

Derbyshire Community
Dressing Formulary and Wound Care
Guidelines 2022

Developed in Collaboration with East Midlands
Tissue Viability Group

Document updates	Date updated
Silver dressing guidance added as Appendix 2 Table of contents updated Antimicrobial information updated to reference silver dressing guidance in appendix (page 9) General formatting Updated Sub Compression Wool Bandages (section 26) as formulary product missing	20/03/2023

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INTRODUCTION

The Derbyshire Wound Care and dressing formulary has been revised in collaboration with the East Midlands Tissue Viability Network (EMTVN). Work has been undertaken to provide a clinically effective, appropriate, and cost-effective choices of products to manage most wounds. The formulary is available for all practitioners working for Derbyshire Community Health Services and Primary Care Services. It is expected that practitioners will preferentially use the products listed in the guide for routine use and be able to provide robust rationale where they have chosen outside the formulary.

The EMTVN representing 18 Trusts within Derbyshire, Leicestershire, Northamptonshire, and Nottinghamshire have reviewed the current products against the previous formulary. There have been significant changes to the procurement process since the last Formulary development which has led to minimum national standards of products and pricing to ensure a more equitable and clinically effect choices.

The EMTVN has worked collaboratively with NHS Supply Chain to ensure that all products on the Formulary offer the most clinically effective and cost-effective outcomes based on previous years usage.

It is recognised that there are many factors other than dressing choice which influence wound healing and as such a holistic approach to patient care must always be undertaken. Before applying any dressing, the practitioner should assess the patient holistically and when reviewing the wound determine any barriers to healing and discuss objectives of management with the patient and carer so that they can agree a management plan.

Guidelines to Support This Formulary

Wounds cause pain, discomfort and impact upon patient's lives, their management requires considerable resources in terms of treatment, products, and staff time. The aim of the guidelines that support this formulary is to promote effective wound care through the promotion of a standardised approach to wound assessment and reassessment using **T.I.M.E.R.S.** within the System one Template so that outcomes can be measured over time.

Wound Care Plans will often include a long-term goal of promoting healing or management in line with symptom control, but to achieve these goals it is important to have clear short-term objectives such as the need to rehydrate slough or necrosis to facilitate debridement. Or it may be that the fragile granulation tissue needs protection and thermal insulation. Or it may be that pain management or odour control is a priority to promote patient tolerance of treatment options. Defining wound care objectives will assist staff in the selection of the most appropriate dressing products to help achieve objectives. It is therefore important to have an awareness and understanding of the application and limitations of the various products within this formulary.




Function of Dressings

The main function of any dressing regimen is to maintain a **moist (not saturated) wound bed**. (With the exception of wounds with stable eschar with no blood flow where a dry environment is required to minimise risks of infection) The balance of moisture control is achieved by using wound management products to:

- **Hydrate** a dry wound bed
- **Maintain** a moist wound bed and prevent desiccation (drying out)
- **Absorb** excess wound exudate to avoid maceration
- **Fill** dead space
- **Infection/Bioburden** management and prevention
- **Debride** non-viable tissue through autolysis

TRAFFIC LIGHT KEY

A traffic light key has been used to identify and categorise products into three categories. Products have been allocated to each category are based on cost effectiveness, staff familiarity, size/shapes.

 1 ST Line Product Range	 2 nd line Range -	 Specialist Recommendation
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Holistic Patient Assessment Should Include as a Minimum:

- Past medical history
- Current and past drug therapies, allergies, and dressings equipment treatment prior to admission
- Identification of factors which have the potential to increase the risk of non-healing or delayed healing.
Refer to Wound Care Pathway (Appendix 1)

Objectives of Wound Management:

- The wound should be allowed to heal in a moist environment, unless the clinical goal is to maintain eschar in a dry and non-infected condition for example in the case of an ischaemic wound the objective may be to protect the wound conservatively until vascular status can be restored to facilitate potential for healing or it may be a dry gangrenous wound where auto amputation is our objective.
- The use of any dressing in wound care is of little limited value until factors that delay or inhibit wound healing have been identified and addressed. Treatment and management regimes should address local symptoms to minimize complications and address or manage issues identified as part of holistic assessment.

Wound Bed Assessment Should Include as a *Minimum*

- Type of wound and aetiology of wound
- Location of wound- needs to be accurate in confirming anatomical location
- Size of wound in mm- Use a disposal paper tape to record maximum length and width Use a sterile measuring probe to measure depth and extent of undermining
- Photography is a useful way of measuring when incorporating a rule or tape into the photograph so scale can be provided
- Description of the wound bed using **TIMERS**, approximate percentage of presence of slough, necrosis, granular tissue, haematomas or exposed tendons or bone
- Description and volume of exudate
- Presence of infection, pain, malodour, or foreign body.
- State of surrounding skin and alterations in sensation.
- Ongoing assessment should be performed and provide evidence of wound healing or deterioration in wound healing.
- The timing of on-going re-assessment should be based on the wound type, exudate management and individual patient factors. Within DCHS wounds should be reviewed weekly using Wound Care Pathway on System one or recorded in wound assessment forms if using paper records

Evaluations using T.I.M.E.R.S.

To evaluate the progress of a wound and monitor the effectiveness of a management, DCHS has introduced the **'TIMERS' acronym**, consisting of tissue debridement, infection or inflammation, moisture balance and edge effect, this has been incorporated into the wound assessment and interim wound review templates on system one to promote more frequent wound progress reviews and monitor outcomes of care over time. It is vital to ensure that all wounds are reassessed frequently using a standardised format which includes objective descriptions such as wound size, tissue type, exudate levels etc. as outlined in the DCHS Wound Management Care Pathway where staff should gain consent from the patient/relative to arrange photographs to help support documentation and monitor progress. It is a minimum standard to photograph all wounds including pressure ulcers stage 2 and should be undertaken when the wound is first identified and at frequent intervals (weekly for first 4 weeks and then monthly) during the healing process.

The concepts of wound bed preparation and the **TIMERS** framework were devised to aid decision making by linking assessment findings to clinical actions wound-bed preparation is a concept that aims to provide a structured and systematic approach to the management of chronic wounds. It concentrates on removal of barriers that impair wound healing.

The international advisory board on wound bed preparation (2004) developed the acronym TIME which has subsequently been reviewed and expanded to TIMERS (BJN, 2019: JWC, 2019)

T = tissue, non-viable or deficient

I = infection

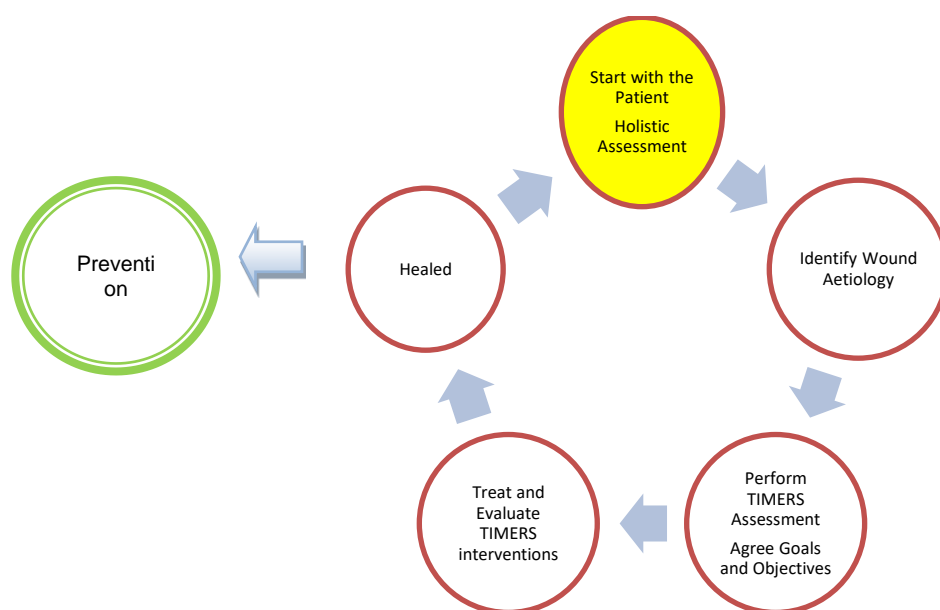
M = moisture imbalance

E = edge of wound, non-advancing or undermined

R = repair of tissue and regeneration

S = social factors that impact healing

T.I.M.E.R.S provides practitioners with a structured assessment tool that focuses the clinician on assessing and identifying the presence of; Barriers to Healing.



TIMERS – Based on descriptions identified through TIMERS the clinician can determine wound care objectives. Examples given in below table

Assessment	Findings	Action
Tissue	<ul style="list-style-type: none"> non-viable tissue, 	<ul style="list-style-type: none"> Rehydrate and debride this
Infection/ Inflammation	<ul style="list-style-type: none"> infection or chronic inflammation 	<ul style="list-style-type: none"> Treat/ Minimise effects of this
Moisture Balance	<ul style="list-style-type: none"> imbalance of moisture levels and 	<ul style="list-style-type: none"> Rehydrate dry tissue or Manage High Exudate levels
Edges	<ul style="list-style-type: none"> Undermining/ fragile/ non-advancing 	<ul style="list-style-type: none"> Pack undermined areas to fill dead space- or Protect fragile bleeding edges
Repair of tissue and regeneration	<ul style="list-style-type: none"> Slow to heal wound (more than 12 weeks) 	<ul style="list-style-type: none"> Assess cause consider bacterial load Implement biofilm pathway
Social factors that impact healing	<ul style="list-style-type: none"> Non-concordance with treatment options 	<ul style="list-style-type: none"> engage health coaching to involve patient in care options

The European Pressure Ulcer Advisory Panel (2019) Classification is used for classifying pressure ulcers

All other ulcers should be described as superficial or deep ulcers.

Tissue Type Present in a Wound Bed



Necrotic wounds

Necrotic tissue inhibits wound healing. As an alternative to the surgical removal of dry necrosis, hydrogels and hydrocolloids donate fluid to the wound and promote the body's natural debridement and provide a gentle method of debridement by donating moisture and supporting autolysis. Where there is poor circulation or ischemic conditions the goal is to maintain a dry eschar and so conservative management is required with simple dressings such as Telfa or Softpore. Foams should not be used in dry necrotic wounds as these promote a moist environment.



Infected wounds

Critical colonisation and wound infection pose serious barriers to the healing process. Antimicrobial binding dressings including iodine, honey, silver and help reduce the bacterial load. It is important to use these products as recommended for short periods only so as prevent the development of bacterial resistances. PHMB or DACC products can also reduce risks but again should not be used unless clinically indicated.



Sloughy wounds

Slough is a mixture of fibrin, pus, cellular debris, and bacteria. The goal should be to rehydrate and cleanse slough from wound bed - Gel products such as hydrogels, hydrocolloids can do this by gently rehydrating the tissues and promote removal of the slough. As slough is debrided the wound size and exudate is expected to increase and this can be managed by changing to an alginate or hydrofiber which will continue to debride the slough but will manage the exudate levels more effectively so minimising risks of maceration and additional skin damage.



Granulating wounds

Granulation tissue requires a moist environment and protection. Most dressings that promote a moist environment and thermal insulation are appropriate for these wounds, including films,

hydrocolloids however foams dressings can provide a longer wear time in the community environment.

