



## Wound Management Formulary (Adults) and Guidance Document

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October 2022	Angela Hind	Removal of Exudate Management Pathway / Infection Management Framework and Cleansing Protocol Removal of Clinical Reasoning process and change to product categories Review & update of dressing selections to be used	
April 2023	Kerry Carmichael	Moved Cutimed sorbion sachets from restricted use to 1 <sup>st</sup> line for podiatry use only. Addition of medihoney, epinate	

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## 1. INTRODUCTION

This Wound Management Formulary and guidance document is designed to support clinicians employed by CHCP CIC in their assessment and management of wounds by ensuring that their choice of dressing provides the optimum wound healing environment. The information contained within this document is to be used for patients registered with a GP within the Humber and North Yorkshire Integrated Care Board.

The Wound Management Formulary is aimed at assisting clinicians to provide a consistent approach to wound management, assist in addressing key aspects of wound management and to help direct the clinician to provide the best and most appropriate care thus optimising healing and leading to:

- Improved patient outcomes
- Improved decision making to meet clinical needs
- Optimisation of product use and reduction of waste
- Timely access to appropriate wound management products
- Auditable information to direct education and training requirements
- Effective communication with patients to support self-management where possible

Wound care products detailed within this guidance were collated using a multi-professional approach including the Medicines Management Team, specialist nurses from within the Tissue Viability Service, Clinical Project Lead and Operational Management for the Integrated Nursing and Conditions Service, along with input from the Podiatry Service. This guidance is based upon best practice and the most recent research on wound management.

The process for updating the formulary with new wound care products will be reviewed regularly to reflect innovation in practice and new products as they become available – see Appendix 1

The Wound Management Formulary (Adults) And Guidance Document can be accessed via CHCP MyCompliance and found on the Hull and East Riding Prescribing Committee website <https://www.hey.nhs.uk/wp/wp-content/uploads/2016/03/chcpWoundManagementFormulary.pdf>

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## 2. PURPOSE

The purpose of this document is to provide a guide for clinical staff to follow when undertaking the assessment and management of wounds.

## 3. SCOPE

This document applies to City Health Care Partnership (CHCP) registered staff working in a clinical role that involves the assessment and/or management of wounds.

This guide may be used by other services and organisations both internal and external to CHCP (e.g. Children's Service, Primary Care etc), however each individual team, service or organisation should be aware that the funding for the Integrated Nursing and Conditions Service is provided by the CCGs for adult wound management by CHCP Clinicians as outlined in this formulary.

## 4. FAIRNESS, RESPECT, EQUALITY, DIVERSITY, INCLUSION & ENGAGEMENT

CHCP promotes the principles of FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) throughout the organisation and beyond. Whilst supporting and sustaining an inclusive and diverse workforce that is representative of the community it serves, equally we are committed to the provision of services that not only respect our increasingly diverse population but also which promotes equity of access and care.

This document has been developed with due consideration to the principles of FREDIE including completion of an equality impact assessment (EIA).

## 5. ABBREVIATIONS & DEFINITIONS

### Abbreviations:

CHCP CIC – City Health Care Partnership

INCS – Integrated Nursing and Conditions Service

TVN – Tissue Viability Nurse

T.I.M.E – Tissue, Inflammation or Infection, Management of exudate, Edges of the wound

DTI – Deep Tissue Injury

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## Definitions:

SystemOne (S1) – Electronic Patient Record System

Formeo – Web based ordering system

Oracle – Web based ordering system

## 6. PROCESS

### 6.1 Assess:

Patients must have an individual holistic assessment followed by a comprehensive wound assessment to inform dressing choice and develop a treatment plan that is patient specific for their needs.

It is the clinician's responsibility to identify other intrinsic and extrinsic factors e.g. diabetes / ischaemia and any concerns relating to the patient adherence to treatment plan, for any wound that is acute / chronic or complex as these factors will influence the potential for that wound to heal.

The surrounding skin and psychosocial factors must also be considered.

