Surrey Wound Management Formulary

CONTENTS:

Highlights: Updated Wound Formulary (ONPOS) products: following WMFG group meeting March 2025- Full list at the end of document:

Additions:

1. Cavilon Advance approved and added to TVN access for severe cases of MASD under the review of TVN
2. Kliniderm Silicone adhesive border is 1st line silicone foam that has replaced Biatain silicone border
3. Biatain silicone is placed on TVN access for rare cases whereby patient not suited to Kliniderm – discuss with TVN or Wound Management team
4. Jobst UlcerCARE Compression Liner pack of 3 liner each box 20mmh added for those who deliver lower limb wound care for prevention and maintenance (Jobst Ulcercare kit for active Leg Ulcer treatment
5. **Discontinued & non-formulary reminder:** Aquacel Foam (use Kliniderm), Alprep pad (use UCS cloth), Iodaflex & Iodasorb (use Inadine). Kerramax (use DryMax)

**For anything wound related; New pathways & Education all information available via TeamsNet Wound Page, this is public access:

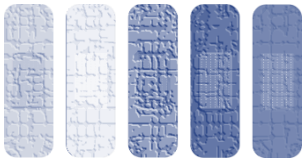
- Click on this link to Wounds Page: Surrey Heartlands Wound Management
- ONPOS https://onpos.co.uk/login
- Email queries to syheartlandsicb.surreywounds@nhs.net

Document Management Overview

Summary	To provide practitioners with evidence base guidance on wound management products. The formulary provides for a wide range of wound types with the indications, contraindications and advice on the most appropriate use.
Created by	Pauline Robinson, Head of Tissue Viability, CSH Surrey for the Wound Management Formulary Group
Executive sponsor	Surrey Heartlands CCG
Approval Forum	Surrey Wound Management Formulary Group Area Prescribing Clinical Network
Approval Date	May 2019
Date of Implementation	May 2019
Next Review Date	May 2025

Version Control

Date	Author	Version	Changes/Comments
May 2019	Pauline Robinson	1.0	New guidance. Procedural document
May 2021	Pauline Robinson Carol Hedger	1.1	Products no longer available removed & replacements added.
December 2021	Pauline Robinson Carol Hedger	1.2	Products no longer available removed & replacements added.
June 2022	Anna Hall (Pharmacy Technician) Carol Hedger (TVN)	1.3	Products no longer available removed & replacements added.
August & Oct 2024	Sam Lane	1.4	Product changes agreed in Wound Formulary Group or no longer available, removed & replacements added.
Nov & Dec 2024	Sam Lane	1.5	Product changes agreed in Wound Formulary Group or no longer available, removed & replacements added.



Introduction

The aim of the Surrey wound management formulary is to provide practitioners with evidence base guidance on wound management products. The formulary provides for a wide range of wound types with the indications, contraindications and advice on the most appropriate use. The products selected for use in the formulary have been evaluated by the Surrey Wound Management Formulary Group (SWMFG), with product selection based on a systematic review of the available clinical evidence, risk assessment and budgetary considerations.

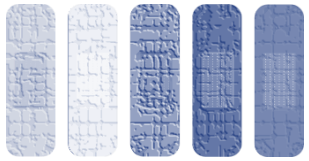
The Online Non-Prescription Ordering Service (ONPOS) is provided by Coloplast. Only wound management items listed in the Wound Management Formulary can be ordered via ONPOS. Wound management items can be provided via ONPOS when a patient is receiving ongoing care from a nurse (or other member of the healthcare team) who is applying the dressings:

- In a treatment clinic
- A nursing home
- In their own home
- Shared / self-care patients shall obtain dressings supplies via ONPOS then on-going from FP10 following regular nurse review. See FP10 prescribing principles for details of when dressings can be prescribed Dressings on FP10 - prescribing principles for primary care - December 2021.pdf

The Integrated Care System (ICP) and the local health economy pay for the dressings ordered via ONPOS for their population. Dressings are owned by the NHS organisation, not the patient, minimising wastage.

We do not expect this formulary to be printed, however if it is necessary to do so print in colour only as printing in black and white may lead to a lack of clarity.

