

North & North East Lincolnshire Joint Dressing & Wound Management Formulary

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Aims

The aims of the formulary are to: -

- promote evidence based wound care and promote continuity of care
- promote a rationale for prescribing
- encourage safe, effective, and appropriate use of dressings
- reduce the spend on wound care products in North and North East Lincolnshire by promoting cost effectiveness
- address the wound care needs of at least 80% of patients across acute and community care settings - provision of non-formulary products will be determined by clinical need

A 'traffic light' system has been devised to help with product selection.

Green	Product may be selected by all clinical staff
Amber	Products issued on recommendation of a Health Care Professional with relevant experience and knowledge such as Tissue Viability Link Nurses, Community Nurse Prescribers, District Nurses and other Healthcare Professionals who have received venous leg ulcer and wound management training.
Red	Product restricted to use under the supervision of a specialist practitioner e.g., Tissue Viability Nurse, Lymphoedema Nurse Specialist & Podiatrist or Hospital Only

Adherence to formulary

Unless the use of a specific dressing can be adequately justified on clinical grounds, Health Professionals should routinely choose the least costly dressing of the type that meets the required characteristics (e.g., size, adhesion, conformability, fluid handling properties etc.) and is appropriate for the type of wound and its stage of healing.

To promote cost effectiveness the prescriber is requested where appropriate to choose the least expensive option in the price range of their chosen product category. 😊

Cost effective options/ alternatives are highlighted with this symbol

To collate robust data on adherence to formulary prescribing it is essential that Nurse Prescribers write their own prescriptions for dressings they are recommending rather than asking another Health Care Professional to issue a prescription on their behalf. Data collected will then provide more accurate evidence of adherence to formulary prescribing, identify cost efficiency savings and demonstrate improved patient outcomes.

WOUND MANAGEMENT: Holistic and Dressing choices

Holistic Approach

In all aspects of nursing care, the findings from an ongoing process of assessment should form the basis for rational decision making. In the case of wound care, it is all too easy for the assessment process to focus on the wound itself, to the detriment of wider issues. The emphasis should be shifted from the wound towards assessment of the patient with a wound, and to acknowledge the environmental and social factors as well as the pathophysiological.

Education

Patient education is an essential element of a successful wound healing process. Practitioner/patient relationships may be enhanced by it, patient empowerment and joint decision making depends upon it and an individual's sense of control and self-ability is determined by it. Patients may have their own ideas about the causes of their wounds and how to treat them. In many cases these views may differ from the views of the professional; however they should be considered and discussed. It is suggested that the difference of opinion can lead to failures of intervention. On-going staff education and competency is essential to the provision of high quality evidence based practice.

Pain

It is important to assess and monitor a patient's pain. Comprehensive assessments should be undertaken at each visit and documented clearly using a recognised pain assessment tool.

Wound Cleansing

The primary aim of wound cleansing is to remove debris from the wound bed. If the wound is clean and granulating cleansing is not required

Leg Ulcers- bath legs in warm tap water and emollients.

Moisture lesions, excoriating skin - Follow flow chart for barrier products Appendix 2

Wounds - Follow Prontostan pathway Appendix 1

Appearance	Aim	Exudate	Shallow	Deep	Comment
BLACK/ BROWN/GREY Necrotic tissue can be soft or dry	DRY - rehydrate prior to debridement	NONE	Hydrogel Hydrocolloid Silicone	NA	Skin surrounding wounds will become excoriated or macerated if exudate is not managed effectively with a suitably absorbent dressing
	MOIST- debride	LOW	Hydrogel Hydrocolloid Absorbent	Hydrogel Hydrocolloid Absorbent	
	MOIST Debride, absorb exudate	HIGH	Alginate Hydrofiber Super absorbent	Alginate Hydrofiber Super absorbent	
YELLOW Slough	Debride - slough and absorb excess exudate	HIGH	Alginate Hydrofiber Super absorbent	Alginate Hydrofiber Super absorbent	Slough is an accumulation of dead cells, it can be adherent on the wound bed or thick and "stringy" - it must be debrided to promote healing
		LOW	Hydrogel Hydrocolloid Absorbent	Hydrogel Absorbent	
RED Granulation	To maintain a moist, clean environment to promote healing	HIGH	Alginate Hydrofiber Super absorbent	Alginate Hydrofiber Super absorbent	Healthy granulation tissue is pink and should not bleed Unhealthy granulation tissue bleeds and can be grey, beefy red or pale pink in colour
		LOW	Absorbent Hydrocolloid Silicone	Alginate Hydrofiber Absorbent	
RED Over granulation	To reduce granulation tissue to the level of the surrounding skin	HIGH - LOW	Silicone Hydrocolloid Absorbent	N/A	Over granulation can be reduced with topical steroid cream
PINK Epithelialisation Red-unbroken skin	To absorb exudate, prevent breakdown and protect new skin	NON-LOW	Hydrocolloid Non/low adherent Film	N/A	Once healed newly formed epithelial tissue is very vulnerable and may require protection

! CRITICAL COLONISATION – A state of the wound where bacteria effects the normal wound healing processes which is denoted by delayed healing but not deterioration or obvious signs of infection. Recommended treatment is to reduce bacteria on the wound bed by discriminate use of topical antimicrobials. Maximum use is limited to 2 weeks; specialist advice should be sought if there is no improvement.

! INFECTION -Observe clinical signs and symptoms of infection e.g. redness, pain, pus, swelling, pyrexia, odour, friable tissue. If infection is suspected take a wound swab. Systemic antibiotics are the treatment of choice. Progress should be monitored carefully. Consider Topical antimicrobials in conjunction with systemic antibiotics dependent on the wound bed conditions and clinical judgement.

! FUNGATING MAL-ODOUROUS WOUNDS – Consider the primary aim of treatment, it may not be to heal the wound. The objective may be to provide comfort and to control exudate and odour. Consider Anabact gel and a carbon based dressing to help with odour control

Wound Assessment

Wound assessment should not be considered in isolation from the patients overall condition. It is important to make regular accurate assessments of the wound in order to determine a baseline, to monitor the progress of the wound and to identify any factors which may affect the healing process.

TIME wound assessment (SystmOne Template or paper copies) provides a concise record of a wounds progress.

Nutrition

Nutrition has an important and vital role in the wound healing process. Malnutrition (even to a mild degree), slows the healing process, causing wounds to heal inadequately or incompletely. Dietary intake alone is not the only indicator of a patient's nutritional status, disease processes and some medications affect absorption. Nursing assessment should include identification and constant monitoring of an individual's nutrition and hydration status. Local nutritional assessment guidelines should be followed and if necessary referral to dietetics.

Factors Affecting Healing

General health problems, the psychological and social status of the patient and the wound environment, can all have a detrimental effect on wound healing and must be taken into consideration during the assessment process.

The priority in wound healing is to identify and address the underlying cause.

