

Wound Management Formulary (Adults) and Guidance Document

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April 2024	Kerry Carmichael / Sherrie Annandale	Full Review, updated contraindications for iodine containing products	Whole Document
May 2025	Kerry Carmichael	Medihoney products removed, Revamil Tulle, Revamil HCS & Revamil Gel added Cutimed Sorbion Sachet XL removed	8.3.13 8.3.1

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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 and Lower Limb (TVaLL) 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 Humber Area Prescribing Committee website:

[Humber Area Prescribing Committee \(northernlincolnshireapc.nhs.uk\)](http://northernlincolnshireapc.nhs.uk)

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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 is available on the Humber Area Prescribing Committee (HAPC) website, however each individual team, service or organisation should be aware that the funding for the Integrated Nursing and Conditions Service is provided by the Integrated Care Board (ICB) 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 Community Interest Company

GP – General Practitioner

TVaLL – Tissue Viability and Lower Limb

TVN – Tissue Viability Nurse

ICB – Integrated Care Board

INCS – Integrated Nursing and Conditions Service

HAPC – Humber Area Prescribing Committee

NMC – Nursing and Midwifery Council

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NICE – National Institute for Health and Care Excellence

Definitions:

MyCompliance – Compliance Management Platform

SystemOne (S1) – Patient Electronic Health Record

Two Week Challenge – Best practice recommendations for the appropriate use of silver dressings

FORMEO – Online Ordering Platform

Oracle Online System – Online Ordering Platform

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 optimised patient care and engagement for any wound that is acute / non-healing or complex as these factors will influence the potential for the wound to heal.

The surrounding skin and psychosocial factors must also be considered.

6.2 Plan:

Following assessment, the dressing choice should be informed by referring to Section 7 'Guidelines to Generic Wound Care Range' of this document and CHCP Ref 563 Assessment, Treatment and Management of Wounds for Adult Patients in the Community Guidance, which includes the relevant pathways.

Realistic goals and outcomes must be discussed and agreed with the patient prior to the commencement of any wound treatment – see CHCP Ref 1217 Optimising Patient Care Through Patient Engagement Guidance.

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 at least 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 SystmOne record and a rationale provided.

For additional information see CHCP Ref 541 Record Keeping for Hull & East Riding Integrated Nursing and Conditions Service (comprising of Community Nursing, Treatment Rooms, Lymphoedema, Tissue Viability and Bee at Home Care Service) 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.
Treatment Aim	To soften and remove necrotic tissue by rehydration and debridement to allow granulation. Do not attempt debridement if arterial insufficiency is suspected Keep dry and refer vascular assessment	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. Wound Bed must be protected with a non-adherent dressing to prevent adherence of other dressings). Antibiotics must be used only when appropriate)	To promote granulation from the base of the wound.

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NO EXUDATE	<i>Hydrogels/sheet</i>	<i>Hydrogels/sheet</i>	<i>Low Adherent</i>	Identify wound infection as per Framework : Contaminated Colonised Local Infection	<i>Film</i>	<i>Low adherent</i> <i>Foam</i> <i>Absorbent Dressing</i> <i>Topical Antimicrobial (P)</i> <i>Odour Control</i>	<i>Fibre Dressing</i> <i>Foam</i> <i>Absorbent Dressing</i>
LOW EXUDATE	<i>Hydrogels/sheet</i>	<i>Hydrogels/sheet</i>	<i>Foam</i> <i>Absorbent Dressing</i>	Spreading Infection Systemic 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>
MODERATE TO HIGH EXUDATE (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., Tissue Viability Nurse, Podiatrist

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 CHCP Community Nursing and Treatment Rooms please refer to CHCP Ref 1194 Stock Management and Stock Box Process, Integrated Nursing and Conditions Service, Standard Operating Procedure.

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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 CHCP Exudate Management Pathway – see Ref 563 Assessment, Treatment and Management of Wounds for Adult Patients in the Community Guidance.

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
SOFT PORE	Island dressing	Superficial and surgical wounds with no – low exudate levels	✓		
ZETUVIT	Absorbent pad	Wet wounds with low – moderate exudate levels	✓		
ZETUVIT PLUS	Super Absorbent pad	Wet wounds with moderate – high exudate levels		✓	
CUTIMED SORBION SACHET MULTISTAR	Super Absorbent pad	Suitable for high levels of exudate	Podiatry 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.