- If there is no improvement in the wound within 4 weeks seek TVN advice.
- Free samples of products should not be accepted, and should not be used for patient care
- Larger sizes of formulary items included in this document can be ordered by the TVN or Surrey Wound management team. Please refer to Dressings on FP10 - prescribing principles for primary care - December 2021.pdf
- Please refer to the BNF for contra-indications and side effects for all products listed



Economic Burden of Wounds

The Cohort study of Wounds *(Guest et al, 2020)* found an increase of an estimated 3.8 million patients with wounds were managed by the NHS in 2017/2018. The annual prevalence of wounds increased by 71% between 2012/2013 and 2017/2018. The annual NHS cost of wound management was £8.3 billion, of which £2.7 billion and £5.6 billion were associated with managing healed and unhealed wounds, respectively. This included 54.4 million community nurse visits, 53.6 million healthcare assistant visits and 28.1 million practice nurse appointments. Around 81% of the total annual NHS cost was incurred in the community.
The study established that over 30% of chronic wounds (wounds that have failed to heal for 4 weeks or more) do not receive a full assessment which is based on research evidence and best practice guidelines. Failure to complete a full assessment can result in ineffective treatment and contributes to delays in the rate of wound healing for patients. An estimated 59% of chronic wounds healed if there was no evidence of infection compared with 45% if there was a definite or suspected infection. Smoking status was another factor that appeared to affect the healing rate of chronic wounds. This has significant consequences for individuals in respect of their quality of life as failure to treat wounds correctly can lead to delays in healing or failure to heal.

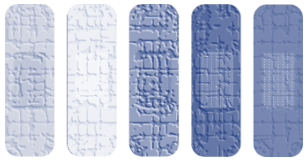
Guest *et al* recognised wound management as a predominantly nurse led discipline. Approximately 30% of wounds lacked a differential diagnosis, which indicates practical difficulties experienced by non-specialist nurses in wound management. Enhanced systems of care and an increased awareness of the impact that wounds impose on patients could see the NHS could improve clinical and economic outcomes. The increasing age profile, along with more complex comorbidities, and an increase in the prevalence of diabetes, along with the continuing high prevalence of pressure ulcers are an indicator of the skill required in managing patients with wounds. There needs to be a structural change within the NHS to manage the increasing demand for wound care and improve patient outcomes

Effective wound assessment and management requires a holistic approach and inclusion of any intrinsic or extrinsic factors which may impact on the healing process. Care planning and treatments must be evidence based and follow best practice guidelines, local, national or international.

Leading Change Adding Value is a framework for nursing, midwifery and care staff. Guidance was issued early in 2017 on a national minimum data set for wound assessment.

Practice Point

Review your wound assessment tool in your clinical environment to see how it compares to the national minimal data set for wound assessment on the next few pages.



National Minimal Data Set

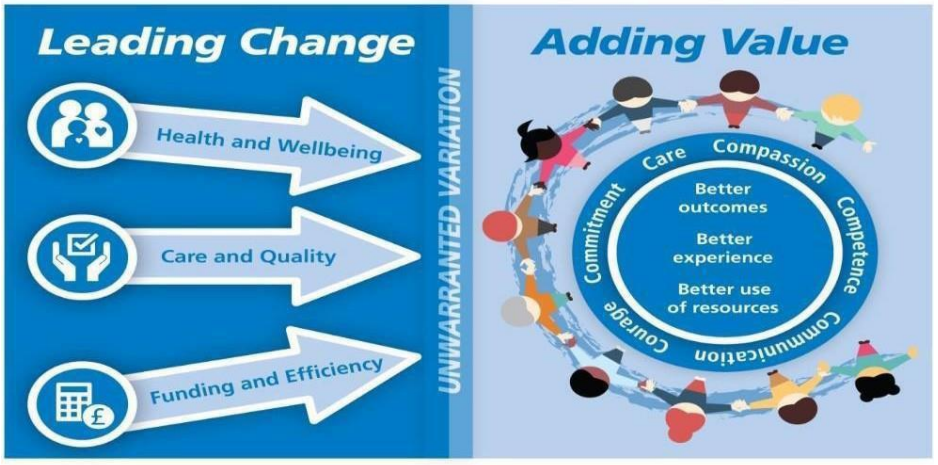
General Health Information
Factors affecting the patients systemic blood supply to the wound Vascular or arterial disease, Smoking, Anaemia, Diabetes
Factors affecting the patients local blood supply to the wound Pressure, Shear, Diabetic foot ulcers
Factors affecting a patients' susceptibility to infection Diabetes, Burns, Severe acquired immune defects e.g. HIV
Medication affecting wound healing Steroids, Chemotherapy, Methotrexate, Anticoagulants, High dose anti-inflammatory drugs
Allergies
Skin sensitivities to wound management products Redness, Blistering, Itching
Information provided to patients/carers
Factors affecting the patients skin integrity Malnutrition, Obesity, Peripheral neuropathy, Skin conditions such as eczema or psoriasis
Impact of the wound on quality of life Physical, Emotional, Social, Activities of daily living

Wound Baseline Information
Number of wounds
Location of the wound
Wound type and classification i.e. venous leg ulcer, burn, traumatic, pressure ulcer – including category
Wound duration This is in order to trigger appropriate referral/further assessment or re-assessment of non-healing wounds
Treatment aim i.e. healing and/or symptom control e.g. reduction in odour, exudate, reduce pain, increase mobility **Planned re-assessment date**