Secondary Dressings

The choice of secondary dressing depends on the needs of the wound and the patient. Care must be taken to ensure that there are no contraindications when using a combination of interactive dressings. Use secondary absorbent dressings which adequately absorb the level of wound exudate

Alginates

Description:

Contain calcium alginate fibres, which are derived from seaweed. Highly absorbent and form a gel when placed directly in contact with a moist wound bed. Fibres are biodegradable.

Indication:

Primary dressing, suitable for moderate to highly exuding wounds

Aim:

- To debride slough
- Alginates may also be used on bleeding wounds to achieve haemostasis.

Contra-indications:

Unsuitable for low exuding wounds or hard, necrotic wounds.

Method of use:

Apply to wound bed, fold or cut to size if required. Product will wick laterally, monitor wound margin for maceration.

Irrigate to remove.

Frequency of dressing change:

Change dressing daily if clinical infection suspected. May be left in place for up to 5 days, renew on strike through of secondary dressing.

Alginates

Product	Form	Size (cm)	Unit cost	
Kaltostat	Flat non-woven pad Robust and fibrous in texture when moist	5x5	£1.03	
		7.5x12	£2.25	
		10x20	£4.42	
		15x25	£7.59	
Kaltostat	Packing	2g rope	£4.14	

Foams/Soft Polymer Silicone dressings

Description:

Consist of absorbent foam with a waterproof, semi-permeable backing. Adhesive and non-adhesive versions are available. Silicone options have a soft polymer silicone layer ideal for fragile skin.

Indication:

Primary or secondary dressings, different dressings can be used to manage all levels of exudate from moderate to heavily exuding wounds.

Aim:

- Dressings are capable of absorbing low to high volumes of exudate.
- Exudate evaporates through the dressing, to maintain a moist environment.
- Provide thermal insulation.
- Silicone options reduce pain and trauma on dressing change

Contra-indications:

Not suitable for very dry wounds. Caution required with some non-silicone adhesive versions when used on fragile skin particularly if oedematous and/or paper thin. Choose a silicone version in this case. Prolonged use of some adhesive versions may cause contact sensitivity.

Soft polymer silicone dressings should not be used on heavily bleeding wounds; blood clots can cause the dressing to adhere to the wound surface.

Method of use:

Apply to wound allowing 2-3cm overlap.

Remove slowly. Non-adhesive versions will require bandage or other secondary fixation to secure. Avoid securing across the whole surface with occlusive dressings as maceration may occur.

Frequency of dressing change:

May be left in place for up to 7 days.

Renew more frequently if the wound is infected.

Foams/Soft Polymer Silicone dressings

Product	Form	Size (cm)	Unit cost	
Low to Moderate Exuding Wounds				
Tegaderm Foam Adhesive	Absorbent foam dressing with clear adhesive film backing	6.9x7.6 mini oval	£1.53	
		10x11 oval	£2.42	
		14.3x14.3	£3.71	
		14.3x15.6 oval	£4.45	
		19x22.2 oval	£7.30	
		13.9x13.9 heel	£4.42	
Allevyn Gentle Border	Silicone gel wound contact dressing, with polyurethane foam film backing	7.5x7.5	£1.62	
		10x10	£2.37	
		10x20	£3.82	
		10x25	£4.74	
		10x30	£5.71	
		12.5x12.5	£2.90	
		15x15	£4.34	
		17.5x17.5	£5.73	
		23x23.2 heel	£10.44	
		16.8x17.1 sacrum	£4.29	
		21.6x23 sacrum	£6.07	
Mepilex XT	Absorbent foam with soft silicone contact layer	10x11	£2.78	
		11x20	£4.59	
		15x16	£5.05	
		20x21	£7.62	
Moderate to Heavily Exuding Wounds				
Allevyn Life	Absorbent foam layered between silicone and a highly permeable waterproof outer layer	10.3x10.3	£1.83	
		12.9x12.9	£2.69	
		15.4x15.4	£3.29	
		21x21	£6.47	
		17.2x17.5 sacrum	£4.88	
		21.6x23 sacrum	£6.90	
		25x25.2 heel	£12.07	

Films

Description:

Thin, vapour permeable, polyurethane membrane coated with an adhesive.

Indication:

Suitable for superficial wounds with minimal or no exudate

Also used as a secondary dressing or to secure invasive devices.

Aim:

Provide moist environment to promote epithelialisation.

Contra-indications:

Avoid use on infected wounds.

Method of use:

Apply to clean, dry skin ensuring that all traces of creams have been removed. Allow a 4-5cm overlap. Follow manufacturer’s instructions carefully to avoid trauma on removal.

Frequency of dressing change:

May be left in place for up to 7 days or longer when used to protect intact skin.

Product	Form	Size (cm)	Unit cost	
ClearFilm	Film	6x7	0.25p	
		10x12	0.55p	
		12x12	0.62p	
		15x20	£1.15	
		20x30	£1.95	
Clearpore	Film dressing with Absorbent Pad	6x7	0.12p	
		10x10	0.20p	
		15x10	0.24p	
		20x10	0.36p	
		25x10	0.40p	
		30x10	0.65p	

Wound Contact Layers

Description:

Low - non adherent polyester meshes with knitted polyester tulles with a variety of ointments impregnated into the matrix.

Indication:

Clean, granulating, lightly exuding wounds including superficial partial thickness burns, donor sites, postoperative wounds, skin abrasions, pressure ulcers and leg ulcers.
Low adherent dressings can be used as primary dressings on lightly exuding or granulating wounds. Some can be used as secondary dressings.

Aim:

Provide moist environment to promote epithelialisation.

Contra-indications:

Care should be taken to ensure trauma is not caused on removal. Sensitisation reactions may occur. Some impregnated dressings may dry out if left in situ too long. Granulation tissue may grow into the weave of the product

Method of use:

Apply directly to wound bed and cover with a secondary dressing.

Frequency of dressing change:

Frequency of change can vary considerably and will depend on absorbency or when strikethrough occurs. More sophisticated dressings can be left in situ for 4-5 days.

Product	Form	Size (cm)	Unit cost	
Atrauman	Non adherent knitted polyester primary dressing impregnated with neutral triglycerides	5x5 7.5x10 10x20 20x30	0.36p 0.37p 0.84p £2.31	
Mepitel One	Soft silicone wound contact layer with silicone on one side	6x7 9x10 13x15 24x27.5	£1.24 £2.44 £5.04 £14.43	

Hydrocolloids

Description:

Composed of sodium carboxymethylcellulose (CMC) and pectin plus adhesive polymers which form a gel on contact with a moist wound surface.

Indication:

Low to moderate exuding wounds.

Suitable for clean granulating wounds or sloughy /necrotic wounds

Apply to form a protective window around the peri-wound skin e.g. when using maggot therapy or topical negative pressure wound therapy.

Aim:

Promotes debridement of dry, sloughy or necrotic tissue and promotes granulation by providing moist environment. Vapour permeable.

Contra-indications:

Known sensitivity to one of the ingredients.

