



NHS South of Tyne and Wear

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and
Sunderland Teaching Primary Care Trust

NHS SoTW Wound Management Formulary

VERSION CONTROL SHEET

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WOUND PRODUCT FORMULARY

April 2011
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Equality and Diversity Statement

This formulary will aim to be accessible to everyone regardless of age, disability, gender, race, sexual orientation, religion/belief or any other factor that may result in unfair treatment or inequalities in health/employment

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INTRODUCTION

NHS South of Tyne and Wear, City Hospitals Sunderland, Queen Elizabeth Hospital Gateshead and South Tyneside Foundation Trust recognise that all staff have a part to play in Wound Management, and that wound care is a multidisciplinary concern.

Choosing the most appropriate dressing for a wound requires knowledge of the safety, clinical and cost-effectiveness of a range of dressings. Wound healing is complex and affected by intrinsic (patient related) and extrinsic (wound related) factors and this affects the choice of treatment. Holistic assessment is vital i.e. treat the whole person (full medical history, factors which may delay healing, such as immobility, poor nutrition, obesity, personal circumstances) within any wound care management. Accurate assessment and documentation will improve communication between professionals and improve continuity of care and track progress or deterioration in wound healing. This must include information related to measurement- linear, tracing or photography, depth of wound, colour, tissue type, exposed bone, tendon or muscle, exudate colour and amount, odour, pain, signs of clinical infection or potential spreading of infection, condition of surrounding skin, and pain assessment/ management. Good clinical practice requires regular assessments and re-assessments for signs of healing. At all times, good hygiene and clean techniques should be followed when dressing wounds

Wound dressings account for about £120million of prescribing costs in primary care in England each year, with more than £25million being spent on silver dressings alone. However, the clinical evidence supporting the use of wound dressings is less well known and of poorer quality than in many other areas of prescribing (NPC 2010)

About 200,000 individuals in the UK, at any time, have a chronic wound (mostly leg ulcers, pressure ulcers, and diabetic foot ulcers). These are mostly cared for by nurses in the patient's home, in community-based clinics or in residential care. The direct cost to the NHS of caring for patients with chronic wounds has been estimated to be about £2–3 billion per year. Effective and timely diagnosis with treatment appropriate to the cause and condition of the wound, alongside active measures to avoid the incidence of wound complications and hospitalisation, can have a major impact on both costs and patient quality of life (NPC 2010)

Before a clinical decision is made, practitioners should take into consideration their local circumstances, including patients' preferences and any future knowledge of more recent findings.

WOUND PRODUCT FORMULARY

This wound product formulary has been developed throughout 2010, by representatives from each of the Foundation Trusts and Primary Care Trusts within South of Tyne and Wear.

Evaluations and recommendations from the Prone Regional Advanced Wound care Formulary (2009) were used as a basis for the development of this local formulary. Any additional/ new products were evaluated by clinicians within the group.

Monthly updates and project progression meetings took place to keep the development and evaluation process on track for completion in December 2010.

PRODUCT GROUPS AND CLINICAL EVALUATIONS

- The formulary needed to be devised into the various categories within their own sub-groups where each product would be assigned.
- The evaluations and recommendations of the Prone regional formulary were considered
- Where additional/ alternative products were to be evaluated, then suppliers were contacted, who provided products within that specific category. On receipt of the products each clinician involved in the evaluation would clinically score each brand using a series of questions based on quality and application, education & training, and packaging.

- The products recommended are based on clinical and cost effective data. More than one choice has been given in some groups to allow for patient preference and clinical judgement.

FINANCIAL EVALUATION

- On receipt of all the clinical scores for the category products it was the role of representatives to then carry out a financial evaluation based on the product costs.
- Both scores were calculated to give a score showing which product would be the best suitable based on both factors.

The formulary will be amended in light of new evidence or improved products and will be evaluated every 3 years.

Staff utilising this formulary must refer to the manufacturer's recommendations and guidelines when using any product listed within this document.

Staff must remember that all prescribers will be expected to justify their individual prescriptions if deviant from this document.

GOOD PRESCRIBING PRACTICE

- The aim of this formulary is to promote safe, evidence-based, effective and economical prescribing.
- Barber (1995) defines what good prescribers should be trying to achieve, both at the time of prescribing and in monitoring treatment thereafter; maximising effectiveness, minimise risk, minimise costs and respect patient choice (NHS Purchasing and Supply Agency 2008)

(1) Maximising effectiveness

Practitioners should have the skills and knowledge to manage wounds. Product selection should be based upon a detailed patient and wound assessment and be appropriate to the stage of wound healing. Patients and their wounds must be reviewed regularly as wound conditions may indicate that a change of dressing is required. Please refer to the SOTW Dressing Selection chart for guidance.

(2) Minimise risk

All prescribers are professionally accountable for their prescribing decisions, including actions and omissions. All registered nurses are personally accountable for their practice, including acts and omissions, regardless of advice or directions from another professional (NMC, 2006)
Consideration must be given to poly-pharmacy, known allergies or previously identified sensitivities.

(3) Minimise costs

The achievement of cost-effective prescribing and helping to obtain value for money from NHS resources, is in the interests of all patients. This may free up resources to improve patient care and treat more patients. Wound healing is a dynamic process and different stages of healing may require different wound management products, therefore excessive prescribing must be avoided to avoid unnecessary waste. It is advised that generally, no more than a 2 week supply of dressings should be prescribed at any one time, and the wound then be reassessed prior to further prescribing of dressings.

It is appropriate to prescribe the most cost-effective product for a patient, therefore where a less expensive product is considered appropriate to manage a wound, this product should be prescribed.

(4) Respect patient choice

A choice of products have been given within each section to accommodate both patient and practitioner preferences. If a patient insists on having a wound dressing changed daily, but this is not clinically indicated eg exudate levels are low, then consideration should be given to the type of dressing which would be most cost-effective in this situation.

SPECIALIST USE ITEMS

ANTIMICROBIAL DRESSINGS

- Antimicrobial dressings should not be used for prevention purposes.
- Antimicrobial dressings should not be used for more than a 2 week period without reviewing to monitor their effectiveness. In high risk patients, such as diabetics or those who are immuno-compromised, this therapy may be continued for up to 4 weeks if required.
- If a wound does not show signs of improvement after 2 weeks of antimicrobial therapy, then the wound should be reassessed and a referral made to the Tissue Viability Service.

TOPICAL NEGATIVE PRESSURE (TNP)

- All patients having TNP must be referred to the Tissue Viability Service, this is to assist in the effective use of limited resources and monitor patient outcomes.

LARVAE THERAPY (MAGGOTS)

- All patients having Larvae must be referred to the Tissue Viability Service, this is to assist in training and development and monitor patient outcomes.

This is a general statement – each organisation will implement and monitor the use of specialist products.