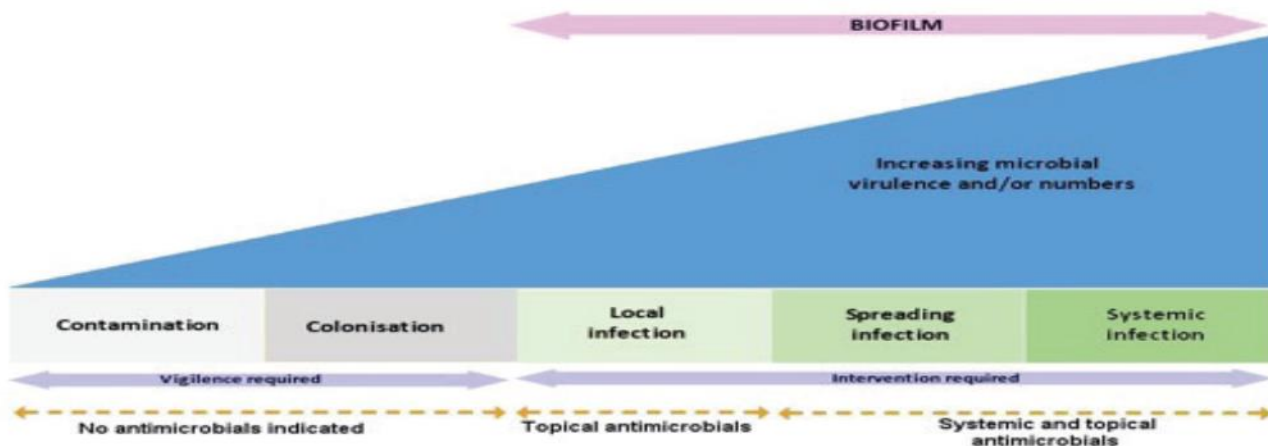
 Epithelializing wounds

Atraumatic dressings provide protection of fragile skin and the newly formed epithelium. It is important to maintain a moist environment and atraumatic removal. Non-adherent or specialist silicone primary contact dressings that do not require frequent checks are appropriate to promote healing.

INFECTION/INFLAMATION

All wounds contain bacteria at levels ranging from contamination, critical colonisation, and infection. Host resistance is often the critical factor in determining whether infection will occur as it becomes lowered by poor tissue perfusion, poor nutrition, local oedema, and other behavioural factors such as lifestyle choices. In addition, co-morbidities, and medication such as steroid therapy and immunosuppressive drugs can reduce the patient’s resistance to increasing bacterial burden. Finally, local factors at the wound bed, such as necrotic tissue and foreign material can result in failure to heal.

Prevention and/or treatment of infection should first focus on optimising host resistance by promoting healthy eating, encouraging smoking cessation and addressing underlying medical conditions such as diabetes. Systemic antibiotics are not necessarily the most appropriate way of reducing bacterial burden in wounds, particularly because of the threat of increasing bacterial resistance and should only be used where there is evidence of clinical infection or where infection cannot be managed with local therapy include: debridement to remove devitalised tissue; wound cleansing; and the use of topical antimicrobials to reduce bacterial load.



Contamination	Colonisation	Local infection Treat with topical antimicrobial dressings		Spreading Infection Treat with topical antimicrobial dressings and oral antibiotics	Systemic infection Treat with topical antimicrobial dressings and oral antibiotics Or may require IV antibiotics
All wounds may acquire microorganisms. If suitable nutritive	Microbial species successfully grow and divide, but do	Covert (subtle) signs of local infection: • Hypergranulation	Overt (classic) signs of local infection: • Erythema	• Extending induration or erythema • Lymphangitis • Crepitus	Severe sepsis • Septic shock • Organ failure • Death

and physical conditions are not available for each microbial species, or they are not able to successfully evade host defences, they will not multiply or persist; there presence is therefore only transient and wound healing is not delayed.	not cause damage to the host or initiate wound infection.	(excessive 'vascular' tissue) • Bleeding friable granulation • Epithelial bridging and pocketing in granulation tissue • Wound breakdown and enlargement • Delayed wound healing beyond expectations • New or increasing pain • Increasing malodour	• Local warmth • Swelling • Purulent discharge • Delayed wound healing beyond expectations • New or increasing pain • Increasing malodour	• Wound breakdown/dehiscence with or without satellite lesions • Induration • Malaise/lethargy or non-specific general deterioration • Loss of appetite • Inflammation/swelling of lymph glands	
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Antimicrobial Usage

- Best practice standards indicate that **antimicrobial products should only be used if a wound is clinically infected or critically colonised or high-risk wounding example bites**. They must be used in an appropriate and structured manner for short periods with clear objectives in mind. E.g., to reduce MRSA or bio burden in wounds failing to heal.
- The Derbyshire Wound Management Formulary 2022 recommends that treatment with an antimicrobial should only be short term. If the infection has resolved within 2 weeks, or indeed if it has not responded as expected then the antimicrobial should be discontinued, and other alternative treatment options should be considered.

Please refer to [Guidelines for the Recognition and Management of Infected Wounds](#), [Biofilm Pathway](#), and Silver Dressing Guidance (see Appendix 2)

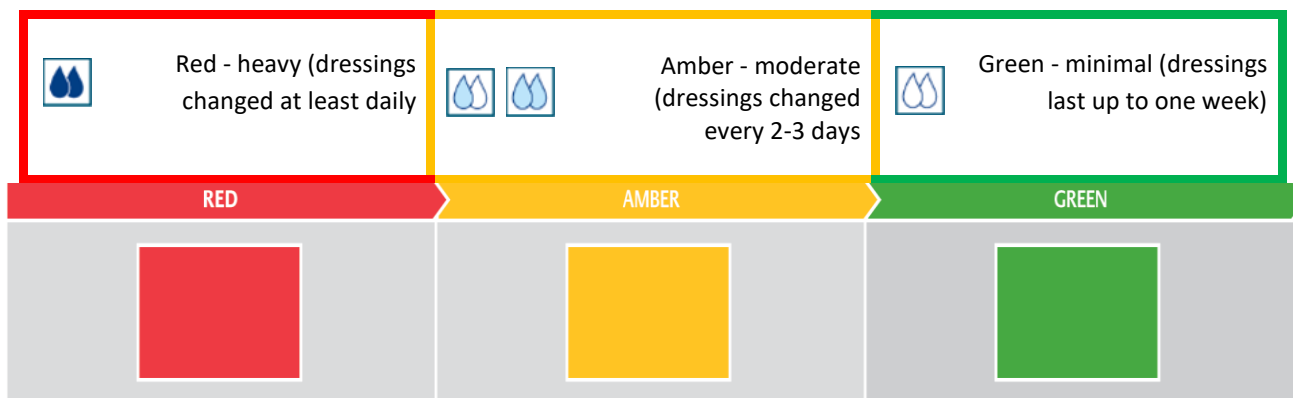
Consideration also needs to be given for the treatment and escalation of suspected infection where there is newly fitted [prosthetic joints](#) and [Tetanus prone wounds](#) - please refer to separate guidelines for more information.

Moisture/Exudate Description

Optimal moisture balance at the wound interface is a key element in wound healing. The level of wound moisture is related to several factors, including: the type of wound, the phase of wound healing the absorptive capacity of topical dressings.

The management of moisture is an essential aspect of wound bed preparation. Exudate from chronic wounds such as pressure ulcers contains elevated levels of matrix metalloproteinases (MMPs), which can degrade the extracellular matrix, impairing cell migration and connective tissue deposition. Growth factors are also inhibited by the MMPs found in chronic wound exudate, so the inflammatory phase often persists, and the wound healing process does not progress to the proliferative phase.

The amount of exudate produced by wounds can be managed by selecting the most appropriate absorptive dressing from a range of suitable dressings, such as, hydro fibres, calcium-alginates, hydrocolloids, and hydrogels. The choice of dressing should reflect its ability to absorb excess exudate, minimise tissue trauma, debride devitalised tissue and remain in place.



High volume, high viscosity? Spreading infection, sinus, or fistula formation- ?cause for increase rule out heart failure / oedema. Are we managing underlying conditions appropriately?	May be progressing well, exudate consistent with stage of healing. If previously in the red zone indication of improvement. If previously in the Green a change has occurred, and reassessment and care plan need reviewing	Minimal exudate, observation for deterioration should be made regularly. Healing is likely to take place
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Kingsley A, White R and Grey D. 2004. The Wound Infection Continuum. In: Wounds-UK. Applied Wound Management Supplement. Aberdeen: Wounds-UK

EDGE

The final stage of wound healing is epithelialisation, which is the active division, migration, and maturation of epidermal cells from the wound margin across the open wound. This leads to contraction and closure of the wound. Unfortunately, epidermal margin migration can fail due to hypoxia (lack of oxygen), infection, desiccation (dry environment), dressing trauma, hyperkeratosis, and callus at the wound margins. In addition, inflammation caused by bacteria causes the extracellular matrix to degrade and therefore epidermal cell migration is interrupted, this can result in wounds become hard to heal and failing to heal.

In certain clinical conditions such as in diabetic neuropathy, there can be over production of hyperkeratosis and callus formation. It has also been noted that the epidermis of the skin surrounding venous leg ulcers is thicker than normal skin and highly keratinised. If this proliferative, thickened tissue is not removed, wounds will fail to epithelialise.

Undermining or rolling of a wound edge can also influence the ability of the wound to heal. Undermining can be indicative of wounds that are critically colonised with bacteria or infected. Rolled edges can present in wounds that have an inflammatory origin such as pyoderma gangrenosum or in malignancy. Early diagnosis is important in these cases as failure to provide the appropriate second-line therapy such as oral steroids or tissue biopsy and excision can result in poor healing outcomes.

It is important to select dressing products which are non-adherent and will not dry out or leave fibres in the wound bed. The edge of the wound will not epithelialise unless the wound bed is well prepared. Always consider the elements of T, I and M first to ensure that the use of advanced therapies is appropriate and if used are applied to a well prepared wound bed to ensure optimal effect.

Measuring a wound at the start of treatment is seen as best practice to enable accurate assessment of the impact of a clinician's intervention. Subsequent measuring can identify whether a wound is failing to heal or deteriorating. Percentage reduction in wound size of 40% or more after four weeks of treatment reliably predicts ulcer healing. The period of four weeks is a good guide to clinicians as to how long to continue with a particular course of treatment before making a referral for specialist advice.

How to Order

Derbyshire Community Health Service is one of 18 Trusts involved in a combined purchasing project that will generate combined savings of over £1,000,000 across the region. Within DCHS alone, in 2019/2020, there was a £1.6m saving when comparing access to products via off script scheme and FP10 prescribing. The recommended changes to the formulary will help secure the most cost-effective wound care products. It is important to try **1st line** products before ordering more advanced products as adherence to **1st line** products will help us achieve our expected order % targets which will be closely monitored as if we do not meet targets within timeframes, it may be necessary to mask all other products.

Where wounds fail to respond to the products within 1st choice, additional products can be obtained from the **2nd line** product range and if the wound fails to make further progress refer to the Tissue Viability Team for advice of alternatives more advanced products. Please refer to Derbyshire Wound Care and Dressing Product Guidelines to help ensure appropriate use of products.




DCHST Clinical Teams should place orders via NHS Supplies to ensure a top up supply of **1st line** basic / standard wound care products, so that they are available to manage a variety of wounds admitted to their clinical area. Areas that are not currently under the non-prescribing scheme, or GP or Practice Nurses can prescribe from the Formulary to help ensure continuity of care.

3rd line products will also be ordered via NHS supplies once approval or as advised by the Tissue Viability Specialists. These will be unmasked on a patient-by-patient basis on contacting DCHS procurement and Tissue Viability Matron/Clinical Team Lead.

Symbols used to ensure appropriate selection of dressing products

To help clinical staff easily identify the most appropriate selection of dressings to manage various types of wounds, we have used the following clipart symbols





Wound depth

-  Superficial
-  Deep
-  Superficial + deep




Wound phase

-  Necrotic
-  Infected
-  Sloughy
-  Granulating
-  Epithelialising

Exudate level

-  Dry to low
-  Low to moderate
-  Moderate to high
-  High to excessive

Traffic Light Key

-  -1ST line range - Order these through NHS Supplies or by Prescription in Non-formulary areas or Primary Care. The range of first line products have been selected so that most wounds can be effectively managed using these products. Staff should select dressings from this range as first line management unless there are indicators such as an active infection where more advanced antimicrobials may be required.
-  - 2nd line range- The second line range includes products are more advanced or have a slightly different presentation for the more difficult to dress areas. These are also to be ordered via NHS supplies.
-  - Specialist Recommendation - Includes more advanced products for complex wounds- Contact Tissue Viability to discuss the unmasking and ordering of these. A limited amount of 3rd line products is also available to order without Tissue Viability authorisation.

WOUND DRESSING GUIDELINES

1. Dressing Packs

Latex Free Pack Sterile Wound care packs of 1x polypropylene tray, 1x pair examination gloves cuffed large, 1x sterile sheet (patient) water repellent/absorbent 44cm x 44cm folded, 1x white waste disposal polythene bag 42cm x 29cm and 1x paper (hand).

Product	Supplier	NPC Code	UNI	Size
Softdrape	Richardson Healthcare Ltd	EJA045	20	12cm x 10cm x 2.5cm (small)
		EJA046	20	12cm x 10cm x 2.5cm (medium)
		EJA047	20	12cm x 10cm x 2.5cm (large)
Dressit		Evh038		Small / medium
		Evh038		Medium / large
Use for	Dressing and cleansing of wounds and maintenance of principles of ANTT			
Avoid	Avoid using dressing pack only for gauze or gloves			
Application	Do not apply gauze as a primary dressing to the wound bed			
Tips	Consider cost of separate gloves as opposed to opening a new dressing pack for gloves			

2. Gauze

Product	Supplier	NPC Code	Uni	Size
Sterile Gauze *	Unisurge	ENK133	25	7.5cm x 7.5cm - 4ply 5s
		ENK132	25	10cm x 10cm - 4ply 5s
		EVE119	25	10cm x 10cm - 12ply 5s

3. Irrigation Solutions

Assessment of wound patient and environment will be required to decide which solution would be best to use for cleansing of the wound. The majority of hard to heal can be safely managed by using tap or boiled water.



Product	Supplier	NPC Code	UNI	Size
Irripod	C D Medical Ltd	MRB742	25	20ml pod
Normasol	Molnlycke Health Care Ltd	MRB357	10	100ml sachet
		MRB358	25	25ml sachet
Tap Water	Refer to Potable Water Guidelines			





4. Tapes

Product	Supplier	NPC Code	UNI	Size
Chemipore	Medicareplus International Ltd	EHU062	24	1.25cm x 10m
		EHU063	12	2.5cm x 10m
		EHU064	6	5cm x 10m
		EHU065	4	7.5cm x 10m
Omnifix	Paul Hartmann Ltd	EHR100	2	2.5cm x 10m
		EHR101	1	5cm x 10m
		EHR102	1	10cm x 10cm
		EHR103	1	15cm x 10m
Hypafix	BSN Medical Ltd	EHR031	1	20cm x 10m
		EHR032	1	30cm x 10m

5. Low Adherent Dressings

Low Adherent dressings are indicated for **dry or lightly exuding superficial wounds**. It can be used as a primary or secondary dressing for dry or lightly exuding suture lines and small superficial wounds such as grazes, abrasions. It can be left in place for 7 days but change according to clinical indicators. Low adherent island dressings are an adherent dressing.

Product	Product Type	Application	NPC Code	UNI	Size
Telfa  H & R Healthcare Ltd	Low Adherent and low absorbent Non adhesive pad		EJE051	100	5cm x 7.5cm
			EJE053	100	7.5cm x 10cm
			EJE055	100	7.5cm x 15cm
			EJE057	100	7.5cm x 20cm
			<ul style="list-style-type: none"> Avoid on actively bleeding wounds Avoid on wet wounds 		






<p>Softpore</p>  <p>Richardson Healthcare Ltd</p>	<p>Low Adherent and low absorbent</p> <p><u>Adhesive pad</u></p>	  	EIJ023	60	6cm x 7cm
			EIJ013	50	10cm x 10cm
			EIJ014	50	10cm x 15cm
			EIJ024	50	10cm x 20cm
			EIJ025	30	10cm x 25cm
			EIJ026	30	10cm x 30cm
			EIJ027	30	10cm x 35cm
			<ul style="list-style-type: none"> • Avoid on wet wounds • Avoid applying directly on actively bleeding wounds consider alginate as primary then cover with Softpore • Do not stretch dressing or apply with any tension as can cause blistering on removal 		

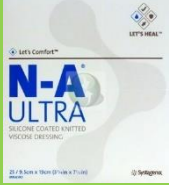




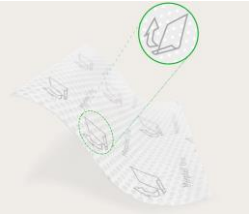
6. Non-Adherent Primary Dressings

Non-adherent dressings are used as the primary wound contact layer for a variety of wounds, including leg and pressure ulcers, burns, grazes, skin tears and traumatic injuries, graft sites and dehisced blistering conditions. These products promote pain free dressing changes; - they have a 1mm diameter pore size which prevents granulation tissue from penetrating the dressing and allows exudate to escape freely into secondary absorbent padding — They do not contain Vaseline or paraffin, and so leaves the wound bed residue free. As these are used on a variety of acute and chronic wounds and meets the remit of many key performance requirements of dressings, if you are ever in doubt as to what to apply to a superficial wound- consider any of the products identified from this category

- Where wounds are in inflammatory phase of healing or require wound bed management/debridement, change as frequently as required depending on exudate levels and tissue type present (2-3 days)
- Where wounds are healing -secondary dressing can be changed as often as required- leaving the primary non-adherent dressing in place to protect newly granulating tissue (up to 7 days)

When selecting the dressing to use consider the location of the wound and the clinical need to monitor closely, for example a pressure ulcer and /or a diabetic foot ulcer will require increased monitoring so Atrauman or N/A Ultra may be more appropriate whereas Mepitel One may be more appropriate for a laceration wound which needs minimal disruption.

Product	Product Type	Application	NPC Code	UNI	Size
<p>Atrauman®</p>  <p>Paul Hartmann Ltd</p>	<p>Non-adherent tulle dressing consisting of a water repellent polyester tulle impregnated with neutral oil</p>	   	EKA024	50	5cm x 5cm
			EKA032	50	7.5cm x 10cm
			EKA036	30	10cm x 20cm
			EKA016	10	20cm x 30cm
			<ul style="list-style-type: none"> • Avoid on bleeding wounds • Dry scaly skin or fragile bleeding edges can cause adherence – irrigate wound to assist removal 		

<p>N-A Ultra Dressing</p>  <p>Systagenix Wound Management Ltd</p>	<p>Non-adherent silicone wound primary contact layer</p>	 	<p>EKG031 40</p> <p>EKG033 25</p>	<p>9.5cm x 9.5cm 19cm x 9.5cm</p>	<ul style="list-style-type: none"> • Avoid on bleeding wounds • Avoid on patients with allergies to Silicone • Dry scaly skin or bleeding edge can cause adherence - to assist removal, stretch the silicone sheet diagonally from opposite corners and remove
<p>Mepitel One</p>  <p>Molnlycke Health Care Ltd</p>	<p>Non Adherent soft silicone primary wound contact dressing that supports healing</p>	 	<p>EKH037 5</p> <p>EKH038 5</p> <p>EKH030 5</p> <p>EKH040 2</p>	<p>6cm x 7cm 9cm x 10cm 13cm x 15cm 25cm x 27.5cm</p>	<ul style="list-style-type: none"> • As above • Avoid on wounds that need close monitoring e.g., Infected wounds/ diabetic or pressure ulcers • Apply with moist gloved fingers to prevent dressing sticking to fingers on application • Can be left undisturbed for up to 7 days on healing lacerations but outer dressing needs changing as exudate strikes through

7. Vapour Permeable Adhesive Film Dressings











Transparent film dressings provide a moist, healing environment; promote autolytic debridement; protect the wound from mechanical trauma and bacterial invasion; and act as a blister roof or “second skin.” Because they’re flexible, these dressings can conform to wounds located in awkward locations such as the elbow. Their transparency makes it easy to visualize the wound bed. Can be used as a primary dressing for superficial dry wounds or as a secondary dressing where wound packing manages exudate levels

Films with pads (island films) are indicated for the protection of broken skin example post op suture lines or open superficial wounds with scant exudate. Although these dressings can’t absorb fluid, they’re permeable to moisture—allowing one-way passage of carbon dioxide and excess moisture vapor away from the wound. If pooling or strike through noted review and select a more absorbent product. Use with caution in infected wounds as increasing exudate levels require effective absorption.

Application- Do not stretch the dressing when applying as this leads to friction and blistering. The average time between transparent film dressings changes is 3 to 5 days, although some dressings may be left in place up to 14 days

Removal- Frequent removal can lead to skin stripping to avoid this, lift a corner of the dressing and stretch it horizontally along the skin surface to break the adhesive bond. Continue stretching from the edge of the dressing toward the center. When two sides of the dressing are partially removed, grasp both sides and stretch horizontally and parallel to the skin until the entire dressing lifts. If skin

stripping becomes a problem, consider use of Apheel (adhesive removal wipe) to remove or select an alternative product.

Product	Product Type	Application	NPC Code	UNI	Size
365 Transparent Film  365 Healthcare Ltd	Film dressing	  Shallow  Primary  If using as secondary dressing where absorbent packing present 	ELW552	100	4cm x 5cm
			ELW550	100	6cm x 7cm
			ELW542	50	10cm x 12cm
			ELW880	30	10cm x 25cm
			<ul style="list-style-type: none"> • Avoid applying to fragile paper tissue skin • Avoid in applying to heavily exuding wounds as increases risks of maceration • Avoid moist skin surface because its adhesive properties are deactivated by moisture • Can remain insitu for up to 14 days • Not suitable for full thickness wounds including deep burns 		
YIBON film island dressing *  Pharmed UK	Film dressing with low adherent and absorbent pad	  Shallow 	ELW1008	600	5cm x 7cm
			ELW1005	600	10cm x 12cm
			ELW1006	600	10cm x 15cm
			ELW1002	600	10cm x 20cm
			ELW1004	60	10cm x 30cm
			<ul style="list-style-type: none"> • Avoid applying to fragile tissue paper skin • Avoid in applying to heavily exuding wounds as increases risks of maceration • Avoid moist skin surface because its adhesive properties are deactivated by moisture 		

8. Hydrocolloids

These are occlusive dressings and are indicated for rehydration of **dry or low exuding superficial** wounds.

These dressings encourage autolysis where the bodies own enzymes help break down and **debride** the wound of slough **and necrosis**. They also **promote angiogenesis** (new tissue).


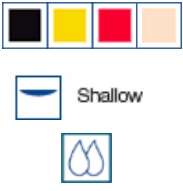


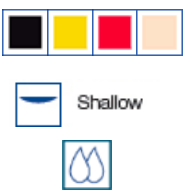



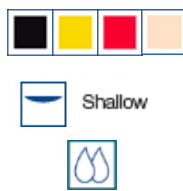

DuoDERM Signal dressing is an adhesive, tapered edge; modern hydrocolloid wound dressing with a change indicator. Choose a dressing size 3cm larger than the wound area in any one direction. This dressing has a translucent backing which enhances dressing placement and initial monitoring of the wound. Its thin, smooth low friction backing is also designed to reduce impact of shearing.

Application: the dressing should be inspected frequently for leakage, rolling up of the edges and/or whether any part of the bubble has reached the green line which is the change indicator. If any of these occur, the dressing should be changed. As wound fluid is absorbed by the dressing, gel formation may be visible through the dressing. If this goes unchecked, it can result in maceration.

The dressing should therefore be changed when: clinically indicated, when strikethrough occurs, or up to a maximum of seven days in dry wounds.

To remove: press down gently on the skin and carefully lift one corner of the dressing until it is no longer adhered to the skin. Continue until all edges are free. Carefully lift away the dressing.

DuoDerm Extra Thin is versatile and easy to mould and can be cut to shape to dress awkward areas - used for management of **dry** sloughy, necrotic, granular, or epithelial wounds. Overlap the wound by at least two cm. The dressing should be changed when: clinically indicated, when strikethrough occurs, or up to a maximum of seven days in dry wounds

Product	Product Type	Application	NPC Code	UNI	Size
DuoDERM Signal  ConvaTec Ltd	Bevelled edge hydrocolloid	 	ELM079	5	10cm x 10cm
<ul style="list-style-type: none"> • Avoid in infected wounds or wounds that need frequent review • Avoid in neuro-ischaemic foot wounds • Avoid in diabetic foot ulcers • Avoid in high exuding wounds 					
DuoDERM Extra Thin  ConvaTec Ltd	Occlusive extra thin hydrocolloid	 	ELM068 ELM311 ELM050 ELM317 ELM051	10 5 10 10 10	4.4cm x 3.8cm oval spots 7.5cm x 7.5cm 10cm x 10cm 5cm x 10cm 15cm x 15cm
<ul style="list-style-type: none"> • As above 					
Tegaderm Hydrocolloid   3M Health Care Ltd	2nd Line Hydrocolloid for difficult areas only	 	ELM084 ELM373 ELM026 ELM027 ELM029	5 5 10 5 10	10cm x 12cm oval 13cm x15 oval 13x15 cm thin 10cmx 10cm 10 cm x 12cm oval
<ul style="list-style-type: none"> • As above 					

9. Hydrogels











Hydrogels are suitable for the management of most types of ulcers, pressure sores and other low exuding sloughy or necrotic wounds. By providing a moist environment at the wound surface,

hydrogels assist in the debridement and removal of necrotic and other devitalised material from low exuding wounds.

The gel can be used to soften and hydrate necrotic tissue, helping to rehydrate dry granulating wounds. Hydrogels are for single patient use only, dispose of tubing after each dressing. Change frequently (1-3 days) to minimise risks of maceration. Apply hydrogel direct to wound crater, cover with film or other appropriate dressing such as Atrauman impregnating the dressing and apply direct to the ulcer.





ActivHeal hydrogel is an amorphous gel that gently increases the moisture level within the wound, encouraging moist wound healing through autolytic debridement.

Pharmagel and Pharmagel Comfort are sterile transparent polyurethane gel dressings containing 60% water, it has a hypoallergenic adhesive Polyurethane film border to prevent bacterial penetration. Creates a moist environment, suitable for treating hard to heal wounds, promoting wound healing, while slight cooling effect aids patients' comfort. It does not adhere to wounds and has good cushioning effect. Allows free passage of gases and moisture vapour, protecting skin against maceration. Leaves no residue on wound upon removal of the dressing. Pharmagel dressings are transparent allows healing process to be observed without removing the dressing, promoting formation of new tissue during granulation phase and doesn't dissolve by absorbed wound exudates.

Product	Product Type	Application	NPC Code	UNI	Size
<p>Activheal hydrogel</p>  <p>Advanced Medical Solutions Ltd</p>	Hydrogel Indicated for de-sloughing and debriding wounds	   	<p>ELA639</p> <p>ELG018</p>	<p>10</p> <p>10</p>	<p>8g</p> <p>15g</p>
<p>Pharmagel *</p>  <p>Phamaplast</p>	Hydrogel dressing sheet non-adhesive	   	<p>ELE105</p> <p>ELE092</p> <p>ELE103</p>	<p>5</p> <p>5</p> <p>5</p>	<p>4.5cm x 6.5cm</p> <p>6cm x 6cm</p> <p>15cm x 15cm</p>











- Avoid if a known sensitivity to any of the components
- Do not use on full- thickness burns
- Precaution: where wound infection is observed, the patient should be treated under the medical advice and appropriate systemic treatments should be instigated
- Not appropriate in high exuding wounds or where surrounding skin is macerated

- Avoid if a known sensitivity to any of the components
- Avoid in wounds with moderate to high exudate levels
- Do not use on exposed muscle, bone, or tendon
- Avoid in Infected wounds

Pharmagel Comfort*  Pharmaplast	Hydrogel dressing sheet with adhesive film	  Shallow 	ELE095	5	7.5cm x 12.5cm
			ELE094	5	12.5cm x 12.5cm
			<ul style="list-style-type: none"> • Avoid if a known sensitivity to any of the components • Avoid in wounds with moderate to high exudate levels • Do not use on exposed muscle, bone, or tendon • Avoid in Infected wounds or 3rd degree burns 		

10. Alginates

Alginates can absorb 15-20 times their weight in fluid. They may be applied to exuding lesions including leg ulcers, pressure ulcers, diabetic foot ulcers, donor sites, and most other granulating wounds. They are also suitable for deeper cavity wounds and sinuses. Alginates are appropriate for **debridement of moist slough and necrosis** and can also be used on infected wounds with close medical supervision. In addition, they are used **for the protection** of granulating tissue as the hydrophilic gel allows easier removal of dressing, so that healing is undisturbed. When an alginate dressing comes into contact with a wound, calcium ions are released into the wound, which are a natural element in coagulation, which means that some alginates can help regulate blood flow in a wound. Dressings can be left in place for approximately 4 days.

Product	Product Type	Application	NPC Code	UNI	Size
Kaltostat  ConvaTec Ltd	Alginate packing and ribbon for deeper cavity wounds and sinuses	   	ELS229	10	5cm x 5cm
			ELS231	10	7.5cm x 12cm
			ELS027	10	10cm x 20cm
			ELS028	10	15cm x 25cm
			<ul style="list-style-type: none"> • Avoid in dry wounds, moisture required to activate the fibres • If there is discomfort on first application irrigate wound bed before applying • Not for use on 3rd degree burns or heavily bleeding wounds 		
Kaltostat Ribbon  ConvaTec Ltd		   	ELS241		2g x 30cm
			<ul style="list-style-type: none"> • As above • When packing cavities, particularly where there is extensive undermining, ensure you document the numbers of packs inserted. These may be irrigated from the wound to remove 		

11. Hydrofiber







Hydrofiber Technology is a soft, absorbent material that transforms into a gel on contact with wound fluid which creates an optimal environment for wound healing. On contact with exudate, the dressing forms a soft gel which helps debride slough and necrosis as well as promote granulation tissue. Aquacel Extra is made up of two layers of sodium carboxymethyl-cellulose fibrous sheets which are stitched together for extra absorbency and strength so facilitating safer removal from deep cavities. It is available both as a 'ribbon' for packing cavities, and as a flat non-woven pad for application to larger open wounds. Minimises 'dead space' where bacteria can grow by effectively contouring into the wound bed. Helps protect peri wound skin and reduce maceration as it locks in exudate and traps bacteria.

Suitable for all types of high exuding wounds including pressure and leg ulcers, abscess, diabetic foot ulcers, dehisced surgical wounds and traumatic wounds.




For Surface Wounds: the dressing should overlap 1cm (½ inch) onto the intact skin surrounding the wound. The dressing will shrink as it absorbs wound fluid and gels.

For Crater or deep wounds, when using the dressing ribbon in deep wounds, leave at least 2.5cm (1 inch) outside the wound for easy removal. Only fill the dressing into deep wounds up to 80% (almost to the top), as the dressing will swell as it absorbs the fluid. Record number of dressings packed into wound.

The dressing should initially be changed every 2-3 days in highly exuding wounds but more frequently when it is saturated with exudate or if the secondary dressing has strikethrough or is leaking. All wounds should be inspected frequently. Remove the dressing when medically indicated (wound fluid comes out of the dressing; there is bleeding, or increased pain to the wound). As wound exudate levels reduce the dressing can be left in place for up to 7 days, however its use should be reviewed and an alternative product such as alginate or foam should be considered for ongoing management as it is inappropriate to use on low exuding wounds.

Product	Product Type	Application	NPC Code	UNI	Size			
Aquacel Extra  Aquacel Extra Ribbon  ConvaTec Ltd	Two Layer Gelling fibre extra absorbent dressing	   	ELY377	10	5cm x 5cm			
			ELY378	10	10cm x 10cm			
			ELY379	5	15cm x 15cm			
			ELY489	10	4cm x 10cm			
			ELY490	10	4cm x 20cm			
			ELY491	10	4cm x 30cm			
			ELY368	5	1cm x 45cm			
			ELY013	5	2cm x 45cm			
						<ul style="list-style-type: none"> Do not use for client with known sensitivity to sodium carboxymethyl cellulose Do not use in dry wounds Avoid in bleeding or fragile granulating wounds or if vasculitis is a problem as tends to adhere Wounds that show signs of clinical infection may be dressed with Aquacel, but the dressing should be changed daily, and the use of systemic antibiotic therapy considered 		

12. Absorbent Dressing Pad






Product	Product Type	Application	NPC Code	UNI	Size
PremierPad  365 Healthcare Ltd	Absorbent dressing pad with a fluid – repellent backing Sterile	  Primary or secondary	EJA261	50	10cm x 12cm
			EJA215	25	10cm x 20cm
			EJA259	25	20cm x 20cm
			EJA260	15	20cm x 40cm
<ul style="list-style-type: none"> • Apply to wound with at least 1cm overlap. If dressing strikes through within 24 hours ensure increased visits and reassess clinical needs as more absorbent product such as Kliniderm or Drymax Super may be required • Avoid applying directly to actively bleeding wounds • Avoid in applying to dry wounds where a moist environment is required • Do not cut dressing as contents will compromise the wound 					

13. Super Absorbent Dressing

Super-absorbent dressings have an extra fluid-handling capacity. They are designed to be used on wounds of varying types that produce high volume of wound exudate. Due to their enhanced fluid-handling capacity and absorbency, they are designed for longer wear times and to reduce maceration. They can be used as a primary or secondary dressing for post-operative wounds, chronic ulcers, or dehisced or infected wounds as a secondary dressing. Super absorbents have very similar technology to nappies, the dressing will expand with exudate, and so needs close monitoring as it may become a little heavy. Wear time will depend on the level of exudate, daily changes may be required, but can be left in place for up to 7 days. Because of the excellent fluid handling capability of these dressings, it may become heavy and cause sagging when saturated. Exercise caution and monitor closely if considering using under compression bandaging.

Kliniderm superabsorbent is a backed four-layer superabsorbent dressing held together by a hypoallergenic seal. Acts as a protease modulator and is indicated for moderate to highly exuding chronic and acute wounds. Can be used effectively under compression. Removes excessive MMPs and exudate, provides moist wound healing, prevents maceration and excoriation to the wound bed. Usually, Kliniderm superabsorbent may be applied directly to the wound bed as a primary dressing, thus ensuring optimised exudate handling capacity:

- Choose the appropriate dressing size which is slightly larger than the wound size
- Place directly to the wound bed as a primary dressing
- Secure in place with a suitable fixation i.e., tape, bandage, or film dressing
- Can be left in place for up to **4 days**

Product	Product Type	Application	NPC Code	UNI	Size
Kliniderm super-absorbent  H & R Healthcare Ltd	Backed super absorbent dressing	 	EKH071	50	7.5cm x 7.5cm
			EJE228	50	10cm x 10cm
			EJE229	50	10cm x 20cm
			EJE227	10	20cm x 20cm
			EJE230	10	20cm x 30cm
			EME129	10	20cm x 40cm
<ul style="list-style-type: none"> • Don't use with multiple dressings (sandwich) as this may reduce the absorbency and will certainly increase costs • Don't layer dressings • Don't cut or fold, instead choose the appropriate dressing size • Don't pack into small wounds and cavities as the dressing needs space to expand and dry wounds • Don't use on necrotic wounds • Don't use on bleeding wounds • Do exercise caution if considering using Supra absorbents under compression as alteration of sub-bandage pressure in this range of products needs consideration as sub-bandage pressures have been proven to be altered following expansion of the superabsorbent dressing under compression therapy. This may lead to detrimental effects on ulcer healing and potentially cause bandage damage, impacting on patient comfort, and compliance 					
Zetuvit Plus  Paul Hartman Ltd	Backed super absorbent dressing		EME046		10cm x 10cm
			EME047		10cm x 20cm
			EME048		15cm x 20cm
			EME049		20cm x 25cm
			EME050		20cm x 40cm






14. Specialist Silicone Foam Adhesive Dressings

Silicone foam dressings have been designed for people with particularly sensitive or fragile skin. These dressings have a soft silicone gel adhesive which minimizes trauma to the wound at dressing change helping to avoid patient pain. These dressings manage moderate to high exudate levels in acute and chronic wounds helping to ensure that the wound is kept at optimum moisture levels to support moist wound healing. Suitable as a primary dressing but also can be used as a secondary dressing for partial or full thickness wounds which are packed to help reduce dead space. Designed to gently adhere to the skin surrounding a wound and not to the wound bed, this minimizes the pain and trauma associated with dressing change.

Suprasorb P Sensitive Border is a soft, gentle but effective silicone foam dressing suitable for low to moderately exuding wounds. Designed with patient benefits built into every layer, Suprasorb® P sensitive helps absorb excess exudate whilst protecting epithelialising cells. Vapour can be released through the top layer providing patient comfort without compromising its waterproof or bacterial barrier. The exudate is locked away and retained within the dressing, even under

compression. Distribute the exudate to ensure the whole dressing is used, maximising its use and will absorb excess exudate, promoting a moist wound healing environment whilst avoiding macerated periwound skin.

Removal: Lift one corner of the dressing and slowly peel back until completely removed from the wound.





Product	Product Type	Application	NPC Code	UNI	Size
<p>Suprasorb P sensitive border</p>  <p>L & R Medical UK Ltd</p>	<p>Adhesive Silicone Foam for patients with fragile skin</p>	 	ELA1302	10	7.5cm x 8.5cm
			ELA1282	10	10cm x 10cm
			ELA1281	10	12.5cm x 12.5cm
			ELA1298	10	15cm x 15cm
			ELA1295	10	20cm x 20cm
			ELA1293	10	23.5cm x 25cm (heel)
			ELA1299	10	17cm x 17.5cm (sacral)
ELA1288	10	23cm x 23cm (sacral)			
<ul style="list-style-type: none"> • Avoid on bleeding or dry wounds • Avoid on Infected wounds - Consider appropriate antimicrobials • Do not use if allergic to silicone • Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide 					
<p>Mepilex Border Comfort</p>  <p>Molnlycke Health Care Ltd</p>	<p>Soft silicone bordered foam with high absorbency and flex technology</p>		ELA1103	10	7.5cm x 7.5cm
			ELA1104	10	10cm x 10cm
			ELA1102	10	12.5cm x 12.5cm
			ELA1105	10	15cm x 15cm
			ELA1106	10	15cm x 20cm
			ELA1165	60	10cm x 20cm
			ELA1166	40	10cm x 30cm
<ul style="list-style-type: none"> • As above 					

15. Non-bordered Soft Silicone Wound Super Absorbent Contact

Suprasorb P sensitive (non-bordered) can be cut and an aseptic technique should be used with cutting the dressing. Ensure any exposed foam areas are covered with an appropriate film dressing taking care not to cover the entire dressing. This dressing can remain in place for up to 7 days, dependent on wound conditions and exudate levels. It is recommended the dressing is changed every 24 hours initially particularly if pressure related damage so that management strategies can be evaluated and moving to less frequent changes as necessary.

Mepilex XT are polyurethane foam dressing containing superabsorbent particles which absorb and lock wound exudate. The wound contact surface is a perforated silicone layer. This layer allows gentle adherence to the peri-wound skin but not to the moist wound bed or to the epidermis of the healing wound. The dressing is not primarily intended to be cut.




Exercise caution if considering using Superabsorbents under compression as alteration of sub-bandage pressure in this range of products needs consideration as sub-bandage pressures have been proven to be altered following expansion of the superabsorbent dressing under compression therapy. This may lead to detrimental effects on ulcer healing and potentially cause bandage damage, impact on patient comfort, and compliance.

Product	Product Type	Application	NPC Code	UNI	Size
Suprasorb P sensitive  L&R Medical UK Ltd	Non-adhesive soft silicone foam		ELA1285	10	5cm x 5cm
			ELA1301	10	7.5cm x 7.5cm
			ELA1289	10	10cm x 10cm
			ELA1286	10	15cm x 15cm
			ELA1283	10	20cm x 20 cm
			ELA1290	10	10cm x 20cm
Mepilex XT  Molnlycke Health Care Ltd	Soft silicone foam wound contact with super absorbent properties		ELA722	5	10cm x 11cm
			ELA724	5	15cm x16cm
			ELA723	5	11cm x 20cm
			ELA725	5	20cm x 21cm

16. Odour Control Dressings

CliniSorb is a sterile activated charcoal cloth which is sandwiched between layers of viscose rayon and coated with polyamide. It can be used as a primary or secondary dressing. This dressing is soft and flexible and can be cut to conform to curved body sites.

CliniSorb indicated for the management of malodorous wounds. It can be used on fungating wounds and a variety of other chronic wounds such as pressure ulcers, diabetic foot wounds. It can be used in both moderately and lightly exuding wounds, the latter with the addition of a separate primary dressing to prevent adherence.











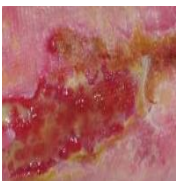
Product	Product Type	Application	NPC Code	UNI	Size
CliniSorb  CliniMed Ltd	Activated charcoal dressing	 	ELV051	10	10cm x 10cm
			ELV053	10	10cm x 20cm
			<ul style="list-style-type: none"> Do not use on wet wounds Do not cut this dressing 		

17. Low Adherent Antimicrobials

Low Adherent Primary Antimicrobial dressings inhibit or kill bacteria and provide a moist environment for healing. Indicated to manage colonised or infections to superficial ulcerative wounds and may also be used for the prevention of infection in surgical wounds, minor burns, and traumatic wounds in patients with compromised immune systems. Whilst these products have low toxicity levels and cell absorption levels it is important to review and consider discontinuation as early as possible, as long-term use increases risks of cell absorption and toxicity in vulnerable patients.

Inadine is a low adherent knitted viscose fabric impregnated with a polyethylene glycol (PEG) base containing 10% Povidone Iodine: equivalent to 1.0% available iodine. It has a broad spectrum of antimicrobial activity with efficacy against bacteria, micro bacteria, fungi, protozoa and viruses and MRSA. It requires secondary absorbent dressing.

Altrauman Ag is a non-adherent primary contact layer that is impregnated with silver which provides sustained **broad-spectrum** antimicrobial activity for colonised or infected superficial wounds. When in contact with wound exudate Atrauman Ag releases silver ions from its metallic surface. Most of these ions remain in the immediate vicinity of the dressing – only very few get into the wound itself – the silver ions adhere to the bacteria – surface and destroy them reliably. The wound exudate together with the dead bacteria and endotoxins produced by this process are absorbed into the secondary dressing.

Product	Product Type	Application	NPC Code	UNI	Size
Inadine  Systagenix Wound Management Ltd	Knitted Viscose Dressing Impregnated Povidone Iodine  Dressing indicates ready for change	  Shallow  	EKB501	25	5cm x 5cm
			EKB502	25	9.5cm x 9.5 cm
Atrauman Ag  Paul Hartmann Ltd	Antimicrobial silver broad spectrum dressing	  Shallow  	EKB039	10	5cm x 5cm
			EKB040	10	10cm x 10cm
			EKB041	10	10cm x 20cm

- Avoid in patients with known iodine hypersensitivity
- Avoid before and after the use of radio-iodine investigations
- Avoid if the patient is being treated for kidney problems
- Avoid if pregnant or breastfeeding
- Avoid in cases of Duhring's herpetiform dermatitis (a rare skin disease)
- Patients with thyroid diseases: Must be used under medical supervision, limit number of dressings to 4 maximum and monitor thyroid function
- Avoid in newborn babies and infants up to the age of 6 months as povidone-iodine may be absorbed through unbroken skin of babies

- Avoid in patients with hypersensitivity to Silver
- Must be removed prior to X-ray, MRI, ultrasound, or diathermy
- Avoid in babies below 6 months as may be absorbed through unbroken skin of babies

18. Honey Dressing












Due to the nature of honey, it can solidify at cold temperatures and becomes more liquid at warm temperatures. If the product has hardened, warm between hands to soften before use. If the product has become too liquid, place in a colder place such as a fridge for a few minutes.

The high sugar content in honey dressings has a beneficial osmotic effect, helping the body's natural processes to cleanse the wound and remove dead tissue. During the healing process, due to the removal of dead tissue, it is common for the wound to show an initial increase in wound size.











Revamil Gauze Wound Dressing contains 100% antibacterial honey. As a result of this, the rich enzyme honey with a low PH creates a moist wound environment. This helps to create a protective barrier and fights against infection at the wound site. The dressing is flexible and lightweight making Revamil gauze easy to apply and remove. If stinging occurs it can last for several minutes but may last longer. If pain is an issue suggest an analgesic which should be taken approximately 30 minutes before dressing is changed. If the analgesic does not stop the stinging, remove the dressing irrigate the wound and consider an alternative antimicrobial.

Revamil Wound Gel comes in a tube like an ointment. Revamil honey wound gel contains anti-microbial properties and therefore it is suitable for the treatment of superficial, acute, and chronic wounds. The honey promotes a moist wound environment, along with the low PH increases resistance to infection, thus encouraging wound healing.

Revamil Melginate 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, resulting in supporting the wound during the healing process.

Product	Product Type	Application	NPC Code	UNI	Size	
   Oswell Penda Pharmaceutical Ltd	Gauze wound dressing		ELZ1383	10	5cm x 5cm	
			ELZ1381	7	8cm x 8cm	
			ELZ1380	10	10cm x 10cm	
			ELZ1382	5	10cm x 20cm	
	Wound gel		ELY982	27	5g tube	
			ELY980	4	18g tube	
	Melginate		ELS979	15	5cm x 5cm	
		 	ELS977	10	10cm x 10cm	
				<ul style="list-style-type: none"> • Avoid on bleeding wounds • Do not use if allergic to honey or alginates • Avoid overlapping on surrounding skin and or ensure protection to avoid maceration • Avoid in patients with painful wounds 		

19. Absorbent Antimicrobial Dressing





Product	Product Type	Application	NPC Code	UNI	Size
Suprasorb A+Ag  L&R Medical UK Ltd	Silver alginate See 2 nd line for additional silver alginate choice/size range	   	ELS446	10	5cm x 5cm
			ELS447	10	10cm x 10cm
			ELS448	5	10cm x 20cm
<ul style="list-style-type: none"> Do not use in patients allergic to Silver Do not use silver ionic products in combination with oil-based products such as petrolatum or paraffin Do not use silver products when client is undergoing MRI examination or during radiation therapy 					
Aquacel Ag+ Extra  Aquacel Ag+ Ribbon  ConvaTec Ltd	Ionic silver in a hydrofiber format	  	ELY514	10	5cm x 5cm
			ELY515	10	10cm x 10cm
			ELY516	5	15cm x 15cm
			ELY369	5	1cm x 45cm
			ELY519	5	2cm x 45cm
<ul style="list-style-type: none"> As above Do not use if allergic to Silver Do not use silver ionic products in combination with oil-based products such a petrolatum or paraffin Do not use silver products when client is undergoing MRI examination or during radiation therapy (dressing can be replaced after MRI or radiation treatment is completed) 					

20. Iodine Based Antimicrobials



IODOFLEX and **IODOSORB** are a range of absorbent cadexomer dressing with Iodine products which is effective against a wide range of pathogenic bacteria, fungi yeasts.

Generally, if used within the guidelines of the prescribing information (up to a 50g per dressing change i.e., a maximum of 150g a week) it is unlikely that there will be any significant iodine absorption. However, IODOFLEX should not be used in patients with severely impaired renal function or a history of any thyroid disorder as they are more susceptible to alterations in thyroid metabolism with chronic IODOFLEX therapy. This product should be discontinued after 3 months and an alternative\ product used for a few weeks before recommencing.

To remove IODOFLEX or IODOSORB from the wound, simply flush it away with sterile saline or water. If sticking to the wound soak with saline. If there are any small remnants of IODOFLEX left in the wound, don't worry they will be naturally degraded without causing any delay to healing or systemic reaction. Product changes to white which indicates that all the iodine has been released. Dressings are normally changed 2-3 times per week.

Product	Product Type	Application	NPC Code	UNI	Size
Iodoflex  Iodosorb  Smith & Nephew Healthcare Ltd	Antimicrobial absorbent cadexomer dressings	 	EKB007	5	5g paste
			EKB008	5	10g paste
			EKB012	4	10g ointment
<ul style="list-style-type: none"> Do not use if patient is allergic to iodine Do not use in patients with severely impaired renal function or a history of any thyroid disorder Do not use with any other active antimicrobials particularly mercurochrome and thiomersal, or taurolidine (associated with catheters) Do not use in pregnant and lactating mothers 					


Cutimed Sorbact is a hydrophobic dressing which attracts bacteria and fungi where they become irreversibly bound to it. There is no donation to the wound bed, so this dressing is safe for use on all ages and has little known side effects.

Product	Product Type	Application	NPC Code	UNI	Size
Cutimed Sorbact  BSN Medical Ltd	Dialkylcarbamo ylchloride (DACC) technology		ELY212	5	4cm x 6cm swab sorbact coated with DACC
			ELY213	5	7cm x 9cm Swab
			ELY218	5	2cm x 50cm
<ul style="list-style-type: none"> Do not use on dry wounds 					


21. Surfactant

Octenillin Irrigation solution contains Aqua valde purificata, Glycerol, Ethylhexylglycerin, Octenidine HCl. Irrigate and clean the wound with octenilin® wound irrigation solution during each change of dressing (octenilin® wound irrigation solution can be warmed up to body temperature immediately before application). Dressings and wound coverings soaked with octenilin® wound irrigation solution can be used to dissolve fibrin coatings. The application should be repeated until all coatings and necrosis can be removed, and the wound is visibly clean. Rinsing afterwards is generally not necessary. The wound can be further treated with octenilin® wound gel, if necessary. It may also be used where individuals have reduced immune response and have tenacious sloughy wounds to reduce risks of infection. Date the octenilin bottle 350 ml bottle and the 20ml gel when opened as it can be used up to 8 weeks for single patient use. The bottle must be closed after each use.


This product should not be routinely used as general irrigation fluid as tap water or saline should be cleansing fluid of choice for routine wound care

Product	Product Type	Application	NPC Code	UNI	Size
Octenillin  Schulke & Mayr UK Ltd	Irrigation solution	Apply gel to low adherent dressing and direct to wound	MRB443	1	350ml
	Antimicrobial Gel		MRB1170	6	250ml
			MRB487	1	20ml
			<ul style="list-style-type: none"> Do not use on pregnant or lactating mothers Do not use where joints or cartilage is exposed Do not use on healthy granulating or epithelializing wounds 		

22. Retention Bandage Conforming Type 1 Dressing Retention


Product	Supplier	NPC Code	UNI	Size
Knit-Band 	CliniSupplies Ltd	EDB115	25	5cm x 4m
		EDB116	25	7cm x 4m
		EDB117	25	10cm x 4m
		EDB089	100	15cm x 4m
Description	Bandage conforming type 1 dressing retention Lightweight cotton, conforming bandages with little elasticity			
Use for	Their main function is to hold dressings in place.			
Absorbency	n/a			
Avoid	<ul style="list-style-type: none"> Retention bandages should not be used to apply pressure (Welsh Centre for the Quality and Control of Surgical Dressings, 2001) Care should be taken when applying them as poor technique can result in a tourniquet effect They should not be used on oedematous limbs as they do not provide support and will not shift fluid 			
Application	A retention bandage should be applied from joint to joint to prevent tightness and discomfort			
Frequency of Change	As dressing changes indicate			
Tips	Avoid applying with any tension			

23. Bandage Light Support Type 2


Product	Supplier	NPC Code	UNI	Size
Hospilite® crepe bandage 	Paul Hartmann Ltd	ECA193	1	5cm x 4.5m
		ECA194	1	7.5cm x 4.5m
		ECA195	1	10cm x 4.5m
		ECA196	1	15cm x 4.5m
Description				
Use for	<ul style="list-style-type: none"> Crepe bandages used on sprains or strains or for general support should always be applied from the toe to the knee 			

	<ul style="list-style-type: none"> Can also be used to retain dressings in patients where the limb may swell or require support so a light support bandage may be more appropriate for dressing retention than a class 1 retention bandage
Absorbency	n/a
Avoid	Capable of supplying a low level of pressure, up to about 15mmHg so avoid in patients with compromised circulation
Application	Apply either in a spiral formation or in a figure-of-eight formation
Frequency of Change	As dressing changes indicate
Tips	The bandage should be applied with firm pressure (about 50% stretch) and with 50% overlap to ensure even pressure and adequate support

24. Type 2 Bandage Compression 4 Layer Component Parts Leg Ulcer




Product	Supplier	NPC Code	UNI	Size
<p>K-Lite</p>  <p>K-Lite Long</p>	Urgo Ltd	ECA084	16	5cm x 4.5m
		ECA086	16	7cm x 4.5m
		ECA100	16	10cm x 4.5m
		ECA109	16	15cm x 4.5m
		ECA173	16	10cm x 5.25m

25. Tubular Bandage Conforming Type 1 Dressing Retention

Product	Supplier	NPC Code	UNI	Size
<p>Clinifast</p> 	CliniSupplies Ltd	EGP061	1	1m x 3.5cm Red line
		EGP018	1	10m x 3.5cm Red line
		EGP058	1	1m x 5cm Green line
		EGP059	1	3m x 5cm Green line
		EGP019	1	10m x 5cm Green line
		EGP053	1	1m x 7.5cm Blue line
		EGP054	6	5m x 7.5cm Blue line
		EGP020	1	10m x 7.5cm Blue line
		EGP055	1	1m x 10.75cm Yellow line
		EGP162	6	3m x 10.75cm Yellow line
		EGP056	6	5m x 10.75cm Yellow line
		EGP021	1	10m x 10.75cm Yellow line
		EGP022	1	10m x 17.5cm Beige line
Description	Tubular elasticated viscose conforming Type 1 bandage dressing			
Use for	<ul style="list-style-type: none"> These are quick and easy to apply and tend to be comfortable to wear and neat in appearance. They are particularly useful in patients with vascular disease or diabetes, when adhesive products may be contraindicated, and dressings need to be kept in place with little or no pressure on the underlying tissues. 			
Absorbency	n/a			

Avoid	Applying inappropriate size		
Application	WIDTH (unstretched)	APPLICATION	LIMB CIRC
	3.5cm ==== Red Line	Small Limbs	8-15cm
	5.0cm ==== Green Line	Medium Limbs	10-25cm
	7.5cm ==== Blue Line	Large Limbs	20-45cm
	10.75cm ==== Yellow Line	Extra Large Limbs, Head, Trunk (Child)	35-65cm
	17.5cm ==== Beige Line	Trunk (Adult)	50-120cm
Frequency of Change	As dressing changes indicate		
Tips	With a few strategic cuts, different sizes of tubular bandages can be used to secure head, ear, or chin dressings. Larger sizes with slits cut for the arms can be used as a vest to secure chest, back or complex breast dressings.		

26. Sub Compression Wool Bandage

Product	Supplier	NPC Code	UNI	Size
Formflex Natural non-sterile 	Lantor	EPA029	6	5cm x 2.7m
		EPA030	6	7.5cm x 2.7m
		EPA031	6	10cm x 2.7m
		EPA032	6	15cm x 2.7m
		EPA033	6	20cm x 2.7m
Cellona Synthetic (for use under ACTICO) 	L & R	EPE026	96	5cm x 2.7m
		EPA035	48	10cm x 2.7m
		EPE027	36	15cm x 2.7m
K-Soft 	Urgo Ltd	EPA028	24	10cm x 3.5m
		ECA174	24	10cm x 4.5cm
K-Soft Long				

27. Compression Bandages Compression Bandage Kits (Direct)

Product	Supplier	NPC Code	UNI	Size
K-Two K2 Reduced	URGO LTD	ECA152	1	18-25cm x 10cm width
		ECA164	1	25-32cm x 10cm width
		ECA 205	1	18-25cm x 10cm width
		ECA206	1	25-32cm x 10cm width
K Two Latex Free		ECA234	1	18-25cm x 10cm width
		ECA235	1	25-32cm x 10cm width
K-Four		EVN154	1	Less than 18cm
		EVN008	1	18cm to 25cm
		EVN155	1	25cm to 30cm
		EVN156	1	Greater than 30cm
Ko-Flex Contains Latex	ECD018	18	10cm x 6m	
	ECD028	18	10cm x 7m	
K-Plus K-Plus Long	ECA162	24	10cm x 8.7m	
	ECA172	24	10cm x 10.25m	
K-Tech Reduced	ECA208	15	10cm x 7.3m	
Actico Cohesive Bandage Compression short stretch	L&R Medical UK Ltd	EBA031	1	6cm x 6m
		EBA032	1	8cm x 6m
		EBA016	1	10cm x 6m
		EBA033	1	12cm x 6m

28. Zinc Paste Bandages

Product	Supplier	Size	NPC Code	UNI
Viscopaste bandage 10% zinc oxide	Evolan Pharma AB	7.5cm x 6m	EFA011	1
ZipZoc stocking 20% zinc oxide		17cm x 13cm x 1cm	EFA029	1
Description	Bandage zinc oxide impregnated medicated stocking			
Use for	<ul style="list-style-type: none"> For the management of leg ulcers. Where venous insufficiency exists, the paste bandage should be adjunct to the graduated compression bandaging As a primary contact layer for chronic eczema/dermatitis where occlusion is indicated 			
Absorbency	n/a			
Avoid	<ul style="list-style-type: none"> In patients with advanced arterial disease Diabetic patients with advanced small vessel disease Occasional sensitivity / allergy to ingredients 			

Application	<ul style="list-style-type: none"> • Cutting and overlap • Pleating • Applying the bandages in strips (can be layered) • Cutting to form stirrups • Applying in a series of loose folds rather than a continuous spiral • Can be applied in a spiral or with a pleat at the front on every turn to help accommodate for oedema
Frequency of Change	As required

29. Skin Protection – Barrier Creams and Films

Traditional Barrier creams are usually greasy agents which prevent effective application and retention of adhesive dressings or tape. Many will cause sensitivity reactions. They also can affect the effectiveness of incontinence pads. If applied too lavishly they may also clog the skin, preventing it from breathing and so increases risks of excoriation. These products are designed to protect intact or superficially damaged skin from urine, faecal matter, other body fluids, tape trauma and friction.

Product	Supplier	Size	NPC Code	UNI
Conotrane Cream	Prescription only			
Medi Derma-S Barrier Cream	Medicareplus International Ltd	2g	ELY536	20
		28g	ELY563	1
		90g	ELY538	1
Sorbaderm Barrier Film	Smith & Nephew Healthcare Ltd	1ml	ELY977	5
		28ml spray	ELY976	1

30. Wound Manager Bags

Indicated use: Heavily exuding open wounds. Can be left up to 5 days.

Proprietary Name	Size	NPC
Eakin Wound Pouch	Full range from Pelican Healthcare	See NHS Supply chain for code
Oakmed Wound Manager Pouch	Full range and product guides at www.oakmed.co.uk	

31. Pressure Ulcer Prevention

Indicated use: Gel pads that help redistribute pressure over bony areas. These can only be used on unbroken skin and can be cut to fit a specific area.

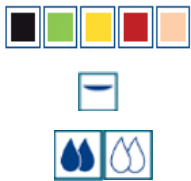

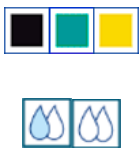
Proprietary Name	NPC	UNI	Size
Kerrapro pads	FES9911	2	One size only (Heel)
	FES9910	Single	One size only (Sacrum)
	FES9912	5	10cm x 10cm x 0.3cm (Sheet)
	FES9913	5	10cmx10cm x 1.2cm (Sheet)
	FES9914	5	30cm x 5cm x 0.3cm (Sheet)
	FES9915	5	50cm x 2.5cm x 0.3cm (Sheet)

32. 3rd Line/Specialist products

Please refer to the Wound Formulary Quick Reference Guide 2022 for details of 3rd line/specialist products. Contact Tissue Viability Triage if you have utilised products from both 1st and 2nd and do not meet the need for individual patients.

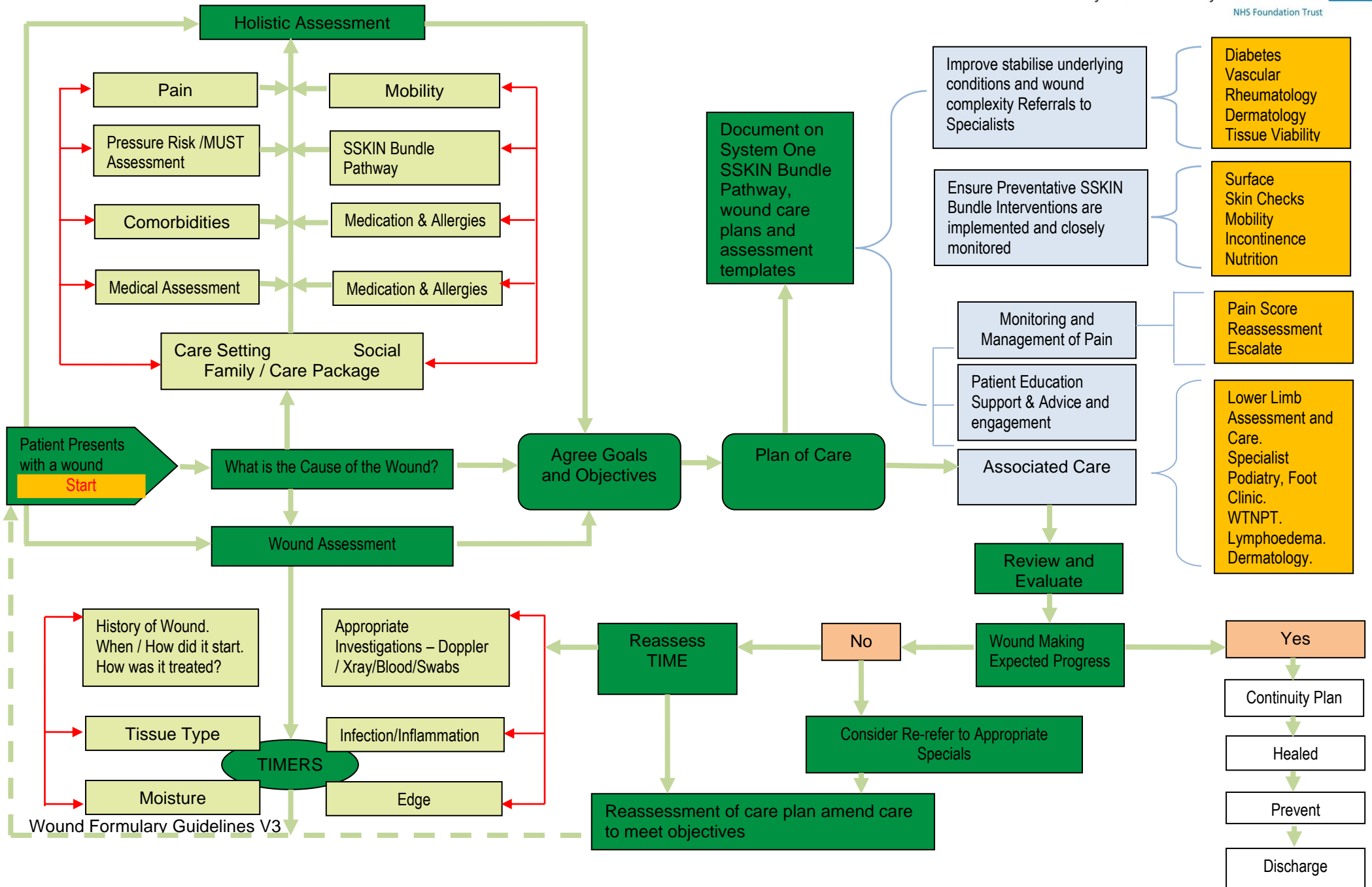
33. * For Primary Care FP10 users only

Some items listed above are only available via NHS Supply chain as part of the off-script scheme. Please see below for alternative items where products are asterisked above.

Proprietary Name	Manufacturer	Indications for use	Sizes
Hydrofilm plus Film dressing with Pad	Paul Haartman		5cm x 7.2cm (wcp 2.5cm x 4cm) 9cm x 10cm (wcp 4cm x 6cm) 9cm x 15cm (wcp 4cm x 11cm) 10cm x 20cm (wcp 5cm x 16cm) 10cm x 25cm (wcp 5cm x 20cm) 10cm x 30cm (wcp 5cm x 25cm)
Actiform Cool Hydrogel Sheet Without Adhesive Border	L & R Medical Ltd		10cm x 10cm 20cm x 20cm
Cutimed HydroControl Hydrogel sheet with Adhesive Border bordered	BSN Medical		4.5cm x 4.5cm 7.5cm x 7.5cm 10cm x 10cm 15cm x 15cm
K Soft Under bandage wadding	URGO Medical		Sizes listed previously
Gauze Swab			ANY Sterile packets of 5

34. Appendix 1

Wound Care Pathway






Silver Dressing Guidance

The right dressing for the right patient at the right time

Silver (Ag) dressings are a topical antimicrobial dressing which provide prolonged antimicrobial effects to control or reduce bioburden of wounds. In theory this instils broad uses for this form of dressing, but evidence from clinical trials has yet to prove their efficacy especially against potential side effects and toxicity. This means silver dressings should be limited to 2-weeks usage for wounds that show signs and symptoms of infection and discontinued as soon as the infection is controlled.

Why only 2-weeks usage?

Inappropriate / over usage of silver dressings can cause bacterial resistance, toxicity, side effects, and potentially delay wound healing. They are also more expensive than standard dressings.

<p>Silver dressings are used for:</p> <ul style="list-style-type: none"> ▪ Infected wounds ▪ Suspected biofilm (Tissue Viability Service initiation only – refer to: DCHS Biofilm tool) 	<p>Do not use silver dressings:</p> <ul style="list-style-type: none"> ▪ If the patient is allergic / hypersensitive to silver ▪ On acute wounds (may delay healing) ▪ If there are no signs of infection ▪ For more than 4 weeks ▪ If the patient declines ▪ If undergoing MRI examinations or radiation therapy ▪ In combination with oil-based products 	
<p style="text-align: center;">Top Tips for prescribing silver dressings:</p> <ol style="list-style-type: none"> 1. Always issue as an acute prescription 2. Silver dressings can remain in situ for 3-7 days depending on the wound exudate (secondary dressings can be changed when required instead). If more frequent primary dressing changes are required, silver dressings are not appropriate 3. Issue a 2-week quantity only (5 dressings per infected wound will often last 2 weeks and allows for dressing to be changed every 3 days) 4. Discontinue silver dressings as soon as infection is under control 5. Ensure appropriate size is used 6. Clearly document dressing plans within patient records including step down 		<p>Secondary dressing:</p> <p>No need to change</p>  <p>No need to change</p>  <p>Change this</p> 
<p style="text-align: center;">T.I.M.E.S wound assessment guide</p> <p>T = Tissue Type – viable: continue as healthy granulation present. Non-Viable: consider debridement options before continuing treatment</p> <p>I = Inflammation / Infection – review pathway if wound is infected</p> <p>M = Moisture Levels – aim for a moist healing environment</p> <p>E = Edge – is epithelisation present in the wound edge?</p> <p>S = Surrounding Skin – appropriate skin care should be preferred. If no progress observed review wound at T of Times</p>		
<p style="text-align: center;">Holistic assessment of patient</p> <p>Consider the following:</p> <ul style="list-style-type: none"> ▪ Nutritional status including fluid intake ▪ Co morbidities - are they being managed effectively? ▪ Medication regimes ▪ Compliance with the treatment - is there anything that is preventing compliance? ▪ Pressure relief equipment 	<p style="text-align: center;">What is a high-risk patient?</p> <ul style="list-style-type: none"> ▪ Co morbidity that alters a patient's immune response ▪ Patient who has had two or more infections within the same wound previously ▪ Medications that can alter a patient's immune response (chemotherapy) ▪ Diabetic patients Type 1 & 2 	

Patients with underlying health conditions such as diabetes often have their signs and symptoms of infection masked by their conditions.

Use professional judgement when reviewing wounds



Follow the National Wound Care Strategy Program on Twitter or Wounds UK on Facebook or Twitter for expert information



Formulary silver antimicrobial dressings

To be used for wounds showing signs of infection only




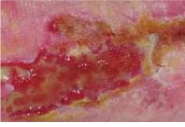











Silver dressings available for competent wound care professionals to initiate in primary care without initial Tissue Viability Service consultation













Use for 2 weeks only

If clear signs of improvement, extend to a total of 4 weeks maximum usage.

If little or no improvement at 2-week point, discontinue and try a different antimicrobial dressing for 2 weeks. Refer to Tissue Viability Service at 4-week point if no improvement.









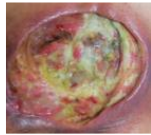







Supporting DCHS guidance: [Guidelines for the recognition and management of infected wounds](#)

Dressing type / Dressing	Size (cm)	Caution / contraindications	Indications for use / additional information	Approximate 2-week quantity (per wound)	Examples of non-formulary equivalents
Low adherent primary Antimicrobial:  Atrauman Ag (Paul Hartman)	5x5 10x10 10x20	<ul style="list-style-type: none"> Avoid if known silver allergy Remove prior to X-ray, MRI, ultrasound, or diathermy Avoid in infants up to the age of 6 months Do not use on dry wounds Do not use with iodine- or paraffin-containing dressings or ointments 	FIRST LINE    <ul style="list-style-type: none"> Requires secondary dressing Can be in situ for up to 7 days Should be applied in a single layer and should not overlap or be folded 	5-10 dressings	KerraContact Ag
Absorbent antimicrobial dressing:  Suprasorb A + Ag (L & R Healthcare)	5x5 10x10 10x20 2g (rope)	<ul style="list-style-type: none"> Avoid if known silver allergy Do not use in combination with oil-based products such as petrolatum or paraffin Remove prior to MRI or radiation therapy (can be replaced once MRI / treatment is completed) 	FIRST LINE    <ul style="list-style-type: none"> Requires secondary dressing Can be in situ for up to 7 days 	5-10 dressings	ActivHeal Aquafiber Ag Askina Calgitrol Ag Durafiber Ag Exufiber Ag+ Melgisorb Ag Silvercel Silvercel non adherent Sorbsan Flat Silver Tegaderm Alginate Ag UrgoSorb Silver
Silver hydrofiber:  Aquacel Ag+ Extra (Convatec Ltd)	5x5 10x10 15x15 20x30 4x10 4x20 4x30	<ul style="list-style-type: none"> Avoid if known silver allergy Do not use in combination with oil-based products such as petrolatum or paraffin Remove prior to MRI or radiation therapy (can be replaced once MRI / treatment is completed) 	FIRST LINE    <ul style="list-style-type: none"> Requires secondary dressing Can be in situ for up to 7 days 	5-10 dressings	Aquacel Ag Extra Aquacel Ag
 Aquacel Ag+ Ribbon (Convatec Ltd)	1x45 2x45		FIRST LINE   <ul style="list-style-type: none"> Requires secondary dressing Can be in situ for up to 7 days Cavity wounds Only fill 80% of wound due to expansion of dressing 	5-10 dressings	Aquacel Ag Ribbon

	Necrotic		Infected		Sloughy		Granulating		Epithelializing
	Dry to low exudate Lasts up to one week		Low to moderate exudate Change every 2-3 days		Moderate to high exudate Change every 2-3 days		High to excessive exudate Change at least daily		
	Superficial / Shallow		Deep		Superficial / Shallow + Deep				

Formulary non-silver antimicrobial dressings

Non-silver antimicrobial dressings available for competent wound care professionals to initiate in primary care without initial Tissue Viability Service consultation

Dressing type / Dressing	Size (cm)	Caution / contraindications	Indications for use / additional information	Approximate 2-week quantity (per wound)	Examples of non-formulary equivalents
Low adherent primary Antimicrobial:  Inadine (Systagenix Wound Management Ltd)	5x5 9.5x9.5	<ul style="list-style-type: none"> • Avoid if known iodine hypersensitivity • Avoid if pregnant or breastfeeding • Avoid before or after radio – iodine investigations • Duhring's herpetiform dermatitis • Avoid if being treated for kidney problems • Avoid in infants up to the age of 6 months • Thyroid diseases: Limit number to maximum of 4 dressings and monitor thyroid function 	FIRST LINE    Dressing indicates ready for change <ul style="list-style-type: none"> • Requires secondary dressing 	5-10 dressings	Povitulle
Honey: Gauze wound dressing  Wound gel  Melginate  Revamil (Oswell Penda Pharmaceuticals Ltd)	5x5 8x8 10x10 10x20 5g tube 18g tube 5x5 10x10	<ul style="list-style-type: none"> • Avoid on bleeding wounds • Do not use if allergic to honey or alginates • Avoid overlapping on surrounding skin or ensure protection to avoid maceration • Avoid in patients with painful wounds • Diabetic patients should be monitored for changes in blood glucose concentrations 	FIRST LINE   <ul style="list-style-type: none"> • Can cause initial discomfort – consider appropriate analgesic 30 minutes before dressing changes or discontinue if pain does not subside • May require a secondary dressing • Change every 3 days 	5 dressings small wounds 5 x 5g (1 x 5g tube per dressing change) large wounds 10 x 18g (Minimum 2 x 18g tubes per dressing change)	Medihoney Actilite Activon Manuka Honey Activon Tulle
Iodine based antimicrobials:  Iodoflex (Smith & Nephew)  Iodosorb (Smith & Nephew)	5g paste 10g paste 10g ointment dressing	<ul style="list-style-type: none"> • Avoid if known iodine allergy • Avoid if renally impaired • Avoid if history of any thyroid disorder • Do not use with any other active antimicrobials particularly mercurochrome and thiomersal, or taurolidine (associated with catheters) • Avoid if pregnant or breast-feeding • Do not use on dry necrotic tissue • Do not use on children 	SECOND LINE   <ul style="list-style-type: none"> • Colour will change to white indicating ready for change • Can be used for 3 months, then use alternate product for a week before recommencing • Change 2-3 times a week using up to 50g per dressing (do not exceed 150g per week) • Requires secondary dressing 	5-10 tubes 5-10 tubes	Iodoflex powder n/a
Hydrophobic Dialkylcarbamoylchloride (DACC) dressing:  Cutimed Sorbact (Essity)	4x6 swab 7x9 swab	<ul style="list-style-type: none"> • Do not use on dry wounds 	SECOND LINE   <ul style="list-style-type: none"> • Requires secondary dressing 	5-10 swabs	n/a

	Necrotic		Infected		Sloughy		Granulating		Epithelializing
	Dry to low exudate Lasts up to one week		Low to moderate exudate Change every 2-3 days		Moderate to high exudate Change every 2-3 days		High to excessive exudate Change at least daily		
	Superficial / Shallow				Deep				Superficial / Shallow + Deep

Tissue Viability Service (TVS)

The Tissue Viability Service in Derbyshire provides advice, clinical support, and specialist equipment to healthcare professionals who manage complex wounds within the community.

to refer patients to the service:

Contact details:

Monday to Friday 0830 – 1630

Call 01246 515870 for:

- Clinical Specialist Support
- Advice / Triage
- Urgent Equipment advice / Authorisation

dchst.dchstissueviability@nhs.net

If you are a non-SystemOne user, complete the patient referral form and email to: dchst.dchstissueviability@nhs.net

Link to: [Tissue Viability Service referral form](#)

All referrals must have: all details of the referral form completed with the dates of the most recent Waterlow and MUST scores as well as SSKIN interventions and wound descriptions. Leg ulcer referrals should also include Doppler and lower limb assessment completed within last 6 weeks. Prior to referral all wounds must have been assessed by the referring person within 24 hours and reviewed by the caseload holder.

If you are a SystemOne user, you can refer directly using SystemOne e-referral

To ensure your referral can be processed it is important that **consent to share records is agreed**, the patients **SSKIN Bundle**, and **Wound Care templates**, **lower limb assessment and ABPI (where appropriate) are up to date** and **Band 6 / Clinical Lead review**. Ensure recent **photograph** has been uploaded onto SystemOne prior to referral. Please provide your contact phone details and details of who the TVS can task following your referral as it may be necessary to send a task on SystemOne in relation to the referral. Please also include information of which wound you are referring if there are multiple wounds.

If the above information is not available, the TVS will be unable to process the referral and the referral will be returned with a request for relevant documentation to be completed

Additional information: [Tissue Viability Service referral guidance](#)

Referral time frames (this is not an exhaustive list and response times are subject to the number of referrals received at any one time):

Criteria A - Urgent Referrals (TV Review within 24 hours)

- Safeguarding Issues
- Discharged from Hospital with NWPT (Vacuum therapy)
- **Extensive and deteriorating wounds**
- Equipment Advice/ Authorisation

Criteria B - Routine Referrals (TV Review within 5 days)

- Complex or extensive Category 3 and Category 4 Pressure ulcers
- Diabetic Foot Ulcers if not under the care of the diabetic foot clinic
- Acute or Chronic wounds with uncontrolled symptoms
- Haematomas or complex skin tears, pre-tibial lacerations
- Complex Surgical wounds (sinus/ fistulas)
- Fungating wounds, if unable to be managed at operational level

Criteria C - Review Referrals (TV Review within 10 days)

- Chronic lower limb wounds that have shown no improvement over at least a 6-week duration with appropriate assessment and compression
- Acute wounds that are not improving after 4 weeks, if unable to be managed at operational level
- Patient declines to participate in wound management plans or utilise equipment and has complex care needs other than the issue with wound management

Silver dressings only available in primary care on TVS recommendation:

Dressing	Size	Supporting information
Acticoat Flex 3	5 x 5cm 10 x 10cm 10 x 20cm 20 x 40cm	Part of Negative Pressure Wound Therapy (NPWT) with Smith & Nephew pump ONLY
Urgotul Silver	10 x 12cm 15 x 20cm	Burns only
UrgoClean Ag	6 x 6cm 10 x 10cm 15 x 20cm	Biofilm suspected
UrgoClean	6 x 6cm 10 x 10cm 15 x 15cm 20 x 15cm	Used only to complete Biofilm treatment started with UrgoClean Ag
Silver Sulfadiazine cream (Flamazine cream)	50g	Discard 7 days after opening