Use on infected wound with caution, daily dressing changes are advisable

Method of use:

Apply to clean, dry skin ensuring that all traces of creams have been removed. Allow 1.5 cm overlap.

Warm, using the heat from your hands, prior to application.

Waterproof enabling patients to shower or bathe.

Frequency of dressing change:

May be left in place for up to 3-5 days.

Hydrocolloids

Product	Form	Size (cm)	Unit cost	
None to Low exuding wounds				
DuoDERM Extra thin	Use this to protect surrounding skin when using Topical Negative Pressure	7.5x7.5	0.86p	
		10x10	£1.43	
		15x15	£3.09	
		5x10	0.81p	
		9x15	£1.91	
		9x25	£3.05	
		9x35	£4.27	

Hydrofibers

Description:

Hydrofiber dressings composed of sodium carboxymethylcellulose. When in contact with exudate forms a soft robust gel.

Indication:

Primary dressing for moderate to highly exuding wounds.

Aim:

Absorbs & retains exudate

Locks away harmful components found in chronic wound exudate e.g: bacteria and proteinases.

Contra-indications:

Not to be used on dry necrotic wounds

No absolute contra-indications but avoid using on minimally exuding wounds as it will stick to the wound bed.

Method of use:

Allow 1cm – 2cm overlap as shrinkage occurs when moistened, refer to manufacturers guidelines.

Avoid over packing cavity wounds; insert loosely to 80% capacity. May be cut to size. Apply secondary moisture retentive dressing.

Frequency of dressing change:

May be left in place for up to 7 days, depending on clinical presentation. Renew more frequently if infection is suspected. Change when the absorptive capacity has been reached.

Hydrofibers

Product	Form	Size (cm)	Unit Cost	
Moderate to Highly exuding wounds				
Hydrofiber				
Aquacel Extra	Flat	5x5	£1.07	
		10x10	£2.55	
		15x15	£4.80	
		4x10	£1.39	
		4x20	£2.06	
		4x30	£3.11	
Aquacel	Ribbon	1x45	£2.00	
		2x45	£2.65	
Aquacel Foam Adhesive	Hydrofiber layer with soft absorbent pad and soft adhesive border	8x8	£1.50	
		8x13	£2.38	
		10x10	£2.32	
		10x20	£2.77	
		10x30	£5.36	
		12.5x12.5	£2.87	
		15x15	£4.11	
		17.5x17.5	£5.75	
		21x21	£8.41	
		25x30	£10.88	
		19.8x14 heel	£5.88	
		20x16.9 Sacrum	£5.27	
		24x21.5 sacrum	£5.90	

Hydrogel

Description:

Colourless, aqueous, amorphous gel or gel sheet, composed mostly of water.

Indication:

Primary dressing for low exuding wounds. Radiation therapy burns, burns, painful wounds

Aim:

Used to donate fluid when dry sloughy / necrotic tissue is present

Promotes autolysis

Absorb liquefied slough and small amounts of exudate

Contra-indications:

Avoid on highly exuding or macerated wound margins, full thickness wounds, heavily bleeding wounds.

Method of use:

Apply gel/gel sheet directly to wound and cover with a secondary absorbent dressing.

Frequency of dressing change:

May be left in place for up to 3 days.

Product	Form	Size	Unit Cost	
None to Low exuding wounds				
GranuGEL	Gel	15g	£2.48	
KerraLite Cool	Hydrogel Sheet. Soothing, debriding moisture balancing gel. Requires secondary absorbent dressing	6x6	£1.88	
		12x8.5	£2.72	
		18x12.5	£3.93	

Desloughing Agents

Description:

A sterile, non-adherent, slough trapping, poly-absorbent fibre dressing with the TLC healing matrix to promote wound healing and enable pain free dressing changes. The slough trapping fibres (poly absorbent) bind and trap the slough within the dressing, providing safe and effective desloughing.

Indication:

All non-infected sloughy wounds.

Aim:

Used to donate fluid when dry sloughy / necrotic tissue is present

Promotes autolysis

Absorb liquefied slough and small amounts of exudate

Contra-indications:

Known sensitivity to any of the components of the dressing.

Method of use:

Apply dressing directly to wound bed and cover with a secondary dressing.

Frequency of dressing change:

May be left in place for up to 7 days.

Product	Form	Size	Unit Cost	
None to Low exuding wounds				
UrgoClean	Non-adherent Pad	6x6	£1.02	
		10x10	£2.27	
		15x15	£4.48	
		20x15	£4.21	
	Rope	2.5x40	£2.56	
		5x40	£3.39	

Antimicrobials

Description:

Not a true separate class of dressing but versions of other dressings that contain antimicrobial agents, commonly iodine or silver.

Indication:

Infected and critically colonised wounds. Occasionally used to prevent infection e.g. in diabetic foot ulcer management or PEG sites.

Aim:

To reduce bacterial load.

! Contra-indications:

There are significant contra-indications for some antimicrobial products. Always refer to manufacturers guidelines.

Method of use:

Refer to product information leaflet.

Generally used for short periods only and the wound should be reviewed within two weeks.

Frequency of dressing change:

Renew according to level of exudate and product type. Infected wounds need regular monitoring.

Use for a maximum period of 2 weeks. Seek advice if no improvement noted.

PHMB (Polyhexamethylene Biguanide) Antimicrobials

Please refer to Prontosan Pathway – Appendix 1

Product	Form	Size	Unit cost	
Prontosan Solution	Contains PHMB to control bacteria and surfactant to remove debris	40ml	£15.36 x 24 ampoules	
		350ml	£5.17	
Prontosan Gel	Use as first choice antimicrobial	30ml	£6.91	
Prontosan Gel X	Highly viscose antibacterial gel	50g	£12.65	
		250g	£33.86	

Iodine Based Dressings

Product	Form	Size (cm)	Unit cost	
Inadine	Povidone- iodine coated fabric. Suitable for superficial and low exuding, infected wounds Rapidly de-activated by wound exudate Colour change indicates when to change dressing – usually daily	5x5 9.5x9.5	0.34p 0.51p	
Iodoflex <i>Slow release iodine</i>	Gauze- backed paste cadexomer iodine. For treatment of chronic exuding wounds Mould paste to fit within the wound margins.	5g (6x4) 10g (8x6) 17g (10x8)	£4.39 £8.77 £13.89	
Iodosorb Powder	Sterile powder	3g Sachet	£2.08	

!Not to be used on dry necrotic tissue or on patients with a known sensitivity to any of its ingredients.

!Do not use on children, pregnant or lactating women or people with thyroid disorders or renal impairment.

!For details of precautions see manufacturer’s instructions.