MANAGING INFECTED WOUNDS

- Infection is when bacterial numbers in chronic wounds overwhelm the immune response and clinical signs of infection appear
- In the presence of systemic and clinical signs of infection, systemic antimicrobial therapy should be considered.
- Swab only if clinical signs of spreading infection present: pyrexia, heat, redness, swelling or pain (new or increasing)
- Review antibiotic choice and duration when swab results available
- Change dressing daily or alternate days, depending on the level of exudate
- Reduce the risk of infection and enhance wound healing by correct hand washing, infection control, wound cleansing and debridement
- If purulent material or foul odour is present, more frequent cleansing and possibly debridement are required
- Protect wounds from exogenous sources of contamination

NICE CG Pressure Ulcer No29 September 2005, SIGN 26 Care of Patients with Chronic Leg Ulcers (1998), NHSSB Wound Management Manual 2005

SECTION 1

ADHESIVE TAPES

Indications

- Used for securing medical devices such as drains, catheters and dressings in place.

Contra-indications

- Should not be applied to patients with known sensitivity to acrylic adhesives. Should not be used in patients who have very fragile skin or easily damaged skin.

Product type, description and size

Clinipore® (CliniSupplies)

Soft porous non woven surgical tape, made from hypoallergenic material. It is permeable to water and air vapour making it ideal for sensitive skin

Length (5m) 1.25cm, 2.5cm, 5cm

Length (10m) 2.5cm

Mefix® (Mönlycke)

Mefix consists of an aperture, non-woven polyester fabric coated with a layer of an acrylic adhesive and protected on the roll by a release paper backing. The tape is permeable to water vapour so is unlikely to cause tissue maceration. Useful in securing devices which are in awkward positions. Care should be taken when applying mefix that it is not applied under tension, to prevent shearing forces causing damage to the skin.

Length (10m) 2.5cm, 5cm, 10cm, 15cm, 20cm, 30cm

#FOR PODIATRY ONLY#

Hypafix® (BSN Medical)

Permeable, apertured, non woven, synthetic adhesive tape.

5cmx5m

10cmx5m

2.5cmx10m

5cmx10m

10cmx10m

15cmx10m

20cmx10m

30cmx10m

SECTION 2

ALGINATES

Alginates are non woven or fibrous non occlusive dressings made from calcium alginate or calcium sodium alginate derived from brown seaweed. They act via an ion exchange mechanism, absorbing serious fluid or exudate, which forms a hydrophilic gel and conforms to the shape of the wound. Alginates are available in sheet form, and also as ribbon cavity dressings.

Indications

- Can absorb 15-20 times their own weight in fluid and are indicated for wounds that produce moderate to large volumes of exudate
- Moist environment of alginates promotes debridement of slough, thereby assisting in wound bed preparation
- Used in the treatment of cavity wounds ensuring that over-packing does not take place
- Full and partial thickness wounds, with moderate to heavy exudate, which may also be prone to minor bleeding

Contra-indications

- Not to be used on dry and necrotic wounds
- Not to be used in sinuses with a small entry point which is smaller than the actual size of the cavity underneath
- If alginates are used on infective wounds, monitor the wound site daily
- Alginates should be used with extreme caution in tumours with friable tissue as they may cause bleeding
- Do not use on those known to be allergic to alginates
- Not intended for use as a surgical sponge, or to achieve haemostasis in heavily bleeding wounds

Product description, type and size

Algisite M® (Smith and Nephew)

Alginate dressing high in mannuronic acid that forms a soft, comfortable, breathable, integral gel on contact with exudate. Dressing can remain insitu for up to 7 days and can be cut to fit

5x5cm

10x10cm

15x20cm

2x30cm rope

SECTION 3

BANDAGING

a) COMPRESSION BANDAGES:

PROFORE MULTI-LAYER COMPRESSION BANDAGE SYSTEM

Ankle Circumference 18-25cms, 25-30cms and >30cms

Latex free formulation also available

Indications

- Has been specifically developed for the management of venous leg ulcers and associated conditions.

Contra-indications

- Should not be used on patients with an ankle brachial index of less than 0.8 or Diabetic patients with advanced small vessel disease. Specialist advice should be given if unsure.

Product type, description and size

Profore® #1 Softban (Smith and Nephew)

Natural or synthetic cotton wool padding. This layer helps to shape the leg, absorbs exudate and protects bony high points of the ankle and shin from excessive pressure.

Profore® #2 light conformable bandage (Smith and Nephew)

Helps absorb exudate and helps prepare and sculpt the leg for the application of the pressure layers.

Profore® less than 18cm latex free kit (Smith and Nephew)

Delivers full compression (40mmHg) to a leg less than 18cm in circumference at the ankle. ABPI 0.8-1.2.

Profore® 18-25cm latex free kit (Smith and Nephew)

Delivers full compression (40mmHg) to a leg 18-25cm in circumference at the ankle. ABPI 0.8-1.2.

Profore® 25-30cm latex free kit (Smith and Nephew)

Delivers full compression (40mmHg) to a leg 25-30cm in circumference at the ankle. ABPI 0.8-1.2.

Profore® greater than 30cm latex free kit (Smith and Nephew)

Delivers full compression (40mmHg) to a leg greater than 30cm in circumference at the ankle. ABPI 0.8-1.2.

Profore lite® latex free (Smith and Nephew)

Delivers reduced compression 20mmHg to a leg 18-25cm in circumference at the ankle. ABPI 0.6-0.8.

TWO LAYER COMPRESSION SYSTEMS

K TWO® (Urgo Medical)

Calibrated two layer compression bandage system which composes of two active bandages designed to be used together. This product contains latex.

Ankle circumference 18-25cms and 25-32cms

Layer #1 – a composite layer formed of wadding & a short stretch compression fabric. This is designed to be in direct contact with the skin & creates a moderate pressure at rest, which significantly increases when walking. This layer evenly distributes pressure across the leg surface ensuring that there are no areas of excessive or inadequate pressure.

LAYER #2 – cohesive elastic bandage which provides the additional pressure to achieve the required level of pressure for the treatment of venous ulcers & chronic venous oedema.

Pressure indicators are located on both bandages. This is to show that the correct therapeutic pressure has been achieved.

PROGUIDE® latex free (Smith and Nephew)

Designed with Vari-stretch technology, you can vary the stretch of ProGuide and still get the effective compression.

ProGuide contains revolutionary elastic. It stretches to fit all your compression needs, and reduces the risk of over compression.

Ankle circumference- 18-22cms (red); 22-28cms (amber) and 28-30cms (green).

Wound contact layer- a 10x10cms dressing which is highly absorbent and absorbs and retains wound fluid under compression. It maintains a moist wound environment.

Layer #1- Polyester and viscose fleece. Highly absorbent padding.

Layer #2- Compression bandage which allows the stretch to be varied but yet still achieve effective compression. It has a low tack adhesive that helps the system to be held in place.

Coban® 2 Layer Compression (3M Health Care)

Consists of an inner comfort layer and an outer compression layer. The inner layer is a foam bandage. It is therefore ideal for those patients who have reactions to the wool-padding layer. It is a latex free system. There is only one size. Suitable for patients ABPI 0.8-1.2.

Coban® 2 Lite Compression System (3M Health Care)

Consists of an inner comfort layer and an outer compression layer. The inner layer is a foam bandage. It is therefore ideal for those patients who have reactions to the wool-padding layer. It is a latex free system. There is only one size. Suitable for patients ABPI 0.6-0.8.