Wound Assessment
Maximum width, length, depth A consistent approach to wound measurement helps to monitor wound progress
Undermining/tunnelling Using a clock with the head as 12 o'clock and feet as 6 o'clock. E.g. '*undermining at 9 o'clock to depth of 2cm*
Wound bed tissue type Epithelial, granulation, slough, necrotic, bone, tendon
Wound bed tissue amount After cleansing, document percentage of each type of tissue observed in the wound in percentages. E.g. *20% slough, 70% granulation, 10% epithelial*

Wound Symptoms
Presence of wound pain
Wound pain frequency
Wound pain severity
Exudate amount
Exudate consistency/type/colour
Odour occurrence
Signs of local infection
Signs of systemic infection
Whether a wound swab has been taken

Specialists
Referrals Document referrals to specialist services and date of referral. E.g. Tissue Viability, Vascular Consultant, Dermatology or Podiatrist – recommended if diabetic foot ulcer
Other specialist investigations Doppler & ABPI, duplex

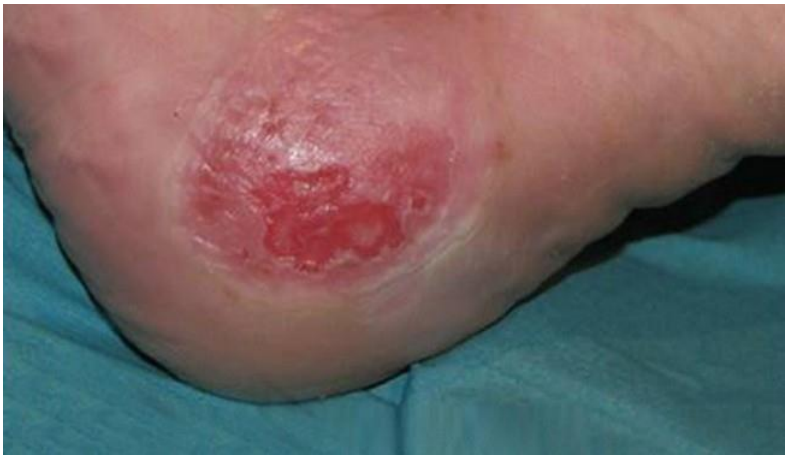


Practice Point

The key to successful wound management is to:

- Ascertain the correct diagnosis of the wound as different wound types require different treatments
- Treat any underlying modifiable risk factors that contribute to delayed healing such as poorly controlled diabetes

Epithelialising Wounds



New epithelial tissue is pink or white in colour and migrates from the wound edges or remnants of the hair follicles within the wound bed.

Epithelial cells only migrate over living granulation tissue, this process occurs quicker in warm, moist environments.

Aim of Management

- Keep the wound warm and moist
- Manage exudate
- Protection

Recommended dressings

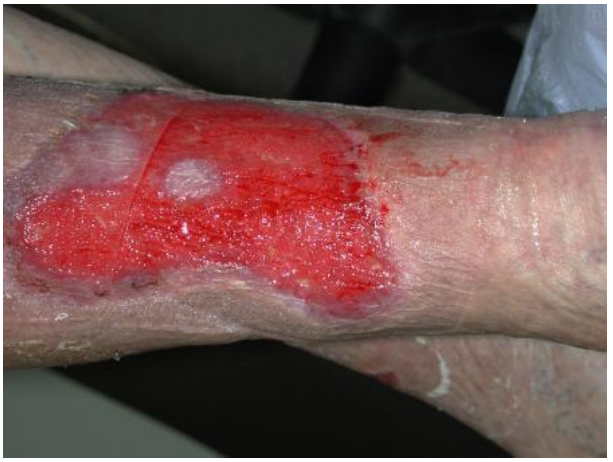
- Atrauman® or Profore WCL ® will require secondary dressing
- 365 Transparent Island®
- Softpore® not for fragile skin

Top tips

If the exudate levels start to increase, re-assess the patient and the wound as this may be an indication the wound is not healing as expected.

Increased exudate can be a sign of unmanaged oedema, colonisation or infection. It is unusual for Epithelialising wounds to have moderate to high exudate levels.

Granulating Wounds



Granulation is the process in which the wound is filled with vascular connective tissue. Granulation tissue is usually red and moist.

The top of the capillary loops gives it an uneven granular appearance.

Unhealthy granulation tissue is darker and bleeds easily.

Aim of Management

- Keep the wound warm and moist
- Manage exudate
- Protect surrounding skin
- Aim to maximise dressing wear time

Recommended dressings