Silver Based Dressings

Product	Form	Size (cm)	Unit cost	
Atrauman Ag	Non Adherent mesh coated with metallic silver. Non absorbent wound contact layer - requires secondary dressing	5x5 10x10 10x20	0.55p £1.34 £2.63	
Aquacel Ag+ Extra (hydrofiber)	Flat For use on moderate to highly exuding wounds Ribbon	5x5 10x10 15x15 20x30 4x10 4x20 4x30 1x45 2x45	£2.08 £4.94 £9.32 £22.13 £3.02 £3.93 £5.88 £3.26 £4.98	Please remember add + on your FP10
UrgoClean Ag	Sterile non-adherent absorbent pad made of poly-absorbent fibres and TLC-Ag healing matrix to fight local infection.	6x6 10x10 15x20	£2.04 £4.56 £8.74	

Honey Based Dressings

Product	Form	Size (cm)	Unit cost	
Medihoney Antibacterial Honey	Apinate Dressing	5x5	£2.07	
		10x10	£3.52	
		2x30	£4.28	
Medihoney Antibacterial Honey	Gel Sheet	5x5 10x10	£1.81 £4.35	
Medihoney Antibacterial Honey	Tulle Dressing	5x5 10x10	£1.76 £3.08	
Medihoney Antibacterial Honey	Medical Honey Tube	20g	£4.10	
		50g	£10.25	
Medihoney Antibacterial Honey	Medical Honey Wound Gel	10g	£2.78	
		20g	£4.016	
Medihoney Antibacterial Honey	HCS Non Adhesive	6x6	£2.32	
		11x11	£4.63	
		20x20	£18.69	
		20x30	£29.07	
	Adhesive	11x11 (outer)	£3.17	
		15x15 (outer)	£5.99	
		7.5x20 (outer)	£3.16	

Other Antimicrobial Products

Product	Form	Size	Unit cost	
Cutimed Sorbact Swab	Dialkylcarbamoyl chloride (DACC) coated, hydrophobic, antimicrobial wound contact layer designed to bind to bacteria under moist wound conditions. Can be used for infected or critically colonised wounds. Can be used long term to manage recurrent infections	4x6 (11x16cm unfolded)	£1.79	
		7x9 (17x27cm unfolded)	£2.98	
Cutimed Sorbact Ribbon	For use in wounds with undermining present. Also useful in-between digits	2x50 5x200	£4.37 £8.61	
Cutimed Sorbact Gel	Cutimed Sorbact swab coated with a hydrogel. For use in sloughy wounds that required debriding	7.5x7.5	£2.87	
		7.5x15	£4.85	
Flaminal Forte	Alginate gel containing two antimicrobial enzymes. Debrides the wound and manages moisture balance. Can be used in cavity pressure ulcers as an alternative to packing. For use on moderate to highly exuding wounds	15gm 50gm	£8.16 £27.03	

Flaminal Hydro	Same as Flaminal Forte but has a lower concentration of alginate so can be used on low to moderately exuding wounds	15gm 50gm	£8.16 £27.03	
Anabact POM	Metronidazole gel 0.75%. Useful for malodorous fungating wounds	15g	£5.64	
Flamazine POM	Silver Sulfadiazine 1% cream	50g 250g 500g	£3.85 £10.32 £18.27	

There are other topical antimicrobials available - contact your local Tissue Viability Specialist Nurses for further advice for products for Problematic Wounds

For indications, contra-indications, method of use and frequency of dressing change; refer to manufacturer's instructions.

Odour Absorbing

Description:

Wound malodour can be a major concern for patients and carers. Malodour is a result of bacterial metabolism and devitalised tissue. The use of odour absorbing dressings is usually associated with application of activated charcoal dressings that absorb toxins. Charcoal is a powerful deodoriser as it absorbs bacterial spores.

Indications for use:

Malodourous wounds such as fungating, purulent and gangrenous lesions

A dressing should be selected that is unlikely to adhere to the wound bed to reduce the risk of pain on dressing change

Aims:

Improve patient wellbeing

Reduce odour at the wound bed

Contraindications

Charcoal dressings are not indicated for dry wounds

! Caution – In the relation to the use of alginates in fungating wounds, these should be used with extreme caution in tumours with friable tissue as they may cause bleeding.

Method of use

Refer to manufacturers guidelines

Frequency of dressing change

Depends on how quickly the dressing becomes wet. When the charcoal cloth comes into contact with exudate its odour absorbing properties are reduced so a dressing change will be required at this point.

Product	Form	Size (cm)	Unit cost	
CarboFLEX	Multi-layered absorbent charcoal pad. For malodorous / fungating exuding wounds	10x10	£3.48	
		8x15 oval	£4.17	
		15x20	£7.91	

Absorbent Dressings - All require secondary retention dressings

Description

Absorbent dressings are used to manage exuding wounds.

The type of absorbent dressing chosen will depend on the level of wound exudate

Superabsorbent dressing used for managing very high levels of wound exudate have the capacity to retain wound exudate within the dressing, reducing the risk of maceration to surrounding skin.

Indications for use

Selection of absorbent dressing will depend on the level of wound exudate – categories available include:

Low – moderate, Moderate – high, Very high

Aim

Provide a moist wound healing environment

Manage wound exudate levels

Reduce the risk of maceration to surrounding skin

Contraindications

Application to bleeding wounds should be avoided

The choice of absorbent dressing also depends on the viscosity of wound exudate as thick exudate may not be absorbed effectively into the dressing

Application of creams or ointments to the skin may interfere with the absorbency function of these products.

Method of use

Refer to manufacturers guidelines

Frequency of dressing change

Dependent on wound exudate level

Absorbent Dressings- All require secondary retention dressings

Product	Form	Size (cm)	Unit cost	
Low to Moderately exuding wounds				
Xupad	Sterile Absorbent Pad Wound dressing interface can remain wet	10x12	0.17p	
		10x20	0.19p	
		20x20	0.32p	
		20x40	0.48p	
Moderate to Highly exuding wounds				
Kliniderm Super-absorbent	Management of moderate to highly exuding wounds	10x10	0.49p	
		10x15	0.69p	
		10x20	0.85p	
		20x20	0.99p	
		20x30	£1.49	
		20x40	£1.99	
Vliwasorb Pro	*Consider using Kliniderm Super- absorbent first line	12.5x12.5	£0.95	
		12.5x22.5	£1.12	
		22x22	£2.00	
		22x32	£2.52	

Topical Steroids to reduce Over Granulation – POM

Description

Topical corticosteroids are used for the treatment of inflammatory skin conditions such as eczema. Corticosteroids suppress the inflammatory response during use.

Indications for use

Inflammatory skin conditions such as eczemas

Aim

To reduce inflammatory response

To reduce the production of new granulation cells (although not licensed for use in overgranulation)

Contraindications

Only use as prescribed

Avoid prolonged usage

! Please note that the use of topical corticosteroids is used off licence in the treatment of over granulation in wounds

Method of use

Use as prescribed and as per manufacturers guidelines

The method of application to ensure the appropriate amount of topical corticosteroids is the Fingertip Unit (FTU). This amount of ointment or cream expressed from a 5mm nozzle tube, applied from the distal finger crease to the tip of the palmar aspect of the index finger. One FTU will cover an area equivalent to two flat hand areas of the affected area. Correct application is essential to minimise any potential side effects.