COHESIVE SHORT STRETCH BANDAGES

ACTICO® (Activa Healthcare)

Cohesive inelastic bandages. Applied at full stretch over padding. This product contains latex. 4cm, 6cm, 8cm, 10cm, 12cm widths. This range enables below knee, full leg and arm bandaging

8cmx5m

10cmx5m

12cmx5m

Flexi-ban- padding® (Activa Healthcare)

Sub compression bandage wadding. Latex free.

10cmx3.5m

≠RESTRICTED USE ≠

For Lymphoedema patients

Comprilan® (BSN Medical Ltd)

100% cotton short stretch compression bandage. Latex free. Ideal for the treatment of varicosis, chronic venous insufficiency, venous leg ulcers, thrombophlebitis, deep venous thrombosis, after venous surgery, primary and secondary lymphoedema. Not to be used in advanced peripheral arterial occlusive disease, decompensated cardiac insufficiency, septic phlebitis, phlegmasia coerulea dolens.

6xcmx5m

CELLONA® UNDERCAST PADDING

Indications

- To provide protection of the skin and bony prominences e.g. malleoli, tibial crest, popliteal and dorsum of the foot from the pressure provided by compression bandages.

- Cellona Undercast Padding can be used to reshape the legs with a thin ankle and large upper calf or alternatively a large ankle and thin upper calf and thigh to ensure a cylindrical shape to achieve graduated compression.
- Additional padding can be used on vulnerable areas e.g. tibial crest by applying an additional layer or pleating the wool layer.
- Unless otherwise indicates, start bandaging on the foot, which, having been adjusted forms an angle of 90° to the leg.
- Cellona Undercast Padding is applied without tension in a loose spiral.

Product description, type and size

Cellona® Undercast padding

A needled polyester non-woven material 100% polyester.

Cellona is available in a range of sizes

5cm x 2.7metre

7.5cm x 2.7metre

10cm x 2.7 metre

15cm x 2.7metre

b) RETENTION BANDAGES

Indications

- Bandages used for dressing retention, with the aim of keeping the dressing close to the wound without inhibiting movement or restricting blood flow.

Product description, type and size

Hospiform® (Paul Hartmann)

Lightweight cotton conforming bandage. All 4m in length
6cm, 8cm, 10cm, 12cm.

Hospicrepe® 239(Paul Hartmann)

Crepe twisted cotton stretch bandage. All 4.5m in length.
5cm, 7.5cm, 10cm, 15cm.

Comfifast® (Synergy Healthcare)

Tubular bandage for the retention of dressings.

3.5cm red line – 1m, 5m

5cm green line – 1m, 3m, 5m

7.5cm blue line – 1m, 3m, 5m

10.75cm yellow line – 1m, 3m, 5m

17.5cm beige line – 1m

Comfigauz® (Synergy Healthcare)

Tubular bandages used for dressing retention.

00 Toes

01 Fingers and Toes

Tubigauz® (Medlock Medical)

01-20m roll

12 roll

c) PASTE BANDAGES

Indications

- Zinc paste bandage has been used with compression bandaging for the treatment of venous leg ulcers.
- For the management of chronic eczema/ dermatitis where occlusion is indicated

Contra-indications

- Paste bandages are associated with hypersensitivity reactions and should be used with caution.
- Not to be used if patient has any allergy to any of these ingredients

Product description, type and size

Beginning at the base of the toes, the bandage should be loosely wrapped around the foot and heel and then, whilst wrapping from the ankle, with every turn, the bandage should be folded back on itself in a pleat, at the front of the leg. This should be repeated up the leg until just below the knee. Compression bandaging may follow. Once applied, the leg should be covered by a bandage or dressing to prevent soiling to clothing.

Viscopaste®PB7 (Smith & Nephew)

Cotton fabric, plain weave, impregnated with suitable paste containing zinc oxide and ichthammol.

6m x 7.5cm

Ichthopaste® (Smith & Nephew)

Cotton fabric, plain weave, impregnated with suitable paste containing zinc oxide and ichthammol. 6m x 7.5cm

d) COMPRESSION HOSIERY AND GARMENTS

Indications

- Used to treat conditions associated with chronic venous insufficiency, to prevent recurrent of thrombosis, or to reduce the risk of further venous ulceration after treatment with compression bandaging.

Contra-indications

- Doppler testing must be performed to confirm arterial sufficiency before recommending the use of compression hosiery

Product description, type and size

Before elastic hosiery can be dispensed, the quantity (single or pair), article (including accessories) and compression class must be specified by the prescriber. There are different compression values for graduated compression hosiery and lymphoedema garments as indicated below.

Compression Values for Hosiery and Lymphoedema garments			
Compression Class	Compression Hosiery (British Standard)	Lymphoedema garments (European classification)	RAL classification
Class 1 (light support)	14-17mmHg	18-21mmHg	18-21mmHg
Class 2 (medium support)	18-24mmHg	23-32 mmHg	23-32mmHg
Class 3 (strong support)	25-35mmHg	34-46mmHg	34-46mmHg
Class 4	Not available	49-70mmHg	--
Class 4 (super)	Not available	60-90mmHg	--

N.B Please follow manufacturer's guidance for measurement and fitting. Ensure manufacturer is specified on prescription as sizes vary between manufacturers.
Compression Hosiery (Activa)

- ActiLymph®
- Activa British Standard Hosiery®
- Leg Ulcer Hosiery Kit®
- Liner Pack®
- Made to Measure®
- Unisex Ribbed Sock®
- Unisex Patterned Sock®

Compression Hosiery (Medi UK)

Use RAL classification.

- Mediven Elegance®
- Mediven Active®
- Mediven Plus®
- Mediven Ulcer Kit®

There is also a class 4 which would only be used rarely in the Lymphoedema service.

e) LEG DRESSINGS

Indications

- Kerraboot removes wound fluid and works by allowing the fluid produced by the ulcer to drain freely into the absorbent pad where it is locked away. The increase in warmth and humidity created by Kerraboot can result in some changes to the leg that are perfectly normal. One common change experienced is an increase in blood flow to the leg. This may result in the ulcer producing more fluid than previously and the surrounding area may become redder. This is perfectly normal and will help the ulcer to heal. Kerraboot should be changed when the super absorbent pad becomes saturated with exudate, it will form a soft conformable gel at the base of the boot. When the gel is spread evenly around the base of the foot or when exudate is seen to come back through the pad material Kerraboot will need changing. This can often mean changing Kerraboot every day or every other day until exudate levels reduce. Remove the existing Kerraboot and wash the leg as per protocol. Kerraboot can be safely disposed of by placing it in a clinical waste bag.

Contraindications

- Known allergy or hypersensitivity to any of the components of Kerraboot. Keep away from fire. To avoid the risk of suffocation keep out of reach of children. Not to be put over shoes or socks. Not to be used with other dressings. Kerraboot should not be used with compression bandaging

Product description, type and size

- Kerraboot is available on prescription in four sizes and two variants, opaque 'White' and transparent 'Clear'. Kerraboot is packed in individual sterile pouches. There are 10 pouches in a box. Minimum order quantity is one box.