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
KALTOSTAT	Calciumsodium 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
ACTIVHEAL AQUAFIBER EXTRA	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			
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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
HYDRO-FILM	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
ALLEVYN ADHESIVE BORDER	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.	✓		

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ALLEVYN ADHESIVE GENTLE BORDER	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.	✓		
ALLEVYN NON-ADHESIVE FOAM	A sterile, non-adhesive hydro cellular dressing	For wounds with low to moderate exudate levels.	✓		
ACTIVHEAL FOAM HEEL DRESSING	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 to moderate exudate levels.	✓		
ALLEVYN LIFE FOAM ADHESIVE	An advanced layered construction that combines a composite hydro cellular foam pad sandwiched between a perforated silicone gel adhesive wound contact layer and a highly permeable waterproof outer film. A central mesh screen on the pad helps shield the visibility of exudate	Non healing and acute wounds with moderate to high exudate levels manageable with a foam dressing		✓	
SUPRASORB P SILICONE	Made up of a wound contact layer, polyurethane	For wounds with low to			

	absorbent foam, a non-woven distribution layer, a superabsorbent polymer core and an external film backing.	moderate exudate levels.			✓
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8.3.6 Hydrocolloid Dressings:

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

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
DUODERM HYDROCOLLOID	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 to moderate exudate levels.	✓		

8.3.7 Hydrogel / 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
ACTIVHEAL HYDROGEL	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.	✓		
KERRALITE COOL	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. Not suitable for: full thickness wounds; heavily bleeding wounds, third-degree burns, or as a covering for deep, narrow cavities or sinuses.	✓		

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
ATRAUMAN	Non-adherent, polyester mesh wound contact layer.	Non adherent dressing removal; promotion of healthy granulation tissue.	✓		
ACTIVHEAL SILICONE WOUND CONTACT LAYER	Non-adherent. The silicone aspect allows atraumatic removal of the dressing.	Atraumatic removal. Suitable for and fragile wounds.			✓
BACTIGRAS (Under Podiatry Instruction Only)	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
ODOLOCK	Charcoal dressing which absorbs odour.	Malodorous wounds such as fungating carcinomas and ulcerative, traumatic and surgical wounds.			

	This dressing is composed of pure activated carbon encased in a non-woven nylon envelope.	DO NOT APPLY if the patient has a sensitivity to nylon. This dressing should never be cut as particles of activated charcoal may enter the wound and cause discoloration.	✓		
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8.3.10 Protease Modulating Matrix Dressings:

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
URGOSTAR T CONTACT	Flexible non occlusive contact layer	Can be used on diabetic foot ulcers, venous leg ulceration, pressure ulcers and long-standing acute wounds. DO NOT USE On infected or critically colonised wounds, cancerous wounds, fistulas, which may reveal a deep abscess.			✓
URGOSTAR T PLUS WITH BORDER	Superabsorbent layer, and a silicone border with waterproof backing. (Adhesive)	Non-healing wounds to aid with any stage of wound healing (from desloughing			✓

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		to complete healing wounds including leg ulcers, diabetic foot ulcers, pressure ulcers, and long-standing acute wounds.) DO NOT USE on heavily bleeding wounds, cancerous wounds, wounds that may reveal a deep abscess or infected wounds.			
URGOSTAR T PLUS		This product should be used as 1 st Line choice for Diabetic Foot Ulcers under Podiatry care	✓		

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
PICO SINGLE USE NEGATIVE PRESSURE WOUND	Single-use, portable negative pressure wound therapy (NPWT) system. The lightweight	Suitable for wounds such as chronic, acute, traumatic, subacute and dehisced wounds, partial thickness burns, ulcers (such as diabetic or			✓

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THERAPY SYSTEM	<p>pump delivers negative pressure of -80mmHg and provides therapy for up to 7 days.</p>	<p>pressure), flaps and grafts, and surgically closed incision sites. DO NOT USE 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>			
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8.3.12 Renasys Negative Pressure Wound Pressure (NPWT):