Frequency of usage

Use at every dressing change for a duration as prescribed

Product	Form	Size (cm)	Unit cost	
Hydrocortisone 0.1%	Topical corticosteroid *Unlicensed for wounds	15g	£2.83	

Protease Modulators

Description

Chronic wound healing is characterised by a protracted inflammatory phase as a result of altered biochemistry where elevated levels of proteases, pro-inflammatory cytokines and reactive oxygen species are found. When the inflammatory phase is prolonged it adversely affects cell migration, granulation tissue formation and wound contraction.

Indications for use

Dressings that bind proteases can be applied to chronic wounds

Aim

To reduce chronic proteases and pro-inflammatory cytokines on the wound bed which inhibit wound healing.

Contraindications

Not indicated for dry wounds or those with leathery eschar

Method of use

Dressing change frequency is dependent of the volume of exudate

Frequency of usage

Dependent on wound exudate levels

Product	Form	Size (cm)	Unit cost	
Promogran	Cellulose and collagen matrix. Wounds must be free from necrotic tissue & slough	28cm ² hexagonal	£5.54	
		123cm ² hexagonal	£16.38	
Promogran Prisma (silver)		28cm ² hexagonal	£6.51	
		123cm ² hexagonal	£18.54	
UrgoStart Plus	Poly-absorbent pad impregnated with TLC-NOSF healing matrix. NOSF inhibits excess matrix metalloproteinases and the poly-absorbent fibres bind, trap and retain debris, exudate and slough.	Pad		
		6x6	£3.46	
		10x10	£5.07	
		15x20	£11.08	
		Border	£5.26	
		8x8	£6.23	
		10x10	£8.71	
		13x13	£11.21	
		15x20	£15.06	
		20x20 (sacrum)		

Fistula Wound Drainage & Management

Description

Wound drainage pouch for the management of highly exuding wounds, fistulae and sinuses

Indications for use

Mini – for the management of small wounds <30 mm with low volume of exudate

Medium / Large – for the management of wounds up to 88mm with medium / high volume of exudate

Aims

To manage highly exuding wounds

Contraindications

None listed

Method of use

Refer to manufacturers guidelines

Frequency of usage

Refer to manufacturers guidelines

Product	Form	Size (cm)	Unit cost	Product
Draina S	For the management of highly exuding wounds & fistulae exudate Come in box of 20	Medium (cut to 50mm – 150ml) Large (cut to 88mm – 300ml)	£80.58 £99.10	

Topical Negative Pressure Therapy (TNP)

Description:

Non-invasive negative pressure pump connected by a tube to a dressing that occupies the wound cavity. The dressing is sealed to the peri-wound skin using an adhesive film which provides a closed system ensuring that negative pressure is generated at the wound / dressing interface.

Indication:

Acute, chronic and traumatic clean granulating deep cavity wounds.

Aim:

- Remove excess exudate that may contain bacterial pathogens
- Reduces soft tissue oedema
- Promotes granulation tissue (thereby decreasing wound volume)
- Provides a moist wound healing environment

Contra-indications:

Topical negative pressure therapy should not be used on infected or bleeding wounds, malignancy, exposed blood vessels or organs, unexplored fistulae, extensive necrotic tissue, untreated osteomyelitis, severe peripheral arterial disease or non-concordant patients.

Method of use:

The Tissue Viability Nurse(s) co-ordinate and manage all patients on NPWT. Staff should attend theoretical and practical training on the application of Topical Negative Pressure Therapy.

Frequency of dressing change:

2-3 times per week depending on exudate levels

* Patient discharged from Hospital should be supplied with Seven days' supply of dressings

Topical Negative Pressure Therapy (TNP)

Product	Form	Size (cm)	Unit cost	
Renasys Touch Pump & Dressings	For deep, clean dehisced or cavity wounds	Gauze with Soft Port Dressings kit:		
		Small	£20.95	
		Medium	£26.27	
		Large	£33.33	
		Canister	£21.28	
		300ml	£29.34	
		800ml		
		Foam with Soft Port Dressing kit:		
Small	£24.58			
Medium	£28.56			
Large	£33.88			
		Renasys Y-Connector	£3.47	
		Renasys Adhesive Gel Patch	£3.66	
Renasys G (gauze) dressing kit		Round Drain 10fr	£25.47	
		Round Drain 19fr	£25.47	
		Flat Drain 10mm	£25.47	
		Channel Drain 15fr	£25.47	
PICO 7 PICO 14	For superficial non healing wounds	10x20 10x30 15x15 15x20 10x40 15x30 20x20 25x25	From £132.39 – £152.56	
Acticoat Flex 3	Antimicrobial barrier dressing comprising of a flexible, low adherent polyester layer coated with noncrystalline silver. Licensed for use in conjunction with Renasys Topical Negative Pressure Therapy in critically colonised wounds	5x5	£3.78	
		10x10	£9.22	
		10x20	£14.42	

Larval Therapy

Description:

BioMonde sterile Larvae (maggots) of the green bottle *Lucilla sericata* are provided in two different formats for use in wound care, the BioBag dressing and Larvae free range.

BioBag Dressing - contain approximately 10 larvae per cm², sealed with a net pouch containing pieces of hydrophilic polyurethane foam, moistened with saline. BioBag dressings are placed directly onto the wound and larvae remain confined in the dressing during treatment.

Indication:

Wound debridement for sloughy, infected or necrotic wounds including leg ulcers (arterial / venous), pressure ulcers, burns and diabetic foot ulcers. They can also be used as an adjunct to surgery in the management of necrotising fasciitis and to prepare wound sites for grafting.

Aim:

- Debrides necrotic/sloughy tissue from the wound bed by proteolytic enzymatic digestion
- Reduces wound odour

! Contra-indications:

Patients with dysfunctional blood clotting, either natural or drug induced that affects ability to stem bleeding, bleeding wounds, an exposed vessel in the treatment area and known hypersensitivity to either larvae of *Lucillia sericata*. **These products also have special warnings and precautions therefore always refer to manufacturers guidelines.**

Method of use:

Detailed application guides are provided with every unit. Contact the Tissue Viability Team for further details.

Frequency of dressing change:

BioBag dressings can be left in place for up to 4

Larval Therapy – POM

Product	Form	Size (cm)	Unit cost	
BioBag Dressing	Larvae sealed within a net pouch	2.5x4	£236.09	
		4x5	£271.59	
		5x6	£295.25	
		6x12	£324.74	
		10x10	£347.98	

Ordering Information:

- Orders will need to be raised on an FP10 prescription by a doctor or registered independent prescriber
- Take the script to a pharmacy who are required to order the larvae by phoning 0845 230 1810 or faxing to 01656 668047
- Delivery is available Monday to Saturday
- Order by 2pm for next day delivery (Before 2pm Friday for Monday)
- State intended delivery date and full postal address (this is usually the pharmacy that is placing the order) – all deliveries must be signed for.