Unit Size	Extra Small	Small	Large	Extra-Large
Shoe size	Up to size 3	4-7	7+	7+
Pack size	10	10	10	10
Overall length	460mm	460mm	536mm	536mm
Base of heel to tip of foot	271mm	313mm	362mm	362mm
Circumference of padded top	444mm	444mm	527mm	650mm

SECTION 4

BARRIER PRODUCTS

Indications

- Barrier against irritation of bodily fluids
- Prevention of damage from incontinence
- Protection barrier against aggressive adhesive products
- Skin protection around stoma sites
- Peri wound protection from exudates

Contra-indications

- Allow to dry completely before applying pads or clothing
- Avoid application of too many layers
- Can affect electrode readings
- Should not be used with other barrier creams or lotions

Cavilon no sting barrier film® (3M Health Care)

Protective transparent barrier film. Alcohol free formulation is pain free on broken skin. Provides up to 72 hour protection before re-application. **Can be used on broken skin.**

- 1ml foam applicator
- 3ml foam applicator
- 28ml pump spray
- Stoma wipe

Cavilon Durable Barrier Cream® (3M Health Care)

Highly concentrated barrier cream to protect against bodily fluids and moisturise skin. **Should not be used on broken skin.**

- 28g tube
- 92g tube
- 2g sachet

SECTION 5

CHARCOAL ODOUR ABSORBENTS

Indications

- For the management of malodours wounds
- Used on fungating wounds and a variety of other chronic wounds with good results

Contra-indications

- Not intended for use on patients with known sensitivity to the dressing or its components
- Once the charcoal becomes wet, its odour absorbency is often severely impaired.
Frequency of dressing change depends on how often the dressing becomes wet.
- Not to be used with dry wounds.

Product description, type and size

CarboFlex® (ConvaTec)

Sterile non adhesive dressing with an absorbent wound contact layer; an activated charcoal central pad and a water resistant top layer.

10x10cm

8x15cm

15x20cm

N.B Actisorb®Silver 220(Systagenix)- please refer to Silver Section

SECTION 6

DRESSING PACKS

Indications

- They are used to provide a clean or sterile working surface.

Contra-indications

- Some packs contain cotton wool balls which are not recommended for use on wounds. Cotton wool and gauze can shed fibres into the wound, increase the risk of infection and delay the healing process

Product description, type and size

Generic style dressing pack would typically contain

- 1 x pair gloves
- plastic apron
- sterile field
- 1 x disposable bag
- 1 x dressing towel
- 1 x measuring device
- 1 x tray

Soft Drape (Richardson Healthcare) – NOT ON FP10

Primary care dressing pack contains:

- 1 x pair Vitrex accelerator free gloves
- 42" plastic apron
- 2 x sterile fields
- 1 x disposable bags

- 1 x dressing towel
- 1 x measuring device
- 1 x tray

SECTION 7

Films, Film & Pad and Fabric & Pad

Indications

- Vapour-permeable films and membranes allow the passage of water vapour and oxygen but are impermeable to water and micro-organisms
- Suitable for lightly exuding wounds.
- They are highly conformable, provide protection, and a moist healing environment; transparent film dressings permit constant observation of the wound. Water vapour loss can occur at a slower rate than exudate is generated, so that fluid accumulates under the dressing, which can lead to tissue maceration and to wrinkling at the adhesive contact site (with risk of bacterial entry).
- Vapour-permeable films and membranes are suitable for partial-thickness wounds with minimal exudate, or wounds with eschar. Most commonly, they are used as a secondary dressing over alginates or hydrogels; film dressings can also be used to protect the fragile skin of patients at risk of developing minor skin damage caused by friction or pressure.

Contra-indications

- Vapour-permeable films and membranes are unsuitable for infected, large heavily exuding wounds, and chronic leg ulcers.
- Not to be used in place of sutures or other wound closures.
- Not to be used on fragile skin

Product description, type and size

Tegaderm® (3M Healthcare)

Transparent vapour-permeable film dressing with 'frame delivery' system. Hypoallergenic. Wear time up to 7 days.

Film dressing, 6 cm x 7 cm, 12 cm x 12 cm 15 cm x 20 cm

OpSite Flexifix® (Smith and Nephew)

Polyurethane film dressing, non sterile. Retention of primary dressings, fixation of tubing, skin protection under leg bags, stoma devices etc. Treatment of painful peripheral neuropathy, reduction of shearing forces on unbroken skin e.g. in pressure ulcer prophylaxis.

5cmx1m

10cmx1m

FILM PLUS PAD

Indications

- Acute wounds such as cuts, lacerations, minor burns and post operative wounds

Contraindications

- Not recommended for use over deep cavity wounds, exuding wounds, infected wounds

Tegaderm +pad® (3M Healthcare)

Transparent adhesive film dressing with absorbent island pad with frame delivery system. Waterproof, impermeable to micro-organisms, hypoallergenic. Wear time up to 7 days.

5x7cm

9x10cm

9x15cm

9x20cm

9x25cm

9x35cm

Opsite post op® (Smith and Nephew)

Vapour- permeable adhesive film dressing with absorbent pad

8.5x9.5cm

8.5x15.5cm

10x12cm

10x20cm

10x25cm

10x30cm

10x35cm

Mepore Ultra® (Mölnyke)

Shower proof, self adhesive absorbent dressing

7x8cm

9x20cm

9x25cm

9x30cm

10x11cm

11x15cm

FOR HOSPITAL USE ONLY

Opsite Visible® (Smith and Nephew)

Waterproof, bacterial proof dressing

15x10cm

20x10cm

25x10cm

FABRIC AND PAD

Indications

- Sterile dressing of minor injuries i.e. in first aid

Contra-indications

- Should not be used as primary post operative dressing

Cosmopore E® (Paul Hartmann)

Self adhesive island wound dressing with non- adherent absorbent pad.

5x7.2cm

8x10cm

8x15cm

10x20cm

10x25cm

10x35cm

SECTION 8

FOAMS

Indications

- Foam dressings are available in polyurethane flat sheets which can be easily cut or shaped. They are light and comfortable for the patient and do not shed particles or fibres. In addition,
- Thermal insulating properties help to maintain an optimum temperature at the wound site.
- Foam dressings are used on a variety of wounds including leg ulcers and pressure ulcers. They are suitable for light, moderate or heavily exuding wounds depending on the product.
- Capable of absorbing large volumes of wound exudate. There is some suggestion that some foam dressings may be useful in the treatment of over granulation. Some foam dressings have an adhesive border, while others need to be secured with tape/ film dressings at the edge of the foam dressing. Please note: foam dressings should not be completely covered with film dressings as this affects their permeability.

Contra-indications

- As most foam dressings rely on exudate to achieve an optimum healing environment, they are not suitable for dry epithelialising wounds or dry eschar.
- Sheet foams are not suitable as packs for cavity wounds, but can be used as secondary dressings.
- The time at which foam dressings should be changed is determined by the amount of exudate produced. Some products can be left in place for up to 7 days. Always check product instructions, as this does not apply to all foam dressings.

