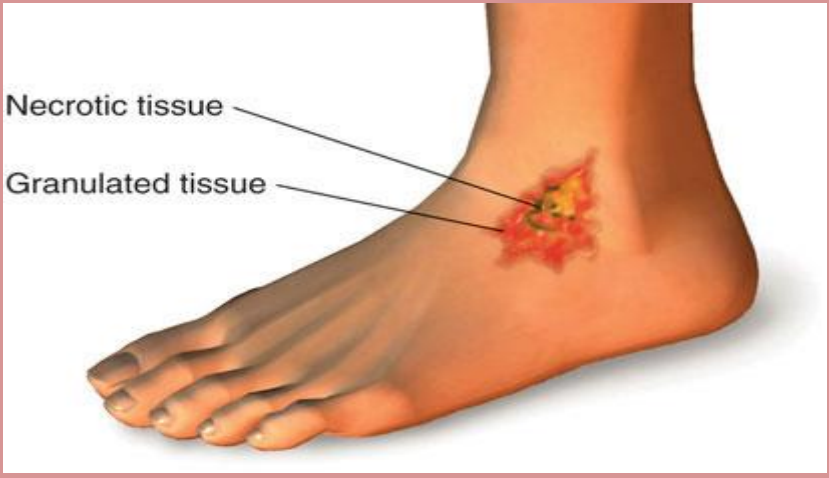
Derbyshire Community Health Services
NHS Foundation Trust

Urgent Treatment Centre
Acute Wound Care Formulary



Updated in Collaboration with the Derbyshire Community Dressing Formulary and Wound Care Guidelines 2022 & the East Midlands Tissue Viability Group

Contents

INTRODUCTION

Traumatic wounds are one of the most common problems leading people to acute services such as MIU and ED (Prevaldi 2016).

Nicks (2010) states that the variety of acute wounds presenting to MIU challenges the Clinician to select the most appropriate management to facilitate healing, including wound cleaning, closure and appropriate dressing choice/wound management. Acute wounds are often precipitated by trauma, such as burns, lacerations, amputations, open fractures or abrasions. As the historical and clinical features surrounding the cutaneous injury process differ, wounds must be evaluated and treated individually. A complete wound history along with anatomic and specific medical considerations for each patient provides the basis of decision making for wound management in acute areas.

There is a lack of evidence to aid decision making around dressing selection, (National Prescribing Centre, 2010). Dressing selection should be based on; promoting moist wound healing; selecting a product that will address any issues within the wound bed, at the wound edge, and the peri-wound skin; and using the least costly dressing to meet the requirements of the wound.

A comprehensive evidence-based approach to acute wound management is an essential skill set for any Emergency Clinician or Urgent Care Practitioner and this adapted version of the DCHS wound care formulary has been devised to help facilitate this. The Urgent Treatment Centre (UTC) acute wound care formulary is designed to provide Clinicians with a comprehensive guide to wound dressing products and closure within this speciality. These products were originally selected using the Derbyshire Community Dressing Formulary and Wound Care Guidelines 2018 in version 1 and have been updated in conjunction with the updated version of this for 2022 and the East Midlands Tissue Viability Group

The dressings suggested are adequate for the majority of patient presentations within UTC's. This formulary will assist Clinicians to select a wound care product, following a full assessment using the appropriate clinical guidelines for the type of wound being managed.

Whilst this formulary focuses on wound care products, holistic wound care should include holistic assessment and management of the surrounding skin, an understanding of the underlying cause, accurate documentation and onward referral for follow up, for example in a Practice Nurse Clinic. Burns & more complicated wounds may be reviewed in UTC Clinics, or referred onwards to specialist services such as burns units and we must adhere to National Burns Network dressings guidance.

1st Line Dressings should be used to promote the principles of wound bed preparation and moist wound healing.

2nd Line Dressings should be used where anticipated healing is not achieved using first line treatment options. (For burns, 2nd line dressings can be used concurrently with first line dressings).

Traffic Light Key

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

1ST Line Product Range –
2nd line Range-
Specialist Recommendation-

Holistic Patient Assessment Should Include at a Minimum:

- Past Medical History
- Current and past drug therapies, allergies and dressings prior to attendance to the UTC.
- Mechanism of Injury in relation to an acute wound.

