15: Wound Management Products

- To be used in conjunction with the guide to dressing selection
- Take care to order the appropriate dressing size
- Order the minimum numbers of dressings required
- New dressings: should not be prescribed until the Sheffield Wound Care Group has reviewed them. Therefore, samples of new products should not be taken from company representatives for use on patients.

A8.1.1 <u>Alginate dressings</u>

Sorbsan Flat 5cmx5cm, 10cmx10cm

Should **not be** used on dry wounds. Not necessary to change daily, Irrigate with saline to remove. Narrow sinuses should not be packed with Sorbsan.

A8.1.2 <u>Foam dressings</u>

Biatain Silicone 7.5x7.5cm, 10x10cm, 12.5x12.5cm, 15x15cm, 17.5x17.5cm

Kliniderm Foam Silicone 5x5cm, 10x10cm, 10x20cm, 15x15cm, 20x20cm,

kliniderm Foam Silicone Heel 10x17.5cm

Not for dry/necrotic/superficial wounds. If exudate contained then can be left for up to five days.

A8.1.3 <u>Hydrogel dressings</u>

*Intrasite 8g, 15g

*Actiform Cool 5cmx6.5cm10x10cm

*Kerralite Cool Non-Adhesive 6cm x 6cm, 8.5cm x 12cm Kerralite Cool Adhesive 8cm x 8cm, 11cm x 11cm

Not for heavily exudating wounds.

*Require a secondary dressing to retain moisture.

A8.1.4 <u>Hydrocolloid Dressing</u>

Adhesive hydrocolloids

Granuflex 10cmx10cm, 15cmx15cm, 15cmx20cm, 20cmx20cm
Granuflex Bordered 6cmx6cm, 10cmx10cm, 15cmx15cm
Duoderm Extra Thin 5cmx10cm, 7.5cmx7.5cm, 10cmx10cm
Comfeel Plus Contour Dressing 6cmx8cm, 9cmx11cm

Not for heavily exudating wounds. Not for wounds infected with anaerobes or diabetic foot ulcers

Hydrocolloid fibre

Aquacel Dressing 5cmx5cm, 10cmx10cm, 15cmx15cm Aquacel EXTRA 4cmx10cm, 4cmx20cm, 4cmx30cm,

Frequent changes of dressing should not be needed. Heavy exudate leading to too frequent changes indicates reassessment and alternative dressing should be used.

A8.1.5a <u>Vapour Permeable Film Dressings</u>

Opsite Flexigrid 6cmx7cm, 12cmx12cm, 15cmx20cm

Tegaderm 6cmx7cm, 12cmx12cm, 15cmx20cm

A8.1.5b <u>Vapour-permeable Adhesive Film Dressing - with absorbent pads</u>

Mepore Ultra 7cmx8cm, 10cmx11cm, 11cmx15cm,

Opsite Post Op 8.5cmx9.5cm, 8.5cmx15.5cm,

10cmx12cm, 10cmx20cm,

A8.1.6 Low Adherence Dressings and Wound Contact Materials

Knitted viscose primary dressing **N-A Ultra** 9.5cmx9.5cm, 9.5cmx19cm

Knitted polyester primary dressing Impregnated with Natural Triglycerides Soft polymer wound Contact Dressing

Urgotul 10cmx10cm

Soft silicone Wound Contact Dressing – Sterile **Mepitel** 5cmx7cm, 8cmx10cm, 12cmx15cm

Silflex 5cmx7cm, 8cmx10cm, 12cmx15cm

Absorbent Perforated dressing with adhesive border

Mepore 7cmx8cm, 9cmx20cm, 9cmx25cm,

10cmx11cm, 11cmx15cm, - (Use for minor skin tears)

A5.1.2 For moderately to heavily exuding wounds

Kliniderm Super Absorbent 10cm x 10cm, 10cm x 15cm, 20cm x 20cm,

20cm x 30cm, 20 x 40cm

Zetuvit E (Sterile) 10cm x 10cm, 10cm x 20cm,

20cm x 20cm, 20cm x 40cm

Kerramax Care 10cmx10cm, 10x22cm

Super absorbent polymer for heavily exuding wounds. Can be used as a primary dressing where the level of exudate is high or over a low adherent dressing on a friable wound or where there is a risk of the dressing sticking. These dressings require a secondary dressing