Product type, description and size

ActivHeal Foam Non-Adhesive® (Advanced Medical Solutions)

A polyurethane foam pad with waterproof, high MVTR film backing. Used for granulating, epithelialising or sloughy wounds with light to moderate exudates.

Should be used as first line non adhesive foam dressing.

5x5cm
10x10cm
17.8x10cm
20x20cm

Allevyn® (Smith and Nephew)

Allevyn is a foam dressing which consists of a soft hydrophilic foam layer, bonded to a pink semi-permeable polyurethane film.

Should be used only for wounds with moderate to high exudate.

Allevyn Non- Adhesive	Allevyn Adhesive
5x5cm	7.5x7.5cm
10x10cm	10x10cm
10x20cm	12.5x12.5cm
20x20cm	17.5x17.5cm
Allevyn heel	22.5x22.5cm

Allevyn gentle / Allevyn gentle border® (Smith and Nephew)

Allevyn gentle/ gentle border dressing combines a hydrocellular pad sandwiched between a perforated soft gel adhesive wound contact layer and highly permeable waterproof outer film.

**TO BE USED IN PATIENTS WITH KNOWN FOAM ADHESIVE SENSITIVITIES/ALLERGIES.
NOT AS A FIRST LINE FOAM.**

Allevyn Gentle	Allevyn Gentle Border
5x5cm	7.5x7.5cm
10x10cm	10x10cm
10x20cm	12.5x12.5cm
15x15cm & 20x20cm	17.5x17.5cm

Allevyn gentle border lite® (Smith and Nephew)

Allevyn gentle/ gentle border dressing combines a hydrocellular pad sandwiched between a perforated soft gel adhesive wound contact layer and highly permeable waterproof outer film.

5cm x 5cm
7.5cm x 7.5cm
10cm x 10cm
5.5cm x 12cm
8cm x 15cm
15cm x 15cm

FOR HOSPITAL USE ONLY

Mepilex® (Mölnlycke)

An absorbent, non adherent highly absorbent foam dressing. Has a soft silicone layer which does not adhere to the surface of a wound and therefore makes removal of the dressing pain free.

**TO BE USED IN PATIENTS WITH KNOWN FOAM ADHESIVE SENSITIVITIES/ALLERGIES.
NOT AS A FIRST LINE FOAM.**

10x11cm
11x20cm
15x16cm
20x21cm
20x50cm

Mepilex® Border (Mölnlycke)

Absorbent, soft silicone dressing with polyurethane foam and adhesive border.

7x7.5cm
10x12.5cm
10x20cm
10x30cm
15x17.5cm
15x20cm
17x20cm.

SECTION 9

HYDROCOLLOIDS

Indications

- Hydrocolloids come in a variety of forms including fibrous and sheet form. Hydrocolloids are micro- granular suspension of polymers, e.g. gelatine or pectin in an adhesive matrix. The granules are hydrophilic and therefore are capable of absorbing exudate and the adhesive is hydrophobic and therefore prevents the wound from desiccation.
- Hydrocolloids interact with the wound exudate to produce a gel. The varying composition of the hydrocolloid means that they produce slightly different barrier properties to gases, water vapour and micro organisms. Hydrocolloids are impermeable to oxygen and create a hypoxic environment, which stimulates angiogenesis. They provide a moist wound environment, promoting autolytic debridement..
- Hydrocolloid sheets are occlusive and are suitable for clean, granulating or necrotic wounds with low to moderate exudate. In sloughy or necrotic wounds the dressing prevents loss of water vapour and hydrates dead tissue encouraging autolysis. The dressing may be left in place for 7 days depending on the amount of exudate produced. The dressing should be changed when gel becomes visible through the dressing as a yellow bubble.

Contra-indications

- Hydrocolloids should not be used if clinical anaerobic infection is present unless systemic antibiotics are given. If over granulation occurs with hydrocolloid treatment, changing to a more permeable dressing may encourage epithelialisation.

Note: Hydrocolloids must not be applied to diabetic foot wounds

Product type, description and size

Duoderm extra thin® (ConvaTec)

Consists of cross-linked honeycomb matrix made from a proprietary mix of sodium carboxymethyl cellulose gelatine pectin and adhesive polymers. Creates an optimal moist wound environment which promotes rapid healing of light exudating wounds. Outer layer is durable, waterproof and bacteria resistant. Easy to mould, can be cut to shape.

7.5cm x 7.5cm

10cmx10cm

Duoderm Signal® (ConvaTec)

Consists of an adhesive hydrocolloid dressing. The adhesive layer forms a cohesive gel when in contact with wound exudate.

9cmx25cm

10cm x 10cm

14cm x14cm

SECTION 10

HYDROFIBRES

Indications

- Indicated for moderate to heavily exuding chronic and acute wounds, and to control minor bleeding in superficial wounds

Contra-indications

- Not to be used on dry wounds or to control heavy bleeding
- Should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its component

Product description, type and size

ActivHeal AquaFiber® (Advanced Medical Solutions)

A soft conformable, highly absorbent dressing. When in contact with wound exudate, it converts to a soft clear gel and provides a moist wound healing environment.

5x5cm

10x10cm

15x15cm

2x42cm rope

SECTION 11

HYDROGELS

Indications

- Hydrogels are available either in an amorphous form or as a sheet dressing. Characteristically, they have a high water content and have hydrophilic sites, which enable them to absorb excess exudate while producing a moist wound environment.
- They promote debridement by rehydration and autolysis.
- Hydrogels may be applied to most wounds, including pressure ulcers and cavity wounds.
- They are suitable for lightly exuding wounds, necrotic tissue, slough and also shallow granulating wounds.
- Anecdotal evidence suggests that hydrogels may ease the pain of radiotherapy burns after completion of a course of treatment and soothe and heal macerated or excoriated skin (Advice must be sought from the Tissue Viability Service before commencing such treatments).
- Hydrogels should be applied directly onto or into the wound. The surface of the wound should be covered with a minimum of 5mm of hydrogel and a secondary dressing applied. Dressing should be left for 1 to 3 days depending on exudate. Hydrogels can be used for clinically infected wounds. The hydrogel can be removed by irrigation with warm normal saline.

Contra-indications

- Hydrogels are ineffective in wounds that are producing large volumes of exudate because of the too frequent dressing changes required. In this case the hydrogel is washed away from the wound surface onto the secondary dressing.
- Hydrogels should not be used with alginates as they will be absorbed. They should not be used in patients who are sensitive to propylene glycol.
- Hydrogels interact with povidone-iodine therefore they should not be mixed.
- If maggot debridement therapy is indicated, the wound must be thoroughly cleansed as preservatives such as propylene glycol (a common constituent of hydrogels) are toxic to maggots. Note: Purilon does not contain propylene glycol.

Please note: All of the Hydrogel products are single use only and must be discarded after use.