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.
- 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 minimise complications and address or manage issues identified as part of holistic assessment.

Tissue Type Present in 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. 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, so as prevent the development of bacterial resistances. PHNB 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

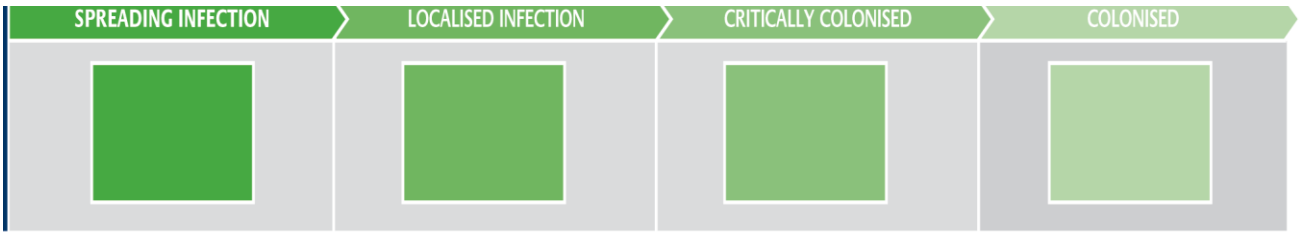
 Epithelializing wounds

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/Inflammation

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 always necessarily. Local methods should be first line treatment which includes: debridement to remove devitalised tissue; wound cleansing; and the use of topical antimicrobials to reduce bacterial load. Systemic antibiotics hold 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 methods.



Severe, can be life threatening. Spreading redness >2cm around wound margins, very high exudate, pain, malodour, heat in the surrounding tissues and blistering. Patient unwell	Similar symptoms to Spreading infection but localised to the wound and no signs of spreading. Patient feels well	Delayed healing, possible malodour and increased exudate. Does not present as locally infected but tissue is fragile prone to bleeding and delayed healing	This is normal state for a wound healing by secondary intention. A reduction in wound size over a two week period suggests acceptable level of colonisation

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.
- Patients who develop a wound infection must be offered treatment with an antibiotic that covers the likely causative organisms and is selected based on local resistance patterns and the results of microbiological tests. Antibiotics should be prescribed in accordance with the local antibiotic formulary. Refer to link below for guidelines

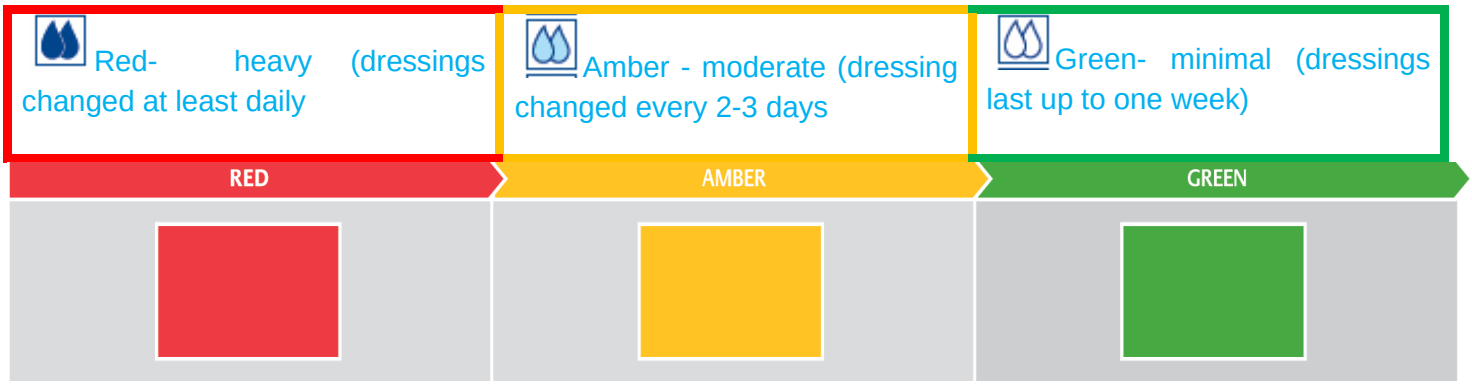
https://www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/antimicrobial%20guidance/summary-antimicrobial-prescribing-guidance.pdf

Guidelines for the recognition and Management of Infected Wounds

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, these include: the type of wound, the phase of wound healing and the absorptive capacity of topical dressings. The management of moisture is an essential aspect of wound bed preparation.