### 6.2 Plan:

Following assessment dressing choice should be informed by referring to **Section 7 Guidelines to Generic Wound Care Range** of this document and **Document: Ref 563 – Assessment and Management of Wounds for Adult Patients in the Community Guidance** which includes the following pathways:

- CHCP Wound Infection Framework
- CHCP Exudate Management Pathway
- CHCP Cleansing Protocol: for all wounds

Realistic goals and outcomes must be discussed and agreed with the patient prior to the commencement of any wound treatment

Details of the dressing choice and management plan and must be recorded in the patient's electronic record on SystemOne.

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### 6.3 Implement:

Dressing products should only be selected following holistic assessment and consideration of current clinical opinion, and the available evidence of clinical efficacy.

There must be supporting evidence in the patient record on the use of products, discontinuing products and why products have not been used.

### 6.4 Review:

All wounds must be reviewed and re-assessed minimum every **4 weeks** or when there are any changes in the wound presentation, by a clinician with appropriate skills.

Some products require the principles of the '**TWO WEEK CHALLENGE**' to be adopted

Unstageable and suspected DTI ulcers need to be reviewed on a weekly basis to help identify a definite Pressure Injury category.

Any changes in the dressing choice and management plan must be supported by a documented review of the wound within the SystemOne record and a rationale provided.

#### For more information see:

**Doc: Ref 541 - Record Keeping for Hull & East Riding of Yorkshire Integrated Nursing and Conditions Services (comprising of community nursing, treatment rooms, lymphoedema and tissue viability) Standard Operating Procedure**

The process of assessment and review is key to a successful outcome for patients who have acute or chronic wounds.

### REMEMBER:








**DRESSINGS ALONE DO NOT HEAL A WOUND.**

**A DRESSING WILL FACILITATE HEALING BY ASSISTING TO  
PREPARE/MANAGE FACTORS WHICH MAY DELAY/PREVENT HEALING.**

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## 7. Guidelines to Generic Wound Care Range

Wound Type	Necrotic	Sloughy	Granulating	Infected	Epithelialising	Fungating/ Malodorous	Cavity
Image							
Description	Necrotic wounds are characterised by black devitalised tissue.	A mixture of dead white cells, dead bacteria, rehydrated necrotic tissue and fibrous tissue.	Granulating tissue usually pink in colour at the base of the wound bed and can have a bumpy (granular) appearance.	Friable, dark red granulation tissue.  Increased malodour and pain.  Delayed healing.  Satellite lesions.	Typified by pink /pale mauve coloured tissue	Has an offensive odour indicating infection or colonisation of bacteria. Often palliative patients may have a fungating wound.	Wound extends to tissues deep into the epidermis and dermis.
Aim	To soften and remove necrotic tissue by rehydration and debridement to allow granulation.  <i>Do not attempt debridement if arterial insufficiency is suspected</i>  <i>Keep dry and refer vascular assessment</i>	To soften and remove slough by rehydration and debridement.	To maintain ideal environment for granulation.	To control and manage infection.  Consider biofilm	To protect epithelialising tissue until established. To promote an ideal environment for epithelialisation and contraction.	To manage odour, bleeding and exudate.  <i>Wound Bed must be protected with a non-adherent dressing to prevent adherence of other dressings). Antibiotics must be used only when appropriate)</i>	To promote granulation from the base of the wound.