Product type, description and size

SECONDARY DRESSINGS

The choice of the secondary dressing should depend on the condition of the wound, and the amount of exudate produced. **On wounds with no exudate/dry wounds use a secondary dressing i.e. polyurethane foam to reduce moisture loss.**

INTRASITE GEL® (Smith and Nephew)

INTRASITE CONFORMABLE® (Smith and Nephew)

Insoluble polymers with hydrophilic sites, which absorb and retain significant volumes of water. Contain carboxymethyl cellulose and propylene glycol as a humectant and a preservative. Intrasite gel is available as amorphous gel or as a flat sheet dressing (Conformable).

8g, 15g, 25g,
10cmx10cm sheet
10cmx20cm sheet

Purilon® (Coloplast)

Hydrogel containing carboxymethyl cellulose and calcium alginate. Clear amorphous hydrogel.

Does not contain propylene

8g, 15g

SECTION 12
LOW ADHERENT DRESSINGS

Indications

- Wound contact layer for ulcerative wounds

Contra-indications

- None listed

Tricotex® (Smith & Nephew)

Constructed from knitted viscose rayon and are designed to act as an interface between ulcerating or granulating wounds and conventional absorptive dressings.
9.5cms x 9.5cms (50 per box)

Atrauman® (Paul Hartmann)

Non adherent polyester mesh wound contact layer. 1mm pore size and impregnation of neutral triglycerides prevent granulation tissue penetrating and provides skin care. Effective for up to 7 days.

5x5cm
7.5x10cm
10x20cm

FOR QUEEN ELIZABETH HOSPITAL USE ONLY

Mepitel® (Mölnlycke Health Care)

Soft silicone wound contact layer.

5x7cm
8x10cm
12x15cm
20x32cm

FOR PODIATRY USE ONLY

Melolin (Smith & Nephew)

Highly absorbent cotton and polyester fibre pad with a hydrophobic backing layer which is heat bonded on one side to a very thin perforated polyester film. The film side of the dressing is placed next to the wound. Retains its integrity when cut.

Sizes 5 x 5cm
10x10cm
20x10cm

HOSPITAL USE ONLY
PARAFFIN GAUZE DRESSINGS-

Paranet ®(Synergy)

Paraffin coated sterile gauze dressing. Light loading.
10x10cm

SECTION 13

SOLUTIONS FOR IRRIGATION

Please refer to local trust guidelines for when to use Saline vs. Tap water.

Indications

- Sterile single doses of 0.9% sodium chloride designed for the irrigation of wounds. Wound cleansing should be for patient benefit- cleanse only if foreign material or debris is present

Contra-indications

- When irrigating wounds, saline should be used at room temperature. Cold solutions can reduce the temperature at the wound bed and delay mitotic activity.

Product description, type and size

Miniversol® (Agutant) – Hospital Use Only

Individual pods which are transparent, so that the solution inside the bottle can be seen.

Volume – 45ml, 100ml

Irripod® (C D Medical) – Community Use Only

Solution (sterile), sodium chloride 0.9%,
20-mL sachet

FOR CITY HOSPITALS SUNDERLAND USE ONLY

Prontosan® (BBraun)

Ready to use products for cleansing, moisturising, and decontamination of acute and chronic wounds

30mls solution

40mls solution

350mls gel

SECTION 14

SUPER- ABSORBENT

A range of dressings that rapidly absorb and retain large volumes of exudate.

Indications

- Management of heavily exuding wounds, leaking legs and lymphorrhoea

Contra-indications

- Lightly exuding wounds
- Known sensitivity to any of the components of the dressing
- Can get very heavy when at full absorption

KerraMax® (Ark Therapeutics)

Super-absorbent dressing for the management of leg ulcers.

10x10cm

10x22cm

20x22cm

30x20cm

Flivasorb® (Activa Healthcare)

Super-absorbent wound dressing with non- adherent contact layer and clothing- protecting outer layer. Management of heavily exudating wounds, leaking legs and lymphorrhoea.

10x10cm

10x20cm

20x20cm

20x30cm

SECTION 15

WOUND DRAINAGE BAGS

Indications

- Disposable devices or systems designed to collect and contain wound drainage. They are especially useful for fistulas and wounds with large volumes of exudate and replace dressings allowing accurate measurement of fluid. May have skin barriers attached to protect peri-wound skin from moisture and trauma.
- Very thin, flexible hydrocolloid which moulds to the body's contours providing a secure seal helping to protect the skin against excoriation.
- A variety of sizes to fit different wounds
- Transparent material for easy observation of the wound
- Available with an access port for easy treatment of the wound without having to remove the pouch

Contra-indications

- Should be used with caution in infected wounds where anaerobic bacteria is the causative organism

Product description, type and size

Draina S Fistula ® (B Braun)

Wound drainage pouch. Low to medium volume exudate

- Mini (cut to 20mm) 150ml capacity
- Medium (cut to 50mm) 350ml capacity
- Large (cut to 88mm) 500ml capacity

Draina S Vision ® (B Braun)

Wound drainage pouch. High volume exudate.

- Cut to 50mm 150ml capacity
- Cut to 88mm 250ml capacity
- Cut to 100mm 300ml capacity

Option Wound Manager ® (Oakmed)

Wound drainage system consisting of hydrocolloid adhesive wafer and drainable drainage bag.

Available with or without an access port.

- Extra small (wound up to 90 x 180mm)
- Small (horizontal wound up to 245 x 160mm)
- Medium (vertical wound up to 90 x 260mm)
- Large (wound size up to 160 x 200mm)
- Extra large (230mmx380mm)

**** SPECIALIST USE****

ANTI- MICROBIALS - (a) SILVERS

Indications

- Antimicrobial dressings containing **silver** should be used only when infection is suspected as a result of clinical signs or symptoms. Silver ions exert an antimicrobial effect in the presence of wound exudate; the volume of wound exudate as well as the presence of infection should be considered when selecting a silver-containing dressing.

Contra-indications

- Silver-impregnated dressings should not be used routinely for the management of uncomplicated wounds.
- It is recommended that these dressings should not be used on acute wounds as there is some evidence to suggest they delay wound healing

Product type, description and size

Acticoat® Flex 3 (Smith and Nephew)

Conformable antimicrobial barrier dressing consisting of a polyester core between low adherent silver-coated high density polyethylene mesh (for 3 day wear)

5x5cm
10x10cm
10x20cm
20x40cm

Acticoat® Flex 7 (Smith and Nephew)

Conformable antimicrobial barrier dressing consisting of a polyester core between low adherent silver-coated high density polyethylene mesh (for 7 day wear)

5x5cm
10x12.5cm
15x15cm

Actisorb®Silver 220 (Systagenix)

Knitted fabric of activated charcoal, with one-way stretch, with silver residues, with spun-bonded nylon sleeve.

6.5x9.5cm
10.5x10.5cm
10.5x19cm

Aquacel®Ag (ConvaTec)

Soft non-woven pad containing hydrocolloid fibres (silver impregnated)

4x10cm
4x20cm
4x30cm
5x5cm
10x10cm
15x15cm
20x30cm
2x45cm(ribbon)

Allewyn Ag ®Adhesive (Smith and Nephew)

Adhesive polyurethane foam dressing with silver sulphadiazine, wound-contact layer and vapour permeable film backing. Tapered construction with thin edges.