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
RENASYS TOUCH CONSUMABLE	Canister kit Dressing kit (foam and gauze) Softport dressing kit Y connector Renasys Gauze filler	Can be used on wounds such as chronic, acute, traumatic, sub-acute and dehiscent 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. DO NOT USE: 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; nonenteric and unexplored fistulas; anastomotic sites.			✓

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’ are to be adopted

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
CUTIMED SORBACT	Sorbacttechnologycoated hydrophobic antimicrobial dressing designed to bind bacteria. DO NOT USE with ointments and creams as the binding effect is impaired	Superficial wounds, traumatic wounds, post op or dehisced, leg ulcers. Suitable for fungal infections in the groin, skin folds, or between digits.	✓		
CUTIMED SORBACT GEL		Superficial wounds, traumatic wounds, post op or dehisced, leg ulcers.	✓		
CUTIMED SILTECT SORBACT	Hydrophobic, microbial binding foam dressing		✓		
REVAMIL GEL	Revamil honey calcium alginate dressing best suited for moderate to high exuding wounds. Its fast-gelling formation prevents wound fluid sitting on the edges and causing maceration. With its unique honey centre the alginate has the capacity to absorb whilst the honey kills the bacteria	Revamil honey creates a moist environment and as a result stimulates healing. Once applied the gel neutralises			✓
REVAMIL MELGINATE					

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	<p>Venous ulcers. Cavity and tracking wounds Infected, surgical and chronic wounds. Diabetic foot ulcers. 1st and 2nd degree burns.</p> <p>DO NOT USE if the patient is known to be allergic or hypersensitive to honey</p>	<p>wound odours. Additionally , de-bridges and de-sloughs the wound. Composed of 100% medical grade honey. Revamil wound gel contains no plastic, silicone and is paraben free.</p>			
REVAMIL TULLE	<p>Superficial wounds Venous leg ulcers Acute and chronic wounds Diabetic foot ulcers Malodourous wounds Sloughy and necrotic wounds 1st and 2nd degree burns</p> <p>DO NOT USE if the patient is known to be allergic or hypersensitive to honey</p>	<p>Revamil wound dressing neutralises wound odours through the killing of bacteria Creates a moist wound-environment that stimulates wound healing Suitable for all age groups and diabetic patients</p> <p>Does not contain any parabens or silicone</p>			✓

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’ are to be adopted




PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
ACTICOAT FLEX 3	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		✓	
AQAUCEL AG EXTRA PLUS RIBBON	Designed to manage 3 key local barriers to healing	Leg ulcers, pressure ulcers, diabetic foot ulcers, donor sites, surgical wounds, 1 st & 2 nd 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

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

PRODUCT	DRESSING TYPE	TYPE OF WOUND	FIRST LINE	SECOND LINE	RESTRICTED USE
IODOSORB OINTMENT	Cadexomer iodine- based dressing use IODOSORB within the guidelines of the prescribing information (up to a maximum of 150g a week) BIOFILM MANAGEMENT	Removes excess exudate and slough. Can be used under compression.			 <p>Iodine containing products are contraindicated in patients with severe renal impairment (eGFR < 30)</p>
IODOFLEX DRESSING					 <p>Iodine containing products are contraindicated in patients with severe renal impairment (eGFR < 30)</p>
INADINE	Povidine iodine-based dressing.	Ulcers, minor burns and minor traumatic skin injuries, Rubefacient in chilblains			 <p>Iodine containing products are contraindicated in patients with severe renal impairment (eGFR < 30)</p>

FLAMINAL FORTE	Alginate gels BIOFILM MANAGEMENT <i>Products NOT available on Formeo - need to be ordered on FP10</i>	Wet Wounds	Can be used on acute and chronic wounds			Needs to be ordered on FP10 ✓
FLAMINAL HYDRO		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
Cleansing Agents	IRRIPOD sterile saline pods	To be used in conjunction with CHCP Infection Management Guide and Cleansing Protocol	✓		
	OCTENILIN Antimicrobial Cleansing Agent		✓		
Debridement Pad	DEBRICLEAN	Supports the mechanical debridement process Use TWO WEEK			