A8.1.7 Odour Absorbent Dressings

Clinisorb Odour Control Dressing10cmx10cm, 10cmx20cm

Clinisorb Odour Control Dressing use for odour relief. Not intended to be placed in direct contact with the wound, should be applied over a suitable primary dressing, and held in place with tape or a bandage as appropriate

A8.1.8 <u>Dressing Packs</u>

Nurse It Sterile Pack containing:-

1 Pair Latex Free Powder Free Nitrile Gloves small/medium, medium/large

Min=100

Min=5

- 7 Non-Woven Swabs 4 ply 10cm x 10cm
- 1 Compartment Tray 12cm x 11cm
- 1 Disposable Forceps 11cm
- 2 Laminated Paper Sterile Fields 40cm x 40cm
- 1 Large Apron 80cm x 130cm
- 1 Paper Towel 35cm x 40cm
- 1 White Polythene Disposable Bag 46cm x 26cm
- 1 Paper Measuring Tape

Not recommended

The use of Sterile Dressing Pack spec 10 is very limited and therefore not recommended. The contents of the packs are not suitable for direct wound management.

A8.1.9 Surgical Absobents

Gauze swabs

Gauze Swab Type 13 Light BP 1988, Non Sterile 10cmx10cm Gauze Swab Type 13 Light BP 1988, Sterile 7.5cmx7.5cm

Should not be used as direct contact wound dressings

A8.2.2 <u>Lightweight conforming Bandages</u>

Contour bandage – (has a slight stretch)

Knit-Band 10cmx4m

A8.2.3 Tubular Bandages

Elasticated tubular bandage

Comfigrip - limb size as appropriate

Size		Available length	
Comfigrip 6.25 cm	В	0.5m & 1m	
Comfigrip 6.75 cm	С	0.5m & 1m	
Comfigrip 7.5 cm	ם	0.5m & 1m	
Comfigrip 8.75 cm	Ε	0.5m & 1m	
Comfigrip 10 cm	F	0.5m & 1m	
Comfigrip 12 cm	G	0.5m & 1m	

Elasticated Viscose Stockinette

Actifast 2 or Clinifast – limb size as appropriate

Size		Available Length	Limb
Acti-Fast 2-way stretch or Clinifast	3.5cm	1m	Small Limb (Red Line)
Acti-Fast 2-way stretch or Clinifast	5 cm	1m, 3m & 5m	Medium Limb (Green Line)
Acti-Fast 2-way stretch or Clinifast	7.5cm	1m, 3m & 5m	Large Limb (Blue Line)
Acti-Fast 2-way stretch or Clinifast 10	0.75cm	1m, 3m & 5m	Trunk (Child) (Yellow Line)
Acti-Fast 2-way stretch or Clinifast	17.5cm	1m	Trunk (Adult) (Beige Line)
Acti-Fast 2-way stretch or Clinifast	20cm	1m & 5m	Trunk (Large Adult) (Purple Line)

Used for dressing retention

A8.2.4 Support Bandages

Clinilite –10cmx4.5m May apply light pressure, Caution is advised on vulnerable limbs

A8.2.9 Medicated Bandages

Zinc Paste Bandages

Steripaste 6mx7.5cm (does not contain hydroxybenzoates)

A8.2.10 Multilayer Compression Bandaging

Prescribe as separate bandage components.

Bandage type
Wadding
K-soft 10cm x 3.5m
Light support
Light compression
Cohesive
K-Lite 10cm x 4.5m
K-plus 10cm x 8.7m
Ko-flex 10cm x 6m

Short Stretch Compression Bandage

Cohesive Actico 8cmx6m, 10x 6m, 12cmx6m

Should not be used unless patient has had full assessment including Doppler testing. Individuals should not use the system unless they have been trained to do so.