7.5 x 7.5cm
10x10cm
12.5x12.5cm
17.5x17.5cm

Allevyn Ag® Non-Adhesive (Smith and Nephew)

Non adhesive polyurethane foam dressing; with silver sulphadiazine. Combines an absorbent hydrocellular pad sandwiched between a wound contact layer and highly permeable waterproof outer film.

5x5cm
10x10cm
15x15cm
20x20cm

Silver Sulfadiazine (Silver Sulphadiazine)

Indications

- Prophylaxis and treatment of infection in burn wounds;
- As an adjunct to short-term treatment of infection in leg ulcers and pressure sores;
- As an adjunct to prophylaxis of infection in skin graft donor sites and extensive abrasions;
- For conservative management of finger-tip injuries.

Contra-indications

- G6PD deficiency; may inactivate enzymatic debriding agents—concomitant use may be inappropriate; for large amounts.
- Plasma-sulfadiazine concentrations may approach therapeutic levels with *side-effects* and *interactions* as for sulphonamides if large areas of skin are treated. Owing to the association of sulphonamides with severe blood and skin disorders treatment should be stopped immediately if blood disorders or rashes develop—but leucopenia developing 2–3 days after starting treatment of burns patients is reported usually to be self-limiting and silver sulfadiazine need not usually be discontinued provided blood counts are monitored carefully to ensure return to normality within a few days.
- Argyria may also occur if large areas of skin are treated (or if application is prolonged).
- Not recommended for neonates
- Caution if significant hepatic or renal impairment
- caution in pregnancy for the risk of neonatal haemolysis and methaemoglobinaemia in third trimester
- Small risk of kernicterus in jaundiced infants and of haemolysis in G6PD- deficient infants
- Allergic reactions noted including burning, itching, rashes, argyria reported following prolonged use, leucopenia reported (monitor blood levels)

Product type, description and size

Flamazine® (Smith and Nephew) PoM

Cream, silver sulfadiazine 1%, net price 20g, 50g, 250g, 500g. Includes cetyl alcohol, polysorbates, propylene glycol.

Apply daily or more frequently if very exudative for burns; leg ulcers or pressure ulcers; apply daily or on alternative days (not recommended if ulcer very exudative); finger tip injuries, apply every 2-3 days, consult product literature for details.

Apply with sterile applicator, syringe and gloves.

HOSPITAL USE ONLY

Polymem silver adhesive dressings (Aspen Medical)

Quadrofoam dressing containing silver particles. Moisture and fluids in the wound bed are absorbed into the dressing, releasing silver ions, which protect the dressing from microbial contamination.

5cm x 7.6cm
8.8 x 12.7cm

(b) HONEY DRESSINGS

Indications

- **Medical grade honey** has antimicrobial and anti-inflammatory properties and can be used for acute or chronic wounds.
- Medical grade honey has osmotic properties, producing an environment that promotes autolytic debridement; it can help control wound malodour.

Contra-indications

- Honey dressings should not be used on patients with extreme sensitivity to honey, bee stings or bee products.
- Patients with diabetes should be monitored for changes in blood-glucose concentrations during treatment with topical honey or honey-impregnated dressings

Product description, type and size

Mesitran® (Aspen Medical)

Mesitran is a range of honey containing wound dressings which is made up of 3 categories:-

- Ointment –Mesitran Ointment and Mesitran® Ointment S
- Hydrogel, semi-permeable dressing impregnated with medical grade honey – Mesitran® and Mesitran® Border
- Primary Wound Contact Layer – *Mesitran® Mesh*

Mesitran® and Mesitran® Border(Aspen Medical)

Apply directly onto the wound ensuring that dressing overlaps the edges of the wound by 2.5 cm. When using Mesitran a secondary dressing may be required. The dressing can remain in place for up to 5 days depending upon the volume of exudate.

Unbordered

10 cm x 10 cm
10 cm x 17.5 cm
15 cm x 20 cm

Bordered

10 cm x 10 cm
15 cm x 13 cm (sacral)
15 cm x 15 cm

Mesitran® Mesh (Aspen Medical)

Remove the clear liner and gently place the dressing gel side down onto the wound. Secure with a secondary dressing. The dressing can remain in place for up to 5 days.

10 cm x 10 cm
15 cm x 13 cm

Mesitran®, Mesitran® Border and Mesitran® Mesh should not be used on: Infected or heavily exuding wounds, full thickness burns, deep/narrow cavities, Sinuses

Mesitran® Ointment and Mesitran® Ointment S (Aspen Medical)

Mesitran® Ointment contains 47% medical grade honey

Mesitran® S contains 40 % medical grade honey- only available in 15g tube.

Excipients include lanolin

Apply the ointment to the wound using an appropriate secondary dressing. Can remain in place for up to 48 hours.

15g
50g (acute trust)

Mesitran Ointment should not be used on full thickness burns.

(c) GLUCOSE BASED DRESSINGS

Indications

- Maintains moist wound environment
- Continuously debrides wound
- Offers anti-microbial protection
- Hypoallergenic
- Used on moderate to heavily exuding wounds

Contra-indications

- Can be used on infected wounds but only under medical supervision
- Not indicated for third degree burns
- Cannot be used on eye lids or in the eye
- Not to be used in those sensitive to polyethylene glycol or alginates

Product description, type and size

Store at room temperature (below 25c) in a dry place and in the original pack. Re- cap the tube immediately after use. Once opened, and if re-capped carefully, a tube of Flaminal Forte can be stored and used until the expiry date on the tube

Flaminal Forte ®(Ark Therapeutics)

Alginate gel containing two anti-microbial enzymes, glucose oxidase and lactoperoxidase.

15g tube

50g tube

Flaminal Hydro ® (Ark Therapeutics)

Alginate gel containing two anti-microbial enzymes, glucose oxidase and lactoperoxidase.

Contains lower proportion of alginate than Flaminal Forte

15g tube

50g tube

(d) IODINE DRESSINGS

Indications

- Broad spectrum antimicrobial which has long been used in the treatment and prevention of infection

Contraindications

- Not indicated for the use of patients with known iodine hypersensitivity
- Not indicated in patients with Hashimoto's Thyroiditis
- Not indicated for use in pregnancy/ lactating mothers or children
- Used with caution in patients with severe renal impairment and thyroid disorders
- Interacts with lithium and mercurial antiseptics

Inadine® (Systagenix)

Indications

- Used in the treatment of infection in minor burns, superficial skin loss, leg ulcers and low exuding wounds
- Effective against anaerobes, pseudomonas, gram positive and gram negative organisms

Product description, type and size

Knitted viscose sterile dressing, containing 10% providone-iodine, which in the presence of wound exudates is released. Low adherent wound contact material and orange in colour.