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		CHALLENGE principles	✓		
Skin Protectors	CUTIMED PROTECT	Cream, foam and spray form available	✓		
Tapes & Fixation	CliniTape Clear – latex free	For use when sensitivity to latex present	✓		
	MICROPORE Surgical Tape		✓		
	MEFIX		✓		
	TUBULAR BANDAGE (ELASTICATED)	EESIGAUZ Cotton Stockinette. All sizes for legs / arms / toes / fingers (Oracle order only) http://sallis.co.uk/products/bandages Podiatry sizes 01 & 12	✓		
	SOFTDRAPE DRESSING PACKS		✓		
	ALVITA NURSEIT				

Wound Care Accessories	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: CHCP Ref 1031 Compression Formulary

Supplementary information relating to Lymphoedema compression may be found within Ref 1184 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

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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 Ref 563 Assessment, Treatment and Management of Wounds for Adult Patients in the Community – Guidance

CHCP Ref 1217 Optimising Patient Care Through Patient Engagement Guidance, Integrated Nursing and Conditions Service

CHCP Ref 541 Record Keeping for Hull & East Riding of Yorkshire Integrated Nursing and Conditions Service (comprising of Community Nursing, Treatment Rooms, Lymphoedema, Tissue Viability and Bee at Home Care Service) Standard Operating Procedure

CHCP Ref 1194 Stock Management and Stock Box Process, Integrated Nursing and Conditions Service, Standard Operating Procedure

CHCP Ref 1031 Compression Formulary City Health Care Partnership CIC

CHCP Ref 1184 Lymphoedema Compression Garment Selection Guide

NMC 2018 The Code: Professional Standards of Practice and Behaviour

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Associated Documents:

NICE – National Institute for Health and Care Excellence [NICE | The National Institute for Health and Care Excellence](#)

National Prescribing Centre [Medicines and prescribing | NICE Communities | About | NICE](#)

Standards for Prescribers [Standards for prescribers - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

Wound Management [Wound management | Topic | NICE](#)

Wound Management Products and Elasticated Garments [Wound management products and elastically garments | BNF | NICE](#)

Wound UK: Website that includes Best Practice Statements / Journal and Wound Related Education [Home Page - Wounds UK \(wounds-uk.com\)](#)

Wound Care Handbook [Wound Care Handbook | Wound Care Handbook](#)

British National Formulary (BNF) [BNF \(British National Formulary\) | NICE](#)

14. FURTHER READING

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

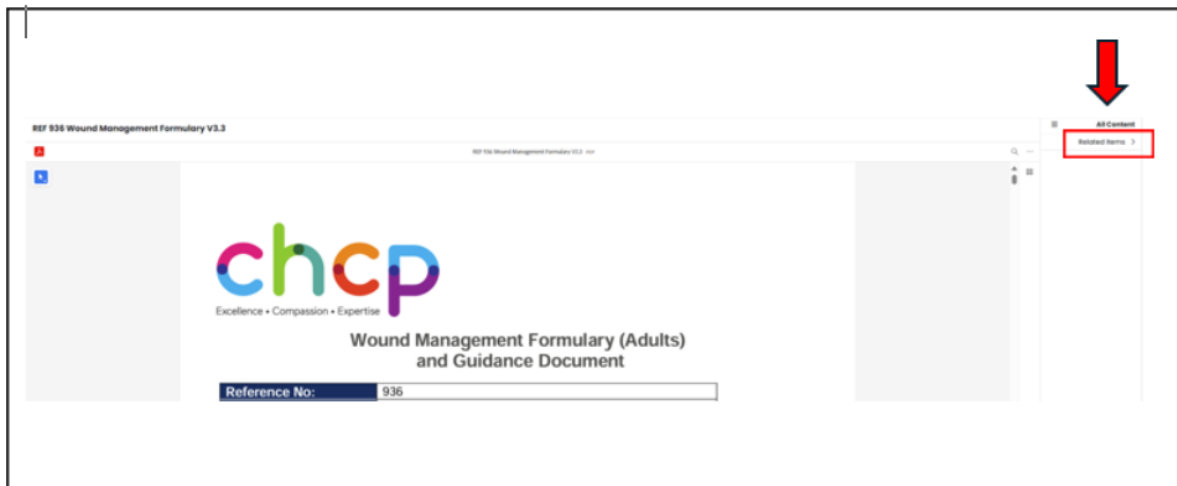
[Wound Care Handbook | Wound Care Handbook](#)

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

15. RELATED ITEMS

The following related items may be found in the 'Related Items' section on MyCompliance as below:

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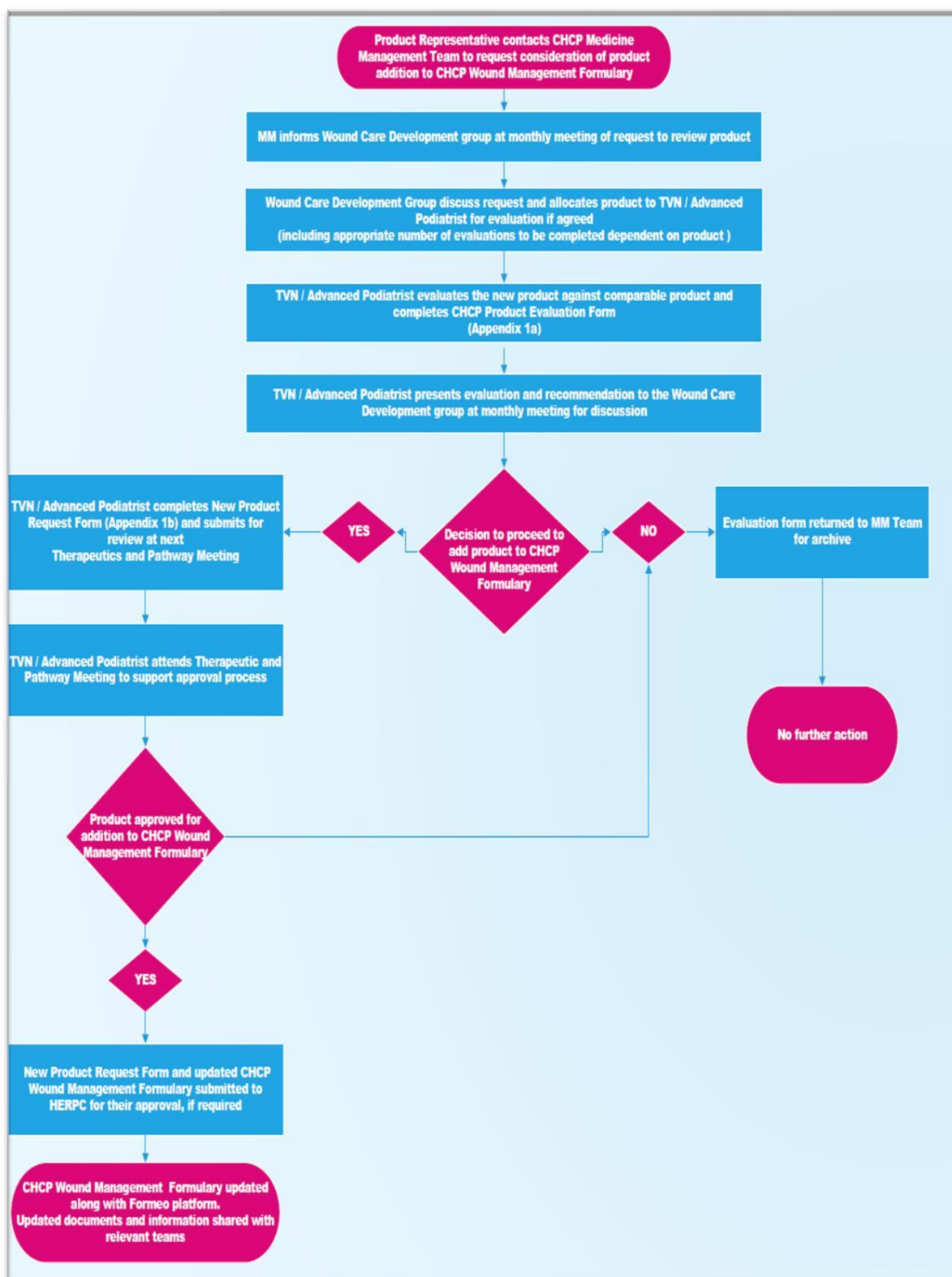


- CHCP Cleansing Protocol
- CHCP Exudate Pathway
- CHCP Infection Pathway
- CHCP New Product Evaluation Form
- New Product Request Form

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16.APPENDIX 1: Flow Chart of Process to Update Formulary with New Products

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