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, hydrofibres, hydrocolloids, 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 needs reviewing	Minimal exudate, observation for deterioration should be made regularly. Healing is likely to take place

(Falanga 2000)

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, 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 chronic and failing to heal.

In certain clinical conditions, 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 gangenosum 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. Measuring a wound at the start of treatment is best practice to enable accurate assessment of the impact of a clinician's intervention. Subsequent measuring can identify whether or not a wound is failing to heal or deteriorating.

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

In an effort to help clinical staff easily identify the most appropriate selection of dressings, the various wound types have been allocated the following clipart symbols

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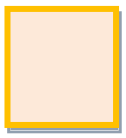
TRAFFIC LIGHT KEY

1ST Line Product Range - Order these through NHS Supplies or by Prescription in Non-Formulary areas of Primary Care. The range of first line products have been selected so that the vast majority of 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 that are more advanced or have a slightly different presentation for the more difficult to dress areas.

Specialist Recommendation- Includes more advanced products for complex wounds- Contact Tissue Viability to discuss the prescription of these.

ACUTE WOUND DRESSING GUIDELINES

1. DRESSING PACK

Wound care Pack sterile - wound care national specification with nitrile latex free gloves

Product	Supplier	Size	NPC Code	UNI
Softdrape	Richardson Healthcare	12cmx10cmx2.5cm	EJA046 EJA047	20 20
Unisurge Essential 2	Unisurge International		EVX477	50

2. GAUZE

Product	Supplier	Size	NPC Code	UNI
Sterile Gauze	Unisurge	7.5cm X 7.5cm – 4ply 5s	ENK140	25

3. IRRIGATION SOLUTION

Assessment of the acute wound will be required to decide which solution would be best to use for cleansing of the wound. Some wounds may require irrigation.

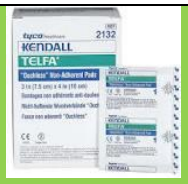
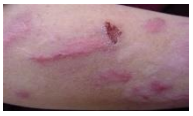
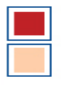
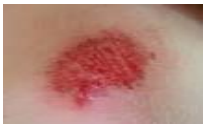
Product	Supplier	Size/ ML	NPC Code	UNI
Irripod	M & A PHARMACHEM	20 ml pod	MRB742	25
Normasol	MOLNLYCKE HEALTH CARE LTD	25ml **sachet**	MRB358	25
Tap Water	Refer to Potable Water Guidelines			

4. TAPES

Product	Supplier	Size	NPC Code	UNI
Clinipore	CLINISUPPLIES LTD	1.25cm x 10m 2.5cm x 10m 5cm x 10m	EHU019 EHU020 EHU021	24 12 6
Omnifix	Paul Hartmaan LtD	2.5cm x 10m 5cm x 10m 10cm x 10m 15cm x 10m	EHR100 EHR101 EHR102 EHR103	1 1 1 1
Hypafix	BSN Medical Ltd	20cm x 10m 30cm x 10m	EHR031 EHR032	1 1
Tenoplast	BSN MEDICAL LTD	2.5cm x 4.5cm	EHQ003	12
Coban	3M Medical	2.5cm x 4.5cm	ECD008	5
Transpore White	3M Medial	2.5cm x 9.5cm	EHU005	12

5. LOW ADHERENT DRESSINGS/DRESSING PADS

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

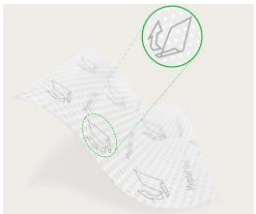
Product	Product Type	Application	NPC Code	UNI	Size
 **Telfa Tyco** **Dressing** H & R Healthcare	**Low Adherent and low absorbent <u>Non adhesive pad</u>**	  	EJE051 EJE053 EJE055 EJE057	100 100 100 100	5 x 7.5cm 7.5 x10 cm 7.5 x 15 cm 7.5 x 20cm
			Avoid on actively bleeding wounds Avoid on wet wounds		
Softpore   **RICHARDSON HEALTHCARE LTD**	**Low Adherent and low absorbent <u>Adhesive pad</u>**	   	EIJ023 EIJ013 EIJ014 EIJ024 EIJ025 EIJ026 EIJ027	60 50 50 50 30 30 30	6 x 7cm 10 x10 cm 10 x 15 cm 10 x 20cm 10 x 25 cm 10 x 30cm 10 x 35cm
			Avoid on wet wounds Avoid applying directly on actively bleeding wounds consider alginate as primary then cover with Softpore		
Premier Pad  365 healthcare	Absorbent dressing pad. with a fluid – repellent backing-Sterile	  Primary or secondary	EJA261 EJA215 EJA259 EJA260	50 25 25 15	10 x 12cm 10 x 20cm 20cm x 20cm 20cm x 40cm
			Apply to wound with at least 1 cm 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.		

6. NON-ADHERENT DRESSINGS

Non adherent dressings are used as the primary wound contact layer for a variety of acute wounds, including burns, grazes, skin tears, blisters and traumatic injuries. These products promote pain free dressing changes; - they have a 1mm diameter pore size which prevents granulation tissue from penetrating the dressing and allow exudate to escape freely into secondary absorbent padding, they do not contain Vaseline or paraffin so leaves the wound bed residue free.

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).

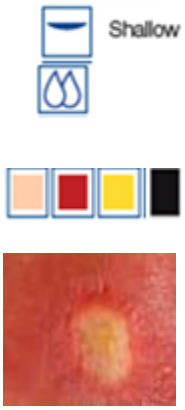
Product	Product Type	Application	NPC Code	UNI	Size
Atrauman®  PAUL HARTMANN LTD	Non adherent tulle dressing consisting of a water repellent polyester tulle impregnated with neutral oil	  Shallow  	EKA024 EKA032 EKA036 EKA016	50 50 30 10	5 x 5 7.5 x 10 10 x 20 20 x 30
			Avoid on bleeding wounds Dry scaly skin or fragile bleeding edges can cause adherence – irrigate wound to assist removal		
Mepitel One  Molnycke	Non Adherent Soft silicone primary wound contact dressing that supports healing	**Use for**  Shallow   Granulating Epithelialising 	EKH037 EKH038 EKH030 EKH040	5 5 5 2	6cm x 7cm 9cm x 10cm 13cm x 15cm 25cm x 27.5cm
			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. 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).

Application: The dressing should 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

Product	Product Type	Application	NPC Code	UNI	Size
DuoDERM Extra Thin  CONVATEC LTD	Occlusive Extra Thin Hydrocolloid		ELM068 ELM311 ELM050 ELM317 ELM051	10 5 10 10 10	4.4cm x 3.8cm spot 7.5cm x 7.5cm 10cm x 10cm 5cm x 10cm 15cm x 15cm
			• 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		

8. HYDROGEL

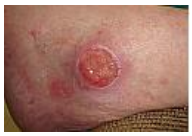
Hydrogels are suitable for the management of low exuding sloughy or necrotic wounds. By providing a moist environment at the wound surface, hydrogels assist in the debridement and removal of necrotic and other devitalised material from low exuding wounds. The gel can be used to soften and hydrate necrotic 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 other appropriate dressing.

Product	Product Type	Application	NPC Code	UNI	Size
Activheal hydrogel  **Activheal**	Hydrogel Indicated for de-sloughing and debriding wounds.		ELA639 ELG018	10 10	8g 15g
			• 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		

9. FOAM DRESSINGS

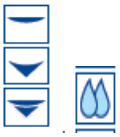
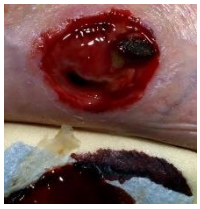
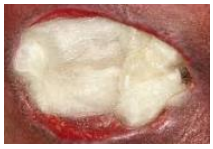
Foam dressings are designed to meet one of the main goals of **wound care**: creating a moist environment conducive to wound healing. Use as a primary dressing for clean healthy granulating or epithelising wounds but they can also be used as a secondary dressing for wounds that require wound debridement with other products.

Foams have effective fluid management properties and can help control maceration in **moderate** exuding wounds. Foams can be left in place from 3-7days on clean healthy wounds depending on the level of exudate.

Product	Product Type	Application	NPC Code	UNI	Size
Suprasorb P Sensitive Border  L & R Medical UK Ltd	**Adhesive Silicone Foam for patients with fragile skin**	  	ELA1285 ELA1289 ELA1296 ELA1286 ELA1290 ELA1283 ELA1293 ELA1299 ELA1288	10 10 10 10 10 10 10 10 10	5cm x 5cm 10cm x 10cm 10cm x 20xm 15cm x 15cm 15cm x 20cm 20cm x 20cm 23.5cm x 25cm (heel) 17cm x 17.5cm (sacral) 23cm x 23cm (sacral)
			• 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.		

10. ALGINATES/HAEMOSTATIC DRESSINGS

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 dressings, 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 alginates can help to regulate blood flow in a wound. Dressings can be left in place for approximately 4 days.

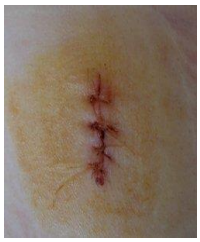
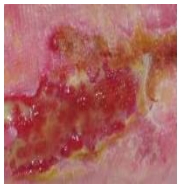
Product	Product Type	Application	NPC Code	UNI	Size
Kaltostat  ConvaTec	**Alginate** packing and ribbon for deeper cavity wounds and sinuses	  	ELS229 ELS231 ELS027 ELS028	10 10 10	5cm x 5cm 7.5cm x 12cm 10cm x 20cm 15cm x 25cm
			Avoid in dry wounds, moisture required to activate the fibres. If there is discomfort on first application irrigate wound bed before applying. Not for use on 3rd degree burns or heavily bleeding wounds		
Kaltostat Ribbon  **ConVatec**		  	ELS241		2g x 30cm
			• 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. 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.

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, microbacteria, fungi, protozoa and viruses and MRSA. Requires secondary absorbent dressing.

Atrauman 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. The majority 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  KCI Medical	Knitted Viscose Dressing Impregnated Povidone Iodine Dressing indicates ready for change 	  	EKB501 EKB502	25 25	5cm x 5cm 9.5cm x 9.5 cm
			• Avoid in patients with known iodine hypersensitivity. • Avoid before and after the use of radio-iodine investigations; if the patient is being treated for kidney problems, is pregnant or breastfeeding; in cases of Duhring's herpetiform dermatitis (a rare skin disease). Must be used under medical supervision: in patients with any thyroid diseases; 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.		
Atrauman AG  Paul Hartman	Antimicrobial Silver broad spectrum dressing	   	EKB039 EKB040 EKB041	10 10 10	5cm x 5cm 10cm x 10cm 10cm x 20cm
			• 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.		

12. HONEY DRESSINGS

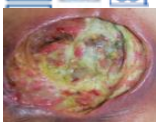
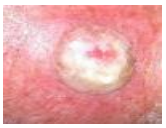
Due to the nature of honey, it can solidify at cold temperatures and becomes more liquid at warm temperatures. If the product has hardened, warm between hands to soften before use. If the product has become too liquid, place in a colder place such as a fridge for a few minutes.

The high sugar content in honey dressings has a beneficial osmotic effect, helping the body's naturel 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 light-weight 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. As a results supporting the wound during the heeling process.

Product	Product Type	Application	NPC Code	UNI	Size
Revamil Oswell Penda Pharmaceuticals Ltd 	Gauze Wound dressing	  	ELZ1383 ELZ1381 ELZ1380 ELZ1382	10 7 10 5	5cm x 5cm 8cm x 8cm 10cm x 10cm 10cm x 20cm
	Wound gel		ELY982 ELY980	27 4	5g tube 18g tube
 	Melginate		ELS979 ELS977	15 10	5cm x 5cm 10cm x 10cm

- 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

13. BANDAGE LIGHT SUPPORT TYPE 1 - for dressing retention

Product	Supplier	Size	NPC Code	UNI
Knit-band 	Clinisupplies	5cm x 4m 7cm x 4m 10cm x 4m 15cm x 4m	EDB115 EDB116 EDB117 EDB089	25 25 25 100
Description	Bandage conforming type 1 dressing retention			
Use for	• These are lightweight cotton, conforming bandages with little elasticity. Their main function is to hold dressings in place			
Absorbency	N/A			
Avoid	• 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			

14. COMPRESSION BANDAGE TYPE 2

Product	Supplier	Size	NPC Code	UNI
K-Lite  **K-Lite Long**	URGO LTD	5cm x 4.5m 7cm x 4.5m 10cm x 4.5m 15cmx4.5m 10cmx 5.25m	ECA084 ECA086 ECA100 ECA109 ECA173	16 16 16 16 16

15. TUBULAR BANDAGE CONFORMING TYPE 1 DRESSING RETENTION

<table>
<tr><th>Product</th><th>Supplier</th><th>Size</th><th>NPC Code</th><th>UNI</th></tr>
<tr><td>Clinifast
 
Clinisupplies</td><td>Clinisupplies</td><td>1m x 3.5 Red line
10m x 3.5 Red line
1m x 5 Green line
3m x 5 Green line
10m x 5 Green line
1m x 7.5 Blue line
5m x 7.5 Blue line
10m x 7.5 Blue line
1m x 10.75 Yellow
3m x 10.75 yellow
5m x 10.75 Yellow
10m x 10.75 Yellow
10m x 17.5 Beige</td><td>EGP061
EGP018
EGP058
EGP059
EGP019
EGP053
EGP054
EGP020
EGP055
EGP162
EGP056
EGP021
EGP022</td><td>1
1
1
1
1
1
6
1
1
6
6
1
1</td></tr>
<tr><td>Description</td><td colspan="4">Tubular elasticated viscose conforming type Bandage 1 dressing</td></tr>
<tr><td>Use for</td><td colspan="4">• 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.</td></tr>
<tr><td>Application</td><td colspan="4"><table><tr><th>WIDTH (unstretched)</th><th>APPLICATION</th><th>LIMB CIRC</th></tr><tr><td>3.5cm
==== Red Line</td><td>Small Limbs</td><td>8-15cm</td></tr><tr><td>5.0cm
==== Green Line</td><td>Medium Limbs</td><td>10-25cm</td></tr><tr><td>7.5cm
==== Blue Line</td><td>Large Limbs</td><td>20-45cm</td></tr><tr><td>10.75cm
==== Yellow Line</td><td>Extra Large Limbs, Head, Trunk (Child)</td><td>35-65cm</td></tr><tr><td>17.5cm
==== Beige Line</td><td>Trunk (Adult)</td><td>50-120cm</td></tr></table></td></tr>
<tr><td>Tips</td><td colspan="4">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.</td></tr>
</table>

16. Wool Bandage

Product	Supplier	Size	NPC Code	UNI
Formflex Natural Lantor-non-sterile  **K-Soft**	Lantor	5cm x 2.7m 7.5cm x 2.7m 10cm x 2.7m 15cm x 2.7m 20cm x 2.7m	EPA029 EPA030 EPA031 EPA032 EPA033	6 6 6 6 6

17. Wound Closure

Wound glue adhesive is applied topically over the wound creating a bridge bond over the wound edges. It seals the entire wound area and promotes healing by locking in the body's natural oils and moisture, a crucial part of the healing process.

When applied to skin, Derma+Flex® QS™ is syrup-like in viscosity and polymerizes quickly—usually in less than 60 seconds. It is a sterile, topical adhesive that contains a monomeric (2-octyl cyanoacrylate) formulation and the colorant D & C Violet #2 which allows the user to easily see where the adhesive has been applied. The increased viscosity of Derma+Flex® QS™ is formulated to reduce the risk of unintended placement of the adhesive during application due to migration of the liquid adhesive from the wound site.

Product	Supplier	Size	NPC Code	UNI
Steristrips 	3M Steri-trip	3 x 75mm 6 x 75mm 6 x 38mm	FKV11519 EIR124 EIR503	200 50 50

Product	Supplier	Size	NPC Code	UNI
Sutures 	Ethilon Johnson & Johnson	3.0 Ethilon 4.0 Ethilon 5.0 Ethilon	FVN1041 FVN1043 FVS026	36 36 24

Product	Supplier	NPC Code	UNI
Wound Glue 	Chemence Derma+Flex	FVF057	10
	Advanced Medical Solutions Liquiband OPTIMA	FVF009	10