5cm x 5 cm

9.5cm x 9.5cm

Iodosorb®/ Iodoflex® (Smith and Nephew)

Indications

- Treatment of chronic exuding wounds such as leg ulcers, diabetic ulcers or pressure ulcer- particularly when infection is present or suspected
- Used in wounds with moderate to high levels of exudates- not to be used in wounds with little or no exudates
- Used in sloughy wounds that require debridement of devitalised tissue
- Can be used on infective wounds
- Carrier gauze is removed from both sides of the paste and then applied directly to the wound. Then covered with suitable secondary dressing
- For light to medium exuding wounds
- Ointment is placed directly onto the wound-to a depth of 3mm and covered with a suitable secondary dressing
- Removal is by sterile water
- Depending on the nature of the wound, dressing changes can occur daily and can extend to 3 times a week. Removal is best by irrigation of the wound with sterile water
- More frequent changes will be required if ointment becomes saturated with exudates as indicated by loss of colour

Contra-indications

- Should not be used for longer than 3 months

Product description, type and size

Iodosorb® (Smith and Nephew) is an ointment made up of beads of Cadexomer and in the presence of wound exudates the beads in the ointment take up the fluid and swell slowly releasing iodine

10g tube

20g tube

Iodoflex Cadexomer iodine paste® (Smith and Nephew) which is in between 2 layers of gauze fabric, this helps carry the product and for ease of application

Releases iodine slowly into the wound giving antibacterial benefits

5g

10g

17g

(e) PHMB

Indications

- Antimicrobially powerful, whilst gentle on cells, Polyhexanide (PHMB) interferes with the bacterial cell metabolism. By prohibiting the cell's ability to absorb any nutrients or dispose of waste products, It effectively kills the bacteria without damaging surrounding healthy cells

Contra-indications

- PHMB dressings should not be used routinely for the management of uncomplicated wounds.

Product type, description and size

Suprasorb® X + PHMB (Activa)

- Biosynthetic cellulose fibre dressing with polyhexanide. Suitable for controlling low to moderately exuding, critically colonized or infected wounds. Suprasorb X + PHMB kills multi resistant pathogens including MRSA and VRE.

5 x 5cm

9 x 9cm

14 x 20cm

2 x 21cm (rope)

Kendall AMD® (Covidien)

Foam dressing with polihexanide, *without adhesive border*

5 cm × 5 cm

10 cm × 10 cm

15 cm × 15 cm

20 cm × 20 cm

8.8 cm × 7.5 cm (fenestrated)

10 cm × 20 cm

Topical Negative Pressure

Topical negative pressure is a therapeutic technique used to promote healing in acute or chronic wounds. A vacuum source is used to create sub-atmospheric pressure in the local wound environment. This therapy requires specific wound dressings for use with the vacuum pump equipment.

Indications

- Acute wounds
- Partial thickness burns, flaps and grafts
- Sub-acute wounds (surgical dehiscence)
- Chronic wounds (pressure ulcers/ diabetic wounds)

Contra-indications

- Malignancy in the wound except in palliative care to enhance quality of life
- Untreated osteomyelitis
- Non-enteric and unexposed fistulae
- Necrotic tissue with eschar present
- Direct placement of dressing over exposed arteries, veins or organs

Product description, type and size

V.A.C® (KCI Medical)

- V.A.C Granufoam dressing kit (contains polyurethane foam dressing with adhesive drapes and TRAC pad)
 - Small – 10cm x 7.5cm x 3.3cm
 - Medium – 18cm x 12.5cm x 3.3cm
 - Large – 26cm x 15cm x 3.3cm
- V.A.C Activac canister with gel, 300ml

Renasys® (Smith & Nephew)

- Renasys dressing kit
 - Renasys G Flat drain – small, medium, large
 - Renasys G Round drain – small, large
 - Renasys G Channel drain – medium
 - Renasys F – small, medium, large
- Renasys canister kit, 300ml or 800ml

Larvae therapy (maggots) (Biomonde Ltd)

Sterile larvae are used primarily for the debridement of necrotic, infected and sloughy tissue from chronic wounds. In most cases this greatly improves the condition of a wound and promotes healing, often catalysing the initiation of the healing process.

Indications

- For the debridement of necrotic, infected and sloughy tissue.

Contra-indications

- Patient objection
- Wounds that have a tendency to bleed easily
- Wounds with a known fistula

Product description, type and size

'Free range' LarvE

The 'free range' LarvE® are applied directly to the wound and seek out areas of slough or necrotic tissue. They are concealed in a net dressing or similar. 'Free range' LarvE® can be left for up to 3 days after which the wound should be reassessed. LarvE® are supplied in a sterile container which has a lid that is permeable to air and also acts as a microbial barrier.

Biofoam

BioFOAM® dressings consist of maggots that are enclosed in net pouches. The dressings contain pieces of hydrophilic polyurethane foam and this encourages activity in the LarvE® by providing a favourable environment. These are for wounds of a more specific size although they are becoming increasingly popular due to their ease of use and the more precise nature of treatment. The BioFOAM® Dressings can be left for up to 5 days after which the wound should be reassessed. It is supplied in a plastic oyster and is placed inside a paper/polythene bag which acts as a microbial barrier and is permeable to air.

Sizes

The number of larvae required will be based upon the dimensions of each individual wound. For advice on how to order larvae therapy please consult your Tissue Viability Service.

Acknowledgements

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All individuals involved are thanked for their input and co-operation.

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Appendix 1

South of Tyne and Wear Medicines Management Committee

New Wound Management Product Request Form

1.0 PRODUCT DETAILS:

Name of Product <i>(generic & brand name)</i>	
Form/ Sizes Available	
Licensed Indication(s)	
Intended Indication(s) for use <i>(if different from or in addition to the above)</i>	

2.0 EVIDENCE TO SUPPORT APPLICATION

Summary of Evidence In Support Of Requested Product
Please provide any relevant clinical evidence that may be beneficial in support of this application
What monitoring (efficacy & adverse effects) is required for this product? Please state if this is different from the current situation

3.0 FORMULARY IMPLICATIONS:

<p>Which formulary product(s) will this replace (if none state none)?</p>
<p>Please describe below how the product compares with the existing formulary product(s) or treatment with regard to:</p> <p>Efficacy:</p> <p>Safety:</p> <p>Tolerability & Acceptability:</p>
<p>Please include guidelines for the use of the new product, indicating its place in the therapy of the intended indication in relation to other formulary products</p>

4.0 FINANCIAL AND OTHER IMPLICATIONS:

<p>Specify Number of Patients Requiring New Product Per Annum</p>	
<p>Specify annual CHANGE to medicine budget expenditure:</p>	
<p>In Secondary Care</p>	<p>In Primary Care</p>
<p>Specify any other costs incurred by change in treatment e.g. extra monitoring requirements</p>	

5.0 SHARED CARE ARRANGEMENTS:

Is the product intended for GPs to continue care ?	Yes / No
Is there a need for shared care protocol? <i>(appropriate)</i>	Yes / No* (<i>* circle as appropriate</i>)
When would GPs be expected to take on prescribing?	

6.0 CONFLICTS OF INTEREST

Please declare any relevant or associated interests that may conflict with your request
E.g. funding of research, equipment, visits to conferences

Declaration of Conflict of Interest	
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7.0 APPLICATION FORM COMPLETED BY:

Name of CONSULTANT or equivalent position in service :
Signature: Date:

7.0 APPLICATION FORM SUPPORTED BY:

Name of CLINICAL LEAD	:.....
Department:
Signature:	Date: