bandages can only be applied after a full assessment has been carried out to determine ulcer/limb aetiology and where the ABPI recorded is greater than 0.8. Use under strict observation in diabetes and patients with small vessel disease.</p> <p>Compression bandages MUST only be applied by staff that have received training and have been deemed competent in their application</p> <p>If 3 layer compression only is indicated following vascular referral and assessment omit Layer 3 (K-Plus)</p>	No alternative on formulary. If latex free bandaging is required discuss with Tissue Viability Services.
K Soft Layer 1 10cm x 3.5metres	Sub compression bandage wadding. Use to shape limb and pad out bony prominences. Also aids exudate absorption.		
K Lite Layer 2 10cm x 4.5metres	Type 2 light support bandage, to secure K Soft and provide a base for compression layers.		
K Plus Layer 3 10cm x 8.7metres	Type 3a light compression bandage. Apply toe to knee in figure eight. Applied correctly this bandage will give 17mmHg pressure at the ankle when used with layer 1 and 2.		
Ko-Flex Layer 4 10cm x 6metres	Type 3a cohesive compression bandage. Apply toe to knee in a spiral up the limb. Applied correctly this bandage will give 40mmHG pressure at the ankle when used with layers 1, 2 and 3 or 23mmHG with layers 1 and 2 only.		

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Compressions Bandages - 2 layer			
K-Two (Urgo) Two layer compression bandage system which spreads the pressure across two active layers. Kit available in three sizes Size (0) short Size 18-25cm Size 25-32cm Also available as separate components	Two layer compression bandaging system comprising K-tech absorbent, compression wadding bandage and K-Press cohesive compression bandage. Indicated for the treatment and management of venous leg ulcers and chronic oedema. Ensure that correct size for patients ankle measurement is applied as this will affect levels of compression	Compression bandages can only be applied after a full assessment has been carried out to determine ulcer/limb aetiology and where the ABPI recorded is greater than 0.8. Use under strict observation in diabetes and patients with small vessel disease. Compression bandages MUST only be applied by staff that have received training and have been deemed competent in their application K-Press contains low levels of natural latex.	No alternative
Compression Bandages - Short stretch			
Actico Short Stretch (Activa Healthcare) Two layer cohesive short stretch cotton bandage.	Indicated for the treatment of limbs with venous disorders and for the control and reduction of oedema and lymphodema	Must not be applied to patients with an APBI of less than 0.8, and under strict supervision in patients with diabetes and advanced small vessel disease. Compression bandages MUST only be applied by staff that have received training and have been deemed competent in their application Bandage contains latex	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Dressings Packs and Basic Dressing materials			
Softdrape (Richardson Healthcare) Sterile dressing pack available in 3 glove sizes (small, medium and large).	To aid aseptic procedure in acute wounds, diabetic foot ulcers, immune-compromised patients and patients who are higher risk of developing wound infection. Pack contains latex-free examination gloves, plastic apron, wound measurement guide, 5 non-woven swabs, water repellent field x 2, plastic tray and disposal bag.	None identified	Use Dressit packs when prescribing in the community (GP practices only)
Gauze Swabs (Premier) 4 ply non-woven swabs	Use to cleanse and dry wound surround only (no contact should be made with wound-bed). May also be used as a secondary dressing where light absorbency is required over minor trauma Sterile swabs strictly for aseptic procedure only		

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Skin Closure			
Skin Closure Steri-strips (3M) Adhesive hypoallergenic wound closure strips	Indicated for the closure of minor skin wounds.	When removing Steri-strips do so from the outside in, thus minimising the danger of reopening the wound.	No alternative
Topical Steroid Preparation (POM)			
Haelan Tape (Typharm Ltd) 4µg Fludroxycortide/cm ² (active ingredient) Adhesive waterproof occlusive tape impregnated with a topical steroid.	Indicated for use on over-granulation tissue that has not responded to previous treatments Can be cut to fit around catheters and tubing Skin should be clean, free of excess exudates, crusts, scales and dry prior to application. Apply with skin under gentle tension and press to seal edges. Only needs to remain in situ for 12 out of 24 hours, but can be left for 24-48 hours	Do not use on pregnant or lactating women, chicken pox, vaccinia, tuberculosis of the skin, facial rosacea, acne vulgaris, perioral dermatitis, perianal and genital pruritus, dermatoses in infancy, including eczema and dermatitis napkin eruption. Do not use on bacterial, fungal, or viral infections. Limit use to 5 days in children Topical Corticosteroids are contraindicated in patients with a history of hypersensitivity to any of the components of these preparations	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Topical Steroid Preparation (POM) (contd.)			
Haelan 0.0125% Ointment (Typharm Ltd)	Indicated for use on dry scaly lesions, the ointment should be applied as a thin film to the affected area two or three times daily.	As above	No alternative
Haelan 0.0125% Cream (Typharm Ltd)	Indicated for moist, weeping lesions, the cream should be applied gently to the affected area two or three times daily.	As above	No alternative
Specialist Products			
Silver Wound Contact - reassess use after 14 days.			
Atrauman AG (Hartmann) 10x10cm 10x20cm 5x5cm	Low-adherent polyester mesh impregnated with metallic silver primary wound contact layer for a wide variety of critically colonised and infected wounds. Wear time depends on level of exudate but dressing remains effective for up to 7 days.	Known sensitivity to silver	No alternative
Actisorb Silver 220 (Systagenix) 10.5x10.5cm 10.5x19cm	Activated charcoal cloth, impregnated with silver within a spun bonded nylon envelope primary dressing indicated to reduce infection and malodour in partial and full-thickness wounds, including; pressure ulcers, venous ulcers, diabetic ulcers, first and second-degree burns, donor sites, surgical wounds. It is suitable for use under compression bandaging	Do not use on third-degree burns. Do not use on patients with a known sensitivity to silver Do not cut, otherwise particles of activated charcoal may get into the wound and cause discoloration.	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Flamazine (Smith & Nephew) Silver sulfadiazine cream 1%	Indicated for the prophylaxis and treatment of infection in burn wounds. May also be used for the short-term treatment of infection in leg ulcers. Seek advice from TVN if considering this as it is a prescription only medicine Apply to affected areas to a depth of 3-5mm and cover with absorbent secondary dressing. Wear time 24 - 48hrs dependent on exudate	Do not use in pregnancy, on premature or new born infants during the first months of life. Do not use on patients known to be hypersensitive to silver sulfadiazine Do not use on wounds with high exudate Can cause maceration therefore avoid contact with intact skin.	No alternative
Silver Absorbent dressing - reassess use after 14 days Fibrous hydrocolloid alginate impregnated with silver.			
Silvercel Nonadherent (Systagenix) 5x5cm 11x11cm 10x20cm 2.5x30cm	Primary dressing indicated for use on high exuding infected or critically colonised wounds. Secondary dressing required Use Ribbon for packing cavities where the base of the wound can be seen.	Do not use on patients with a known sensitivity to alginate, ethylene methyl acrylate or silver or on pregnant or lactating women due to the absence of specific information. Remove dressing prior to patients undergoing Magnetic Resonance Imaging (MRI) scans, xray or ultrasound	No alternative
Antimicrobials – Non Silver Primary dressing of an alginate gel containing antimicrobial enzymes , Hydro contains less alginate			
Flaminal Forte (Crawford Healthcare) 15g 50g	For use in infected and critically colonised wounds of moderate to high exudate. To use - apply in a thick layer of at least 5mm avoiding the wound edge. After use, replace the top as the product remains sterile until its expiry date Wear time - may be left on for up to 4 days Change when gel structure has dispersed N.B. It is usual to see dry wax-like flakes on the wound borders. Do not remove these as they protect the wound edges from maceration	Known sensitivity to alginate dressings or polyethylene glycol. Do not use on full thickness (3rd degree) Burns Single patient use only. Contains animal products (Bovine)	No other alginate gel, consider Acticon tube or Iodoflex or Cutimed Sorbact

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Flaminal Hydro (Crawford Healthcare) 15g 50g	As above – Indicated for use on light to moderate exuding wounds.	Do not use if known sensitivity to alginatedressings or polyethylene glycol. Do not use on full thickness (3rd degree burns) Contains animal products (Bovine)	No alternative
Topical Negative Pressure (TNP) All referrals for Topical Negative Pressure (TNP) from any source must go through the Tissue Viability Nursing Service.			
Venturi Avanti and Compact (Talley Medical) Canisters 600mls Avanti 300mls Compact & Dressings	Indicated for use on acute, chronic and traumatic wounds, as an adjunct to surgery and following surgical wound dehiscence. The aim is to remove excess exudates that may contain pathogens, reduces soft tissue oedema and promotes granulation. If you wish to initiate treatment in the community, please fill in a referral form and send request to the Tissue Viability Nursing Service. Please refer to protocol for TNP	Do not use on grossly infected or bleeding wounds, malignant wounds, exposed blood vessels or organs, unexplored fistulae and necrotic tissue. Care should be taken when using foam as new granulation may grow into the dressing leading to traumatic removal therefore it is advisable to line the wound first with Atrauman.	VAC Freedom and Activac (KCI) Dressings and canisters available from NHSSC These products will only be used following individual clinical decisions by the Tissue Viability Nurse Team.
Larval Therapy - Prescription only			
LarVe and Biofoam (Biomonde) Available as free range or bags. Indicated primarily in the debridement of necrotic, infected and sloughy chronic wounds.	Free range maggots are applied directly to the wound and are concealed in a net dressing. They can be left for up to 3 days after which the wound should be reassessed. BioFOAM® dressings consist of maggots that are enclosed in net pouches and are for wounds of a more specific size. Dressings can be left for up to 5 days then reassessed.	Do not use in patients with dysfunctional blood clotting either natural or drug induced. Enzymes may cause irritation to unprotected skin. Refer to protocol for the use of sterile larvae in wound care.	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Protease Modulator Hydrogel sheet dressings with two components that take up oxygen from the air and generates molecular iodine.			
Oxyzyme (Archimed) 10x10cm 6.5x6.5cm	<p>Indicated for use in non-infected superficial wounds with low to moderate exudate where normal healing is not progressing.</p> <p>The dressing can be cut to fit (if required)</p> <p>Improvement should be seen in 2 weeks of commencing treatment therefore discontinue use if not progressing.</p> <p>Wear time 2 - 4 days dependent on exudate and wound bed.</p>	<p>Do not use on patients with known or suspected thyroid disorder.</p> <p>Do not use on anyone with known sensitivity to iodine.</p> <p>Caution in pregnancy or lactating mothers</p>	No alternative
Iodozyme (Archimed) 10x10cm 6.5x6.5cm	<p>Indicated for use in infected superficial wounds with low to moderate exudate where normal healing is not progressing.</p> <p>The dressing can be cut to fit (if required)</p> <p>Improvement should be seen in 2 weeks of commencing treatment therefore discontinue use if not progressing.</p> <p>Wear time 2 - 4 days dependent on exudate and wound bed.</p>		

Miscellaneous			
Physical Debridement Pad Soft fleecy pad for safe mechanical debridement.			
Debrisoft (Activa Healthcare) 10x10cm	<p>Indicated for rapid and safe debridement in the treatment of superficial wounds and the surrounding skin by removing wound debris, necrotic material, slough and exudate and long standing hyperkeratotic tissue</p> <p>The pad will absorb exudate, cellular debris and keratosis during debridement.</p> <p>To use, moisten the soft, fleecy fibres with saline or tap water (or see local guidelines) then gently, using the soft, fleecy side, apply light pressure to debride wound and surrounding skin.</p>	<p>Thick, tenacious slough and hard necrosis should be softened first by autolysis with dressings prior to removal with Debrisoft®.</p> <p>Before debriding a wound or surrounding tissue, a full holistic assessment should be commenced.</p>	No alternative

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
All Purpose Boot For community, order through FP10			
Kerraped (Crawford Healthcare) Available in small,medium, large and extra large.	Indicated for use with neuropathic ulcers or with bulky bandages where patients are unable to wear their own footwear. Measure foot with bandages in place before prescribing Off loads pressure from the front of the foot To prevent pressure ulcers where footwear is the cause and no alternative can be provided	Do not prescribe without ensuring accurate fit through Kerraped measurement guide (see below)	No alternative

UK Shoe Size	Foot Width CM	Dressing Circumference CM	PIP Code
Kerraped Small Min 2 Max 5.5	7.6 23.8	8.6 27.1	329-4741
Kerraped Large Min 8 Max 10	9.4 29.5	10.0 31.4	329-4774
Kerraped Extra Large Min 10.5 Max 13	10.1 31.8	10.9 34.2	329-4782

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Pressure Ulcer Prevention Dermal Pads are a unique material that redistributes pressure whilst protecting and padding bony prominences			
Aderma pad (Smith & Nephew) Square Strip Heel Sacrum	<p>Indicated in the prevention of pressure ulcers Dermal Pads have the consistency of fatty tissue, which redistributes pressure away from critical areas.</p> <p>Three way elasticity absorbs pressure and reduces friction conforming naturally to the body's contours and changes shape with natural movement of the body.</p> <p>They are non-adherent, chemically inert and adaptable (can be cut to required size)</p> <p>Single patient multi use they can be washed with warm soapy water and re-used.</p>	Do not use for the treatment of pressure ulcers	No alternative
Elasticated Tubular Support Bandage			
Comfigrip (Synergy) Elasticated tubular bandage.	Indicated for dressing retention where light support is required and for light support of sprains and strains.	Not to be used as an alternative to graduated compression when treating venous leg ulcers. Contains Latex.	Eesiban LF (Sallis) Latex free option

Dressing	Indications for use	Contraindications/Precautions	Suggested Alternative Dressing
Medical Adhesive Remover			
Appeel (Clinimed) A silicone based no sting spray medical adhesive remover Also available as a wipe	Reduces the pain, anxiety and difficulty associated with dressing changes To use spray around the edge of the adhesive and wait a few seconds. No need to wash off Can be sprayed at any angle, allowing access to hard to reach areas Dries quickly, leaving surface ready for next adhesion Suitable for use on broken skin.	Do not use if patient has known sensitivity to silicone based products	No alternative
Appeel sterile (Clinimed) A sterile, silicone based medical adhesive remover presented in a single-use sachet.	To use keeping the sachet upright, open by pinching the pinch point below the tearoff strip and tear on each side along the perforations to reveal the delivery applicator. To maintain sterility do not touch the applicator. Continue to pinch the sachet at the pinch point, then tip the sachet towards the dressing and gently release the pressure from the pinch point to control the flow of liquid. Allow the liquid to drip over a permeable dressing or under a non-permeable dressing. Gently ease the dressing from the skin.		

Adapted from UHL diabetic foot pathway

Dressing selection for the Diabetic foot ulcer											
Wound type	Black / Necrotic		Green / Infected		Yellow / Sloughy		Red / Granulating		Pink / Epithelialising		
Aims	To debride the necrotic tissue / eschar Refer to foot clinic		To reduce bacterial load in the wound Refer to foot clinic		To encourage autolytic debridement and desloughing Refer to foot clinic		To protect the new granulation tissue, provide moist healing environment, encourage angiogenesis		To protect and promote epithelialisation by providing moist healing environment		
Exudate level	None / low	Moderate to high	None / low	Moderate to high	None / low	Moderate to high	None / low	Moderate to high	None / low	Moderate to high	
Shallow (less than 0.5 cm)	Specialist assessment required Foam Atrauman + pad	Specialist assessment required Atrauman + Actisorb Silver + Foam or pad Honey gel + Foam Consider Larvae	Antibacterial Inadine, up to 4 layers + Foam or Pad Honey + Pad Flaminal Hydro + Pad	Flaminal Forte + Foam or pad Silvercel NA + Foam Consider Larvae	Antibacterial Inadine up to 4 layers + Foam Honey (Actilite) + Foam	Foam Flaminal Forte + Foam or Pad Honey (Actilite) + Foam	Foam Honey + Foam Flaminal Hydro + Foam	Atrauman + Foam or Pad Flaminal Forte + Foam	Foam Atrauman + Pad Mepore	Foam Atrauman + Pad	
Deep / cavity	ACUTE / CHRONIC Ischemia (See below *)		Patient will require systemic antibiotics		Hydrogel (Intrasite conformable) + Foam Flaminal Hydro + Foam	Hydrogel (Intrasite conformable)+ Foam Flaminal Forte + Foam Consider referral to TVN	Hydrogel (Intrasite conformable) + Film or Foam Consider referral to TVN	Hydrofiber (Aquacel) + Foam Hydrogel (Intrasite conformable) + Foam Consider referral to TVN			
	Specialist assessment required Hydrogel (Intrasite conformable) + foam Flaminal Hydro + Foam Honey Gel + Foam	Specialist assessment required Aquacel + foam or pad Consider Larvae Consider referral to TVN & surgical review	Flaminal Hydro + Foam Honey gel + Foam	Silvercel NA + Foam Flaminal Forte + Foam Consider Larvae Consider referral to TVN							
*The purpose of this table is to provide guidance about appropriate dressings. Off-loading devices must be used for the wound healing to be effective (available through Orthotics). NECROTIC wounds in the diabetic foot should be treated with caution i.e. keep the foot dry until the vascular status is established. Refer to vascular team for revascularisation if ABPI is abnormal.											
N.B! Patients with complex diabetic foot ulcers should be referred to foot clinic for assessment and advice. Tissue Viability Nurse referral for requests of larval therapy and VAC therapy or specialist advice. Surgical debridement can only be carried out by a surgeon and podiatrists (diabetic foot clinic). Foot clinic referral form available at www.leicestershiredaibetes.org.uk											