Storage:

- Keep in transit containers
- Store at a temperature of 6°C to 25°C (do not need to be refrigerated)
- To be applied on the day of delivery for optimal results
- BioBag dressings can be left in place for up to 4 days

Disposal :

- Infection Control Guidance
- Double bag in an orange clinical waste bag, remove from premises, transport in red clinical waste box and dispose in clinical waste bin

Topical Skin Care Products

This section contains topical agents which help to maintain healthy skin or treat dry or excoriated skin.

Warning! Paraffin based emollients are flammable. Please use Non Paraffin based emollients for those patients who are smokers or use O2 therapy.

If using a paraffin-based emollient, keep away from fire, flames, and cigarettes – dressings and clothing soaked with the ointment can be ignited easily.

Indication:

Refer to each product separately

Aim:

To re-hydrate dry skin to minimise build-up of skin scales

Please refer to Appendix 2 – Barrier Cream Pathway for usage of barrier products.

Product	Form	Size	Unit	
Paraffin Based Emollients				
Epaderm Ointment	3-in-1 emollient, bath additive and skin cleanser. Greasy emollient for dry, scaly skin & venous eczema	125g	£3.93	
		500g	£6.66	
Epaderm Cream	2-in-1 emollient and skin cleanser for dry skin	150g	£3.93	
		500g	£6.66	
Non Paraffin Based Emollients				
Apro Derm Colloidal Oat Cream		100ml	£2.74	
		500ml	£5.80	
Barrier Products				
Conotrane Cream	Barrier cream For incontinent patients with healthy skin	500g	£3.51	Please see Appendix 2 

Cavilon Cream	Durable barrier cream	28g tube 92g tube 2g sachet - (20)	£3.32 £6.55 £6.47	Please see Appendix 2
Cavilon No Sting barrier Film	For use on moderately excoriated fragile skin	1ml 3ml Spray 28ml	£4.09 £6.62 £5.85	Please see Appendix 2
Proshield Plus Proshield	Gentle pH balanced cleanser Barrier cream – Foam and Spray Cleanser indicated for use on intact and broken skin Safe barrier option for smokers / o2 therapy users	115g 235mls	£10.20 £6.78	Please see Appendix 2
Cavilon Advanced	Durable transparent polymer-cyanoacrylate barrier in a disposable applicator.	0.7ml 2.7ml	£6.99 £10.59	Extremely Flammable until completely dried on the skin.

To keep skin soft and pliable, thus minimising the risk of cracking and bacterial entry.

Refer to manufacturer's instructions for contra-indications, method and frequency.

Compression Bandages

Description:

Bandaging systems consisting of two or more layers. Kits are available according to the patient's ankle circumference and leg shape. Components of kits are also available separately.

Indication:

Venous leg ulcers

Aim:

To improve venous return

Contra-indications: Limb Ischaemia

Patient's ABPI is required to be within a pre-agreed range prior to commencement of therapy. Refer to Leg Ulcer Management Guidelines for further advice.

Method of use:

Apply strictly as per manufacturer's instructions. To be applied by an individual who has undertaken competency - based training.

Frequency of dressing change:

Usually re-applied once or twice per week.

Compression Bandages

Full graduated compression – 40mmHg at the ankle

Indications for use: To treat venous leg ulcers

4 Layer Kits

Product	Form	Kit Size As per ankle circumference	Unit cost	
K Four Kit - K-Soft - K-Lite - K-Plus - Ko-Flex	Multilayer compression bandage system 25-30cm & >30cm contain long length bandages	<18cm	£7.67	
		18-25cm 25-30cm	£7.34 £7.234	
- K Soft, Light, Plus - K-ThreeC (ankles >25cm)		>30cm	£10.11	

Full graduated compression - 40mmHg at the ankle

2 Layer Kits

Product	Form	Kit Size(cm) As per ankle circumference	Unit cost	
UrgoK Two - K Tech composite wadding layer - K Press cohesive compressive elastic bandage	Two-layer compression system Kits available in 8cm, 10cm and 12cm bandage widths	18-25cm 25-32cm	£10.71 £11.53	
Actico 2C - Comfort layer - Inelastic cohesive compression layer	Two layer compression system	18cm-25cm Kit 25cm-32cm Kit	£8.42 £9.48	
Andoflex TLC Zinc Lite (25-30mmHg compression level)	Latex free compression system with zinc impregnated comfort layer	10cm x5.5m kit	£6.48	

***See hosiery section for alternative to bandaging – full graduated compression 40mmHg at the ankle**

Reduced graduated compression – 20mmHg at the ankle

Indications for use: To treat mixed aetiology leg ulcers. Use with caution and regular monitoring.

Reduced Compression Kits

Product	Form	Kit Size (cm) As per ankle	Unit cost	
K-Four reduced 18cm+	Three-layer reduced compression system	18cm+	£4.80	
UrgoK Two Reduced - K Tech reduced - K Press	Two-layer reduced compression system Available in latex free	18-25cm 25-32cm	£8.60 £9.40	

Wool & Support/ Retention Bandages

Product	Form	Size	Unit cost	
K-Soft	Absorbent non-woven sub bandage wadding	10cmx3.5m 10cmx4.5m	0.49p 0.61p	
K-Lite	Lightweight knitted bandage	5cmx4.5m 7cmx4.5m 10cmx4.5m 15cmx4.5m 10cmx5.25m	0.59p 0.82p £1.07 £1.55 £1.23	
K Band	Light weight conforming bandage	5cmx4m 7cmx4m 10cmx4m 15cmx4m	0.22p 0.28p 0.30p 0.53p	

Compression Wrap Systems

- An alternative to compression bandaging.
- Wrap kits are Velcro support systems which are adjustable to provide graduated compression.
- Can be applied over dressings for patients with leg ulceration.
- Can be applied at full or reduced compression.
- Requires limb measurement to ensure appropriate fit.
- Some brands can be used for Lymphoedema management.
- Some need to be cut to sizes.
- May improve patient concordance as patients can adjust and remove system for ease of bathing and dressing changes
- Accessories such as anklets and liners can be prescribed separately.

Product	Form	Size	Unit cost	
Juxta-fit Lower Legging	For the management of venous leg ulceration. May be used prophylactically. Guaranteed for 6 months of daily use	S M L XL XXL Available in two lengths (28cm & 36cm)	From £137.65 to £142.04	
Ready Wrap	Easily adjustable inelastic compression wrap. Latex free. Calf Wrap (Foot and Thigh also available refer to manufacturers guidelines) Available in two lengths in beige or black	S M L XL XXL	£91.12	
Jobst Farrow Wrap	Short-stretch wrap compression system Classic (30-40mmHg) Leg Piece	XS S M L XL	£138.49	

Compression Hosiery

Description:

British & European Standard Compression Hosiery.

British Standard Classifications:

British standard classifications 1-3 have a lower compression value than the European standard classifications.