A8.2.11 Surgical Adhesive Tapes

Scanpor 2.5cm x 5m, (Equivalent to Micropore)

Miscellaneous

Emollients - refer to section 13.2.1

Emulsifying ointmentP=100, 500gLiquid and WSP Ointment (50/50)P=500gHydromol ointmentP=500gZerobase creamP=50g, 500g

Warning: Following a reported death, the NPSA have distributed an alert regarding bandages, dressings and clothing in contact with Paraffin based products, e.g. White Soft Paraffin, White Soft Paraffin & 50% Liquid Paraffin or Emulsifying ointment. Patients should be warned that these are easily ignited with a naked flame or cigarette

Useful Resources

NPSA Alert:- Fire hazard with paraffin-based skin products

Information for Healthcare Staff

<u>Poster</u>

Paraffin-based Products

Patient Leaflet

Sodium Chloride Cleansers – refer to section 13.11

Stericlens Aerosol 240ml
Sodium Chloride 0.9% Irrigation Solution (Clinipod) 20ml

Use tap water for wound cleansing after 48 hours if the surgical wound has separated or has been surgically opened to drain pus in line with NICE CG74 October 2008

QUICK GUIDE TO DRESSING SELECTION				
Clinical Appearance	Dry	Shallow Low Exudate	Cavity Medium Exudate	High Exudate
"BLACK" / "GREY" Presence of dry necrotic tissue NB: Keep dry and seek advice for management of dry necrotic lesions on patients with arterial disease and or diabetes "YELLOW" / "BROWN" Sloughy	*Actiform Cool *Plus secondary dressing to maintain moisture Kerralite Cool Border Granuflex *Actiform Cool *Plus secondary dressing to maintain moisture Granuflex Silicone or adhesive foam	Silicone or adhesive foam	1. Aquacel Extra* 2. Sorbsan* NB: Caution on deep narrow sinuses *Plus secondary dressing of silicone or adhesive foam or super absorbent	Aquacel Extra Sorbsan *Plus secondary dressing of silicone or adhesive foam or super absorbent
"RED" Healthy, Granulating	A. Full thickness Silicone or adhesive foam Avoid changing dressing until necessary B. Minor Skin Tears Partial Thickness Silicone or adhesive foam Mepore Duoderm	Silicone or adhesive foam Avoid changing dressing until necessary Other options: *NA Ultra *Urgotul *Mepitel *Plus secondary dressing	1. *Aquacel Extra 2. *Sorbsan NB: Caution on deep narrow sinuses *Plus secondary dressing of silicone or adhesive foam	1. *Aquacel Extra 2. *Sorbsan *Plus secondary dressing of silicone or adhesive foam or super absorbent Check for infection or abnormal inflammation if high exudate
* = Needs a second	arv dressing			
"DINK"	Silicono or	Silicone or	1	^

* = Needs a secon	dary dressing			
"PINK"	Silicone or	Silicone or		\wedge
	adhesive foam	adhesive foam		
Epithelialising				
	Duoderm	Avoid changing		
		dressing until		
	Mepore	necessary		
	Avoid changing			
	dressing until			
	necessary		/	\bigvee
				<u> </u>

ODOUR	Find the cause for the odour – necrotic tissue or anaerobes and treat as appropriate. Charcoal dressings (Clinisorb) may be used for malodorous wounds.		
INFECTED	Silver dressings are not intended as first line treatment. If systemic infection present treat with systemic antibiotics. If critically colonised please refer to antimicrobial guidance.		
Any one of the following may be a sign of infection Delayed wound healing Increased wetness Wound breakdown Any one of the following may be a sign of infection Cellulitis Abnormal smell Change in level of pain Change in granulation tissue			
Venous leg ulcers	Should only need appropriate assessment and compression therapy with only a simple low adherent dressing – see leg ulcer guidelines.		

Advice on secondary dressings

- It is important to choose the most appropriate secondary dressing for optimum performance of the primary dressing. It influences the moisture content of the wound, spread of bacteria and the containment of malodour.
- A very dry wound being treated with hydrogel sheet requires a more occlusive dressing to maintain the moisture at the wound interface as this allows less moisture vapour transfer through the dressing.
- Avoid occlusive dressings in the presence of anaerobic infections or in certain wounds such as sacral wounds where there is a significant risk of anaerobe bacteria.
- The use of semi-permeable dressings, which are impermeable to bacteria to prevent cross infection, is an important consideration when choosing the secondary dressing.
- Products with a semi permeable film membrane or water repellent backing should not be used on top of each other

NB: Not all wounds will fall easily into these categories. Seek specialist advice for unusual or difficult wounds.

Topical antibiotic treatment is not normally recommended to treat an infected wound - See topical antimicrobial guidance