<b>NO EXUDATE</b>	<i>Hydrogels/sheet</i>	<i>Hydrogels/sheet</i>	<i>Low Adherent</i>	Identify wound infection as per Framework :  <b>Contaminated</b> <b>Colonised</b> <b>Local Infection</b>	<i>Film</i>	<i>Low adherent</i> <i>Foam</i> <i>Absorbent Dressing</i> Topical Antimicrobial (P) <i>Odour Control</i>	<i>Fibre Dressing</i> <i>Foam</i> <i>Absorbent Dressing</i>
<b>LOW EXUDATE</b>	<i>Hydrogels/sheet</i>	<i>Hydrogels/sheet</i>	<i>Foam</i> <i>Absorbent Dressing</i>	<b>Spreading Infection</b> <b>Systemic</b>  Treat with the appropriate topical infection management dressing and / or antibiotics	<i>Low Adherent</i> <i>Foam</i> <i>Absorbent Dressing</i>	<i>Low adherent</i> <i>Fibre Dressing</i> <i>Alginate</i> <i>Foam</i> <i>Absorbent Dressing</i> <i>Infection Management</i> <i>Odour Control</i>	<i>Fibre Dressing</i> <i>Alginate</i> <i>Foam</i> <i>Absorbent Dressing</i>
<b>MODERATE TO HIGH EXUDATE</b>  (Do not use hydrogel on high exudating wounds)	<i>Fibre Dressing</i> <i>Foam or</i> <i>Absorbent Dressing</i>	<i>Fibre Dressing</i> <i>Foam or</i> <i>Absorbent Dressing</i>	<i>Fibre Dressing</i> <i>Alginate</i> <i>Foam</i>		<i>Foam</i> <i>Absorbent Dressing</i>	<i>Low adherent</i> <i>Foam</i> <i>Absorbent Dressing</i> <i>Infection Management</i> <i>Odour Control</i>	<i>Fibre Dressing</i> <i>Alginate</i> <i>Foam</i> <i>Absorbent Dressing</i>

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## 8. Wound Dressing Formulary

### 8.1 Categories of dressings:

Category:	Detail:
FIRST LINE	Products from this category should be selected and used first when appropriate and clinically indicated
SECOND LINE	Products from this category should only be used when First Line products are not appropriate
RESTRICTED USE	Products within this category are only available following advice from a Wound Care Specialist e.g: TVN

### 8.2 Ordering of dressing:

Formulary Products:







- Products are to be ordered via Formeo whenever possible.
- When above is not possible products are to be ordered on FP10 by the reviewing CHCP prescribing clinician
- Occasionally it may be necessary to order from the Oracle Online Ordering System

**For staff working within the INCS please see: Doc: CHCP CIC Stock Management and Stock Box Process, INCS Standard Operating Procedure**

## 8.3 Dressing Formulary


### 8.3.1 Absorbent Dressings:

*For exudating wounds and can be used as a primary or secondary dressing.  
To be used in conjunction with the CHCP Exudate Management Pathway*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>SOFT PORE</b>	Island dressing	Superficial and surgical wounds with no - low exudate levels			
<b>ZETUVIT</b>	Absorbent pad	Wet wounds with low-moderate exudate levels			
<b>ZETUVIT PLUS</b>	Super Absorbent pad	Wet wounds with mod - high exudate levels			
<b>CUTIMED SORBION SACHET S Multistar</b>	Super Absorbent pad	Suitable for high levels of exudate	Podiatry use only 		
<b>CUTIMED SORBION SACHET XL</b>	Super Absorbent pad	Suitable for high levels of exudate			To be ordered on FP10 by TVN for specific patient use only 


### 8.3.2 Alginate Dressings:

*Not to be used on dry wounds. Assists with haemostasis. Cut to size of wound bed to avoid maceration and excoriation to surrounding skin.*

	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>KALTOSTAT</b>	Calcium-sodium alginate dressing	Bleeding wounds Sloughy wounds Moderate to high exudate levels			


### 8.3.3 Fibre Dressings

*Assists with managing exudate and debridement of wet slough. These products expand once in contact with wound exudate and turns into a gel form which helps maintain a moist environment for optimal wound healing.*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>ACTIVHEAL AQUAFIBER EXTRA</b>	Fibre dressing which contains calcium ions. Can remain in situ for up to 7 days depending on exudate levels.	Wounds with moderate – high exudate levels. This dressing can act as a haemostat to control minor bleeding in superficial wounds. To hydrate and debride			






### 8.3.4 Film Dressing:

*Contains no absorbent properties. Film dressings are made up of a thin polyurethane membrane covered by a layer of acrylic adhesive.*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>HYDRO-FILM</b>	Vapour-permeable adhesive film dressing with a high moisture vapour transmission rate.	Hydrofilm is primarily used for securing secondary dressings such as absorbent pads.			