Class 1 – 14-17mmHg:

Provides light compression. Superficial or early varices and prevention of deep vein thrombosis while travelling

Class 2 – 18-24mmHg:

Provides medium compression. Medium varices. Treatment and prevention of venous leg ulcers and associated conditions. Mild oedema.

Class 3 – 25-35mmHg:

Provides strong compression. Gross varices. Gross oedema. Treatment and prevention of venous leg ulcers and associated conditions. Post thrombotic venous insufficiency.

European Standard Classifications:

European classifications 1-3 have a higher compression value than the British Standard classification. They have a higher stiffness index which gives the garments a higher resistance to stretch. Particularly suitable for the management of chronic oedema or lymphoedema.

Class 1 – 18-21mmHg:

For early/ mild chronic oedema and lymphoedema where the swelling is light to moderate with little shape distortion. Suitable for chronic oedema or lymphoedema prophylaxis, maintenance therapy.

Class 2 – 23-32mmHg:

For cases of moderate to severe chronic oedema or lymphoedema where there may be slight or minor shape distortion.

Class 3 – 34-46mmHg:

For severe chronic oedema or lymphoedema, however there should only be slight or minor limb shape distortion

***If there is severe limb distortion bandaging should be used to reduce limb size and obtain an appropriate limb shape. If unsure seek specialist advice.**

Compression Hosiery Continued.....

Aim:

- To aid lympho-venous return
- To manage oedema
- To improve the condition of the skin
- To reduce the risk of complications such as cellulitis

Contra-indications/ Precautions:

People with diabetes unless under medical or specialist supervision. Significant arterial disease (ischaemia) according to vascular assessment. Congestive heart failure as compression can lead to cardiac overload.

Known sensitivity to the fabric.

Patient's ABPI is required to be within a pre-agreed range prior to commencement of therapy. Refer to Leg Ulcer Management Guidelines for further advice.

Method of use:

Apply strictly as per manufacturer's instructions. To be applied by an individual who has undertaken competency- based training.

Frequency of dressing change:

Usually re-applied once or twice per week.

If limb sizes do not fit into the standard sizes bespoke made to measure hosiery should be prescribed. Contact SIT for further information.

British Standard Compression Hosiery

Product	Form	Colour	Sizes	Unit Cost
ACTIVA British standard hosiery: Class 1 (14-17mmHg) Class 2 (18-24mmHg) Class 3 (25-35mmHg)	Below Knee Closed Toe Below Knee Open Toe Below Knee Unisex Patterned Sock Thigh Length	Various Refer to measuring charts and ordering guides	S M L XL XXL	Various – see order form
ACTIVA Liner Pack 10mmHg	Below Knee (open toe) pack of 3 Below Knee (closed toe) pack of 3	Various Refer to measuring charts and ordering guides	S M L XL XXL	Various – see order form
ACTIVA Acti-Glide	Compression Hosiery Applicator		One Size	£15.41

British Standard Made to Measure Hosiery

Product	Form	Colour	Size (cm)	Unit cost
ACTIVA – Made to Measure Hosiery	Credalast class 1, 2 and 3	Various	Made to measure	Various - See order form
Urgo - Made to Measure	Altiform Class 1, 2 and 3			

Hosiery Kit – Alternative to bandages

Product	Form	Size (cm)	Unit cost	
ACTIVA Leg Ulcer Hosiery Kit	Contains: 1 x Class 3 stocking (25-35mmHg) 2 x liners (10mmHg)	S M L XL XXL	Various – see order form	
Closed toe				
Open toe	Closed toe pack comes in white/sand Open toe pack comes in sand only			

European Standard Compression Hosiery

There are various designs, styles, colours, lengths (petite / regular) and widths in all classifications including made to measure.

The choices are too varied to list in this formulary.

Each manufacturer produces measuring forms and product information - this can be obtained through the company representatives or Contact your local Tissue viability team.

There are other compression garments available to suit individual needs such as made to measure -please seek advice from your local Tissue Viability Specialist Service

Product	Form	Colour	Size	Unit cost
ActiLymph Hosiery Kit	Open Toe Closed Toe	Various	S M L XL XXL	Various – see order form
Medi Mediven (elegance/plus) Class 1, 2 and 3	Open Toe Closed Toe	Various	1-7	

Chronic Oedema & Lymphoedema Bandages

Product	Form	Size (cm)	Unit cost	
Easifix	Polyamide and cellulose contour retention bandage Used to bandage fingers and toes	5x4m	0.38p	
Tubifast - Purple	Elasticated viscose stockinette with radial and longitudinal stretch	20x1m 20x5m	£3.28 £16.32	
Comfifast - Beige	Elasticated viscose tubular bandage	17.5x1m	£1.83	
Cellona Undercast Padding	Padding layer used under compression	5x2.75m 7.5x2.75m 10x2.75m 15x2.75m	0.33p 0.40p 0.50p 0.64p	
Comprilan	100% cotton short stretch compression bandage Bandages can be	6x5m 8x5m 10x5m 12x5m	£2.89 £3.40 £3.65 £4.45	
Actico	Two layer cohesive inelastic short stretch bandage One use only For nurses who have undertaken lower limb oedema training and bandaging competencies or when Lymphoedema Nurse Specialist/ Tissue Viability Nurse Specialist requests usage	4x6m 6x6m 8x6m 10x6m 12x6m	£2.59 £3.03 £3.49 £3.62 £4.62	

Paste bandages

**Reduces pain, hydrates and treats
varicose eczema**

Product	Form	Size	Unit cost	
Ichthopaste	Zinc oxide paste cotton bandage	7.5cmx6m	£3.97	
Viscopaste PB7	Zinc paste bandage Refer to product information leaflet re: application	7.5cmx6m	£3.94	

Cleansing solutions

Please refer to Appendix 1 – Prontosan

Product	Form	Size	Unit cost	
Irripod	Ampoules	25 x 20ml	£5.90	
Stericlens	Sodium chloride 0.9% spray	100ml 240ml	£2.07 £3.19	

Other wound care products

Product	Form	Size (cm)	Cost	
Tubular Bandages				
Comfifast	Elasticated viscose tubular bandage May be used as a retention bandage	Blueline: 7.5x1m	0.77p	
		7.5x3m	£2.13	
		7.5x5m	£3.74	
		Yellowline: 10.75x1m	£1.20	
		10.75x3m	£3.49	
		10.75x5m	£6.04	
Comfigrip	Elasticated tubular bandage	Sizes B to G available	From 0.61p – £1.47	
ActiWrap Latex Free	Cohesive retention bandage	6cmx4m	0.50p	
		8cmx4m	0.74p	
		10cmx4m	0.87p	
Debridement Pad				
Alprep	Debridement pad for removal of debris and superficial slough on wounds and skin	7cmx9cm	£6.61	
Surgical Adhesive Dressing Low to Moderately exuding wounds				
Softpore	Latex free surgical adhesive dressing	6x7	0.06p	
		10x10	0.13p	
		10x15	0.20p	
		10x20	0.35p	
		10x25	0.40p	
		10x30	0.49p	
		10x35	0.58p	
Other Medical devices				
Limbo Waterproof protector	Useful for PICC Lines and leg dressings	Adult ½ leg	£10.74	
		Adult Elbow	£13.16	

Kerraped	All purpose Boot One supplied Universal fit	Small Medium Large Extra large	£17.92	
KerraPro (To be used in situations where the pressure cannot be reduced in any other way)	Sheet Strip Sacrum / Ankle Heel Pressure reducing silicone pads For use on intact skin only Single patient use Can be reused by washing with soap and water Must be completely dry before re-application	10x10x0.3 10x10x1.2 50x2.5x0.3 30x5x0.3 One Size One Size	£4.42 £13.33 £5.54 £6.66 £17.59 £15.63	
Parafricta	Bootee Velcro Closure/ Slip on Undergarment Velcro Closure/ Brief Slip on	XS, S, M, L, XL	£36.55	
Sterile Dressing Packs				
Dressit Sterile Dressing Packs	Small/Medium Medium/Large	Per pack. Supplied in packs of 10 Packs of 10	0.69p	
Adhesive Tape				
Clinipore Tape	Adhesive Tape	2.5x5m	0.61p	
Hypafix	Permeable non woven synthetic adhesive tape	5cmx5m 10cmx5m 2.5cmx10m 5cmx10m 10cmx10m 15cmx10m 20cmx10m 30cmx10m	£1.53 £2.57 £1.78 £2.83 £4.94 £7.32 £9.71 £14.03	

Appendix 1 – Moisture Associated Skin Damage (MASD) Pathway

Moisture Associated Skin Damage (MASD) Pathway A



Assessment

Carry out a full holistic assessment.
 Consider: mobility, nutritional status, personal hygiene, sensitivities.
 Moisture specific: continence, excessive perspiration, skin folds.
 Patients with moisture lesions are at high risk of developing pressure ulcers therefore follow the pressure ulcer prevention pathway and trust policy.

Is the skin damage caused by:

1 Incontinence Associated Dermatitis (IAD)
Source of MASD: Urine and / or faeces
 Erythema and inflammation of the skin, erosion and denudation can occur as result of exposure to urine and faeces

2 Intertriginous Dermatitis (MASD within skin folds)
Source of MASD: Perspiration +/- friction
 Mild, mirror image erythema on each side of the skin fold. May have erosion and denudation as result of exposure to chronic perspiration and possibly friction

3 Periwound Dermatitis
Source of MASD: Exudate +/- adhesive skin stripping
 Erythema and inflammation of skin within 4cm of wound edge, may show denudation or erosion

4 Peristomal and Peri-tube Moisture Associated Dermatitis
Source of MASD: Bodily fluids e.g. urine, faeces, gastric
 Inflammation and erosion of skin related to moisture from bodily fluids such as urine, faeces, gastric fluids and saliva

Management

1 Incontinence Associated Dermatitis (IAD)

- ▶ Ensure a full continence assessment has been completed
- ▶ Refer to Incontinence Skin Care Pathway

2 Intertriginous Dermatitis (MASD within skin folds)

- ▶ Examine entire area of the skin folds, including base
- ▶ Gently lift the fold without creating or exacerbating traction and fissure formation
- ▶ Avoid products containing chlorhexidine gluconate, alcohol, or perfumes as these can be absorbed by damaged skin
- ▶ Measures to ensure the continued drying of the skin fold must be a primary treatment strategy
- ▶ Cavilon No Sting Barrier Film to be applied every 24 hours. Frequency can be reduced to 48-72 hours in line with skin improvement
- ▶ If symptoms persist contact TVN service

3 Periwound Dermatitis

- ▶ Base dressing choice on exudate levels
- ▶ Consider the potential for wound infection
- ▶ If the wound is not healing or progressing, further investigation may be required to establish co-morbidities
- ▶ Protect peri-wound area from further breakdown, maceration and adhesive trauma. Apply Cavilon No Sting Barrier Film at every dressing change or as per protocol

4 Peristomal and Peri-tube Moisture Associated Dermatitis

- ▶ Consult Stoma Nurse specialist for guidance on appliances
- ▶ Protect peri-stomal/peri-tube area from further breakdown, maceration and adhesive trauma. Apply Cavilon No Sting Barrier Film at every pouch/appliance change or as per protocol

2 3 4 Once skin condition has resolved, discontinue use of Cavilon No Sting Barrier Film unless patient continues to be at high risk of skin breakdown

Cavilon no sting barrier film can be used when receiving oxygen therapy, but must be applied and allowed to dry when the oxygen supply is switched off due to the potential flammability of the product.

Appendix 1 – Incontinence Associated Skin Damage (IASD) Pathway

Incontinence skin care pathway B

This pathway is for patients/residents at risk or with existing skin damage due to the effects of incontinence (urine and/or faeces) on the skin.



Clinical Presentation	Cleansing the Skin	Apply a Skin Protectant	When to use	How much to use
1st Line At risk of skin damage as patient is incontinent No redness and skin intact 	Use a pH balanced soap substitute or <u>non perfumed</u> soap as available		Apply 1-2 times daily	Apply a thin layer evenly to affected area
2nd Line Mild Red* but skin intact * Or paler, darker, purple, dark red or yellow in patients with darker skin tones. 	Use a pH balanced soap substitute or <u>non perfumed</u> soap as available	 Cavilon Durable Barrier Cream	 Apply morning and evening	 Apply Cavilon Durable Barrier Cream in pea-sized amounts and apply a thin even layer
Moderate Red* with skin breakdown * Or paler, darker, purple, dark red or yellow in patients with darker skin tones. 	Use a pH balanced soap substitute or <u>non perfumed</u> soap as available	 Cavilon No Sting Barrier Film	 Apply morning and evening	 Apply Cavilon Durable Barrier Cream in pea-sized amounts and apply a thin even layer
3rd Line Severe Red* with skin breakdown * Or paler, darker, purple, dark red or yellow in patients with darker skin tones. 	Use a pH balanced soap substitute or <u>non perfumed</u> soap as available	 Proshield Plus Skin Protectant	Apply minimum of once daily to affected area and reapply after every episode of incontinence or when there is no visible layer	Apply a thin layer evenly to affected area

Important considerations

- Ensure a full continence assessment has been completed
- Refer to GP/Prescriber if an infection is suspected. Cavilon Skin care products should not be used on infected skin
- Cavilon no sting barrier film can be used when receiving oxygen therapy but must be applied and allowed to dry when the oxygen supply is switched off due to the potential flammability of the product.
- **Follow the step up and step-down approach – always ensure the product used is appropriate to the condition of the patient's skin**

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Abbreviation & Definitions

Abbreviation	Definitions
POM	Prescription Only Medicine
SIT	Skin Integrity Team
PHMB	Polyhexamethylene Biguanide
DACC	Dialkylcarbamoyl chloride
ABPI	Ankle Brachial Pressure Index
NPWT	Negative Pressure Wound Therapy

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