### 8.3.5 Foam Dressings:

*Aims to prevent dressing-related trauma, manage exudate, and minimize dressing discomfort. Can be used as a primary or secondary dressing for chronic and acute wounds.*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>ALLEVYN ADHESIVE BORDER</b>	Foam adhesive consisting of 3 layers; an adhesive wound contact layer, absorbent hydro cellular pad and a waterproof outer film.	For chronic and acute wounds with low to moderate exudate levels. Not suitable for dry wounds and fragile skin.			
<b>ALLEVYN ADHESIVE GENTLE BORDER</b>	As above but contains a border with a lower adhesive level.	For wounds with low to moderate exudate levels. Aims to avoid trauma to fragile skin.			
<b>ALLEVYN NON-ADHESIVE FOAM</b>	A sterile, non-adhesive hydro cellular dressing	For wounds with low – moderate exudate levels.			
<b>ACTIVHEAL FOAM HEEL DRESSING</b>	Non-adhesive dressing made up of low friction backing, soft absorbent foam and a wound contact layer. Shaped to fit heels.	For wounds with low – moderate exudate levels.			
<b>SUPRASORB P SILICONE</b>	Made up of a wound contact layer, polyurethane absorbent foam, a non-woven distribution layer, a superabsorbent polymer core and an external film backing.	For wounds with low to moderate exudate levels.			


### 8.3.6 Hydrocolloid Dressings:


*Waterproof and self-adhesive. Promotes granulation. Enables rehydration and autolytic debridement of dry, necrotic, or sloughy wounds.*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>ACTIVHEAL HYDROCOLLOID</b>	This dressing is made up of a thin layer of hydrocolloid laminated to a highly breathable film. Contains a mixture of synthetic polymers and hydrophilic powders, with a high moisture vapor transmission rate film backing.	For wounds with low - moderate exudate levels.			

### 8.3.7 Hydrogels / Sheets:




*High (90%) water content dressings. Designed to hydrate wounds, re-hydrate eschar and aid in autolytic debridement.*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>ACTIVHEAL HYDROGEL</b>	This dressing is an amorphous gel that contains 85% water, and gently increases the moisture level within the wound and encourages moist wound healing through autolytic debridement.	Dry, necrotic, and sloughy wounds Dressing will increase moisture due to autolytic debridement.			

<b>KERRALITE COOL</b>	This dressing is made up of a fluid-repellent hydrogel contact layer and a polyurethane film outer layer. This dressing can assist in autolytic debridement by hydration of necrotic and sloughy tissue and for absorption of exudate.	Necrotic, sloughy, and painful wounds. Dressing will increase moisture due to autolytic debridement. <b>Not suitable for:</b> full-thickness wounds; heavily bleeding wounds; third-degree burns; or as a covering for deep, narrow cavities or sinuses.			
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### 8.3.8 Low Adherent / Atraumatic Dressings:

*Aim to prevent trauma to granulating/friable wounds.*


PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>ATRAUMAN</b>	Non-adherent, polyester mesh wound contact layer.	Non adherent dressing removal; promotion of healthy granulation tissue.			
<b>ACTIVHEAL SILICONE WOUND CONTACT LAYER</b>	Non-adherent. The silicone aspect allows atraumatic removal of the dressing.	Atraumatic removal. Suitable for painful and fragile wounds.			
<b>BACTIGRAS (Under Podiatry Instruction Only)</b>	Medicated paraffin gauze containing chlorhexidine acetate 0.5%.	Suitable for: Fissures on feet			

### 8.3.9 Odour Control Dressings:




*Assists with reducing wound odour.*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE




<p><b>ODOLOCK</b></p>	<p>Charcoal dressing which absorbs odour.</p> <p>This dressing is composed of pure activated carbon encased in a non-woven nylon envelope.</p>	<p>Malodorous wounds such as fungating carcinomas and ulcerative, traumatic and surgical wounds.</p> <p><b>DO NOT APPLY</b> if the patient has a sensitivity to nylon.</p> <p>This dressing should never be cut as particles of activated charcoal may enter the wound and cause discoloration.</p>			
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### 8.3.10 Protease Modulating Matrix Dressings:


PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<p><b>URGOSTAR T CONTACT</b></p>	<p>Flexible non occlusive contact layer.</p>	<p>Can be used on diabetic foot ulcers, venous leg ulceration, pressure ulcers and long-standing acute wounds.</p> <p><b>DO NOT USE</b> On infected or critically colonised wounds, cancerous wounds, fistulas, which may reveal a deep abscess.</p>			
<p><b>URGOSTAR T PLUS WITH BORDER</b></p>	<p>A superabsorbent layer, and a silicone border with waterproof backing. (Adhesive)</p>	<p>Non-healing wounds to aid with any stage of wound healing (from de-sloughing to complete healing wounds including leg ulcers, diabetic foot ulcers, pressure ulcers, and long-standing acute wounds.)</p> <p><b>DO NOT USE</b> on heavily bleeding wounds, cancerous wounds, wounds that may reveal a deep abscess or infected wounds.</p>			
<p><b>URGOSTAR T PLUS</b></p>		<p>This product should be used as 1<sup>st</sup> Line choice for Diabetic Foot Ulcers under Podiatry care</p>			

### 8.3.11 Topical Negative Pressure (Tnp) Therapy:

*TNP is a system that uses controlled negative pressure (vacuum) to help promote wound healing.*

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>PICO SINGLE USE NEGATIVE PRESSURE WOUND THERAPY SYSTEM</b>	<p>Single-use, portable negative pressure wound therapy (NPWT) system.</p> <p>The lightweight pump delivers negative pressure of -80mmHg and provides therapy for up to 7 days.</p>	<p>Suitable for wounds such as chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic or pressure), flaps and grafts, and surgically closed incision sites.</p> <p><b>DO NOT USE</b> on patients with malignancy in the wound bed or wound margins (except in palliative care to improve quality of life under the direction of a specialist); previously confirmed or untreated osteomyelitis; non-enteric and unexplored fistulas; necrotic tissue with eschar present; exposed arteries, veins, nerves or organs; exposed anastomotic sites; emergency airway aspiration; pleural, mediastinal or chest tube drainage; and surgical suction.</p>			

### 8.3.12 Renasys Negative Pressure Wound Therapy (NPWT):





PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>RENASYS TOUCH CONSUMABLE</b>	Canister kit Dressing kit (foam and gauze) Softport dressing kit Y connector Renasys Gauze filler	<p>Can be used on wounds such as chronic, acute, traumatic, sub-acute and dehisced wounds; ulcers (such as pressure or diabetic); partial-thickness burns; flaps and grafts. Suitable for deep wounds with moderate – high exudate levels. Designed to provide individualized negative pressure wound therapy for highly complex wounds.</p> <p><b>DO NOT USE:</b> on necrotic tissue with eschar present; untreated osteomyelitis; malignancy in wound (except palliative care to enhance quality of life); exposed arteries, veins, nerves or organs; non-enteric and unexplored fistulas; anastomotic sites.</p>			



### 8.3.13 Infection Management – Antimicrobials With A Physical Mode Of

#### Action:

To be used in conjunction with the CHCP Wound Infection Framework

For all products in this section principles of the ‘**TWO WEEK CHALLENGE**’ to be adopted



PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>CUTIMED SORBACT</b>	Sorbact-technology-coated hydrophobic antimicrobial dressing designed to bind bacteria.	Superficial wounds, traumatic wounds, post op or dehisced, leg ulcers. Suitable for fungal infections in the groin, skin folds, or between digits.			
<b>CUTIMED SORBACT GEL</b>	<b>DO NOT USE</b> with ointments and creams as the binding effect is impaired.	Superficial wounds, traumatic wounds, post op or dehisced, leg ulcers.			
<b>CUTIMED SILTECT SORBACT</b>	Hydrophobic, microbial-binding foam dressing	Superficial wounds, traumatic wounds, post op or dehisced, leg ulcers.			
<b>MEDIHONEY GEL</b>					
<b>MEDIHONEY APINATE</b>					

<b>MEDIHONEY HCS</b>	Medical grade manuka honey.	Superficial wounds, burns, pressure ulcers leg and foot ulcers, donor and recipient graft sites. Can be used on devitalised tissue (HSC 1 <sup>st</sup> & 2 <sup>nd</sup> degree burns)			
<b>MEDIHONEY TULLE</b>					

### 8.3.14 Infection Management - Antimicrobials Containing Silver:

To be used in conjunction with the CHCP Wound Infection Framework

For all products in this section principles of the 'TWO WEEK CHALLENGE' to be adopted






PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>ACTICOAT FLEX 3</b>	Low adherent dressing. Can moisten for drier wounds. Should be left in place for 3 days	First and second-degree burns. Grafts, Surgical sites, Venous ulcers, Pressure ulcers Diabetic ulcers			
<b>AQUACEL AG EXTRA PLUS</b>	Designed to manage 3 key local barriers to healing	Leg ulcers, pressure ulcers, <b>diabetic foot ulcers</b> , donor sites, surgical wound, 1 <sup>st</sup> & 2 <sup>nd</sup> degree burns, exudate management in fungating wounds.			

### 8.3.15 Infection Management - Other Antimicrobial Dressings:

To be used in conjunction with the CHCP Wound Infection Framework


For all products in this section principles of the 'TWO WEEK CHALLENGE' to be adopted








PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
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<b>IODOSORB OINTMENT</b>	Cadexomer Iodine- based dressing use IODOSORB within the guidelines of the prescribing information (up to a maximum of 150g a week)	Removes excess exudate and slough. Can be used under compression.				
<b>IODOFLEX DRESSING</b>	BIOFILM MANAGEMENT	Removes excess exudate and slough. Can be used under compression.				
<b>INADINE</b>	Povidine iodine-based dressing.	Ulcers, minor burns and minor traumatic skin injuries, Rubefacient in chilblains				
<b>FLAMINAL FORTE</b>	Alginate gels BIOFILM MANAGEMENT	Wet wounds	Can be used on acute and chronic wounds.			needs to be ordered on FP10 
<b>FLAMINAL HYDRO</b>	<i>Products NOT available on Formeo - need to be ordered on FP10</i>	Dry Wounds				needs to be ordered on FP10 

### 8.3.16 Other Relevant Products:

All products to be ordered via the Formeo platform

CATEGORY	PRODUCT	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
<b>Cleansing Agents</b>	<b>IRRIPOD - sterile saline pods</b>	To be used in conjunction with CHCP Infection Management guide			

	<b>OCTENILIN</b> - Antimicrobial Cleansing Agent	and Cleansing Protocol			
<b>Debridement Pad</b>	<b>DEBRICLEAN</b>	Supports the mechanical debridement process <b>Use TWO WEEK CHALLENGE principles</b>			
<b>Skin Protectors</b>	<b>CUTIMED PROTECT</b>	Cream, foam and spray form available			
<b>Tapes &amp; Fixation</b>	<b>CliniTape Clear – latex free</b>	For use when sensitivity to latex present			
	<b>MICROPORE Surgical Tape</b>				
	<b>MEFIX</b>				
	<b>TUBULAR BANDAGE (ELASTICATED)</b>	EESIGAUZ Cotton Stockinette All sizes for legs/arms/toes/finger (Oracle order only)  <a href="http://sallis.co.uk/products/bandages/">http://sallis.co.uk/products/bandages/</a>  Podiatry sizes 01 & 12			

WOUND CARE ACCESSORIES	SOFTDRAPE DRESSING PACKS				
	ALVITA NURSEIT DRESSING PACKS				
	DRESSIT ASEPTIC PACKS	Only if other packs not available			

### 8.3.17 Compression Therapy

For information relating to compression therapy including bandages, hosiery and garments please see:

#### My Compliance: CHCP CIC REF 1031 Compression Formulary

Supplementary information relating to Lymphoedema compression can be found within the following document:

#### REF XXXX CHCP Lymphoedema Compression Garment Selection Guide

## 9 SUMMARY

This Wound Management formulary supports the clinical decision-making process when selecting an appropriate wound product, following a holistic and comprehensive assessment of the patient.

#### Areas to consider:

- Practitioners should avoid multiple dressing use at any one time, unless specifically indicated.
- The practitioner should adhere to the manufacturer’s guidelines when utilising products.



- The aetiology of the wound should always be established prior to the selection of a dressing
- Consider any over the counter or home remedies the patient may be utilising.
- Non-medical prescribers are professionally accountable for their prescribing decision, including actions and omissions. All registered nurses are personally accountable for their practice ensuring that they: Prioritise people, Practise effectively, Preserve safety and Promote professionalism (NMC 2018).

## 10 TRAINING REQUIREMENTS

Any clinician undertaking wound care should have undertaken and received appropriate wound care training and be deemed competent prior to using this document.

## 11 APPROVAL

This guidance has been reviewed and approved by the stakeholders identified on the document checklist submitted to the Therapeutics and Pathways Group which reviewed the checklist and ratified this document.

## 12 REVIEW

This guidance will be reviewed every 3 years or sooner if prompted by changes in legislation or best practice requirements.

## 13 REFERENCES & ASSOCIATED DOCUMENTATION

### References:

CHCP CIC Ref 563 Assessment and Management of Wounds for Adult Patients in the Community Guidance

CHCP CIC Ref 541 Record Keeping for Hull & East Riding INCS Standard Operating Procedure

CHCP CIC Ref 1031 Compression Formulary City Health Care Partnership CIC

CHCP CIC Ref XXX Lymphoedema Compression Garment Selection Guide

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CHCP CIC Stock Management and Stock Box Process, Integrated Nursing and Conditions Service Standard Operating Procedure

NMC 2018 The Code: Professional Standards of Practice and Behaviour  
<https://www.nmc.org.uk/standards/code/>

**Associated Documentation:**

NICE - National Institute for Health and Care Excellence <https://www.nice.org.uk/>

National Prescribing Centre: [www.guidelinesinpractice.co.uk/the-national-prescribing-centre/305502.article](http://www.guidelinesinpractice.co.uk/the-national-prescribing-centre/305502.article)

Standards for prescribers: <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/>

Wound management: <https://www.nice.org.uk/guidance/conditions-and-diseases/injuries--accidents-and-wounds>

Wound management products and elasticated garments:  
<https://bnf.nice.org.uk/wound-management/>

Wound UK: Website that has Best Practice Statements/Journal and Education that is wound related: <https://www.wounds-uk.com/>

Wound Care Handbook: <https://www.woundcarehandbook.com/>

British National Formulary (BNF) [www.bnf.org](http://www.bnf.org)

**14 FURTHER READING**

For further information regarding the variety of products available within this formulary please visit:

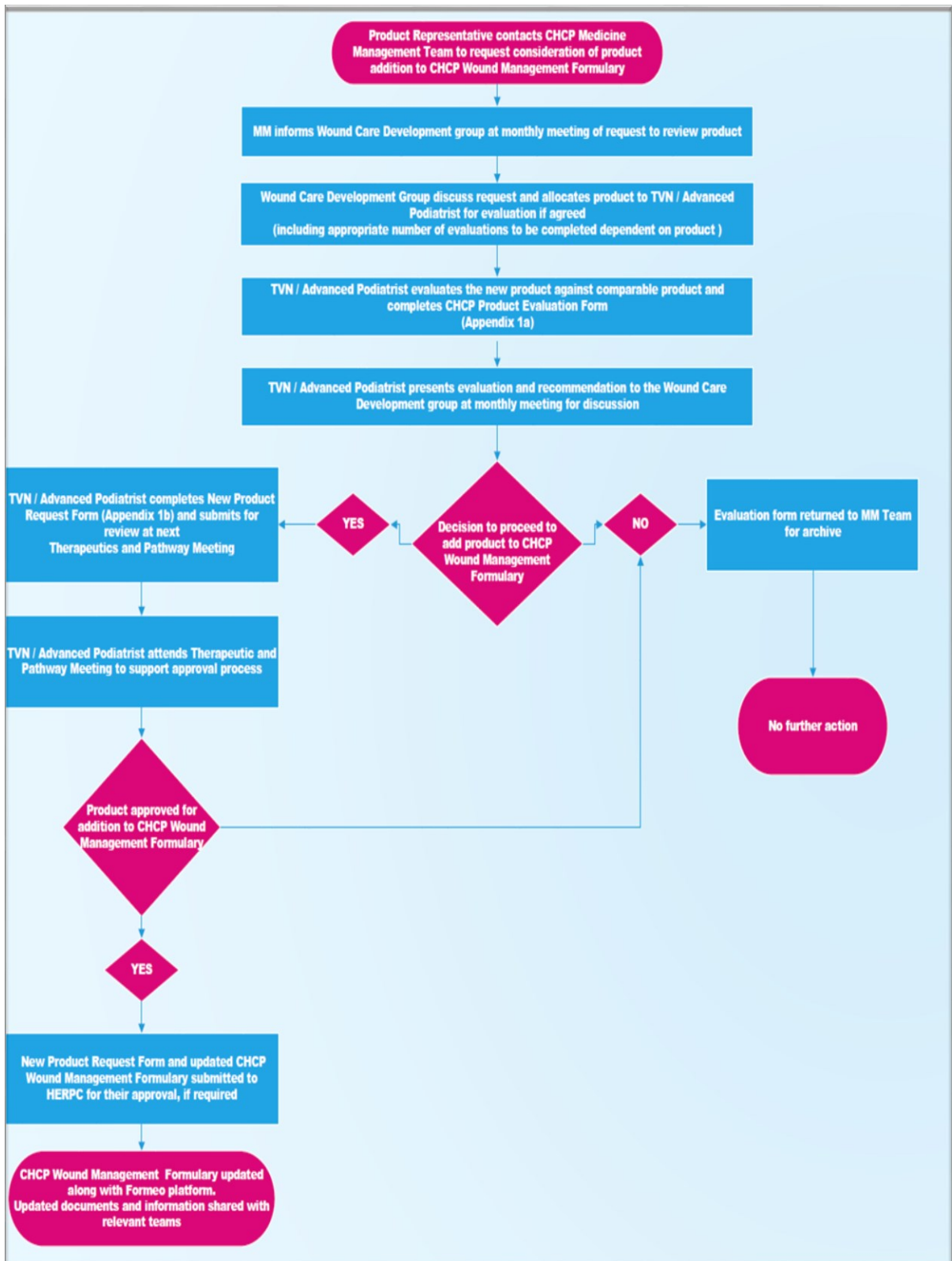
<https://www.woundcarehandbook.com/>

This provides details of the product and manufacturer, if additional information is required, please visit the manufacturer's website using the correct product name

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## 15 APPENDIX 1: Flowchart of process to update formulary with new products

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## Appendix 1a: CHCP Product Evaluation Form

See Related items



CHCP New Product  
Evaluation Form.doc

## Appendix 1b: CHCP Therapeutics and Pathway New Product Request Form

See Related Items



New Product Request  
Form Nov 2020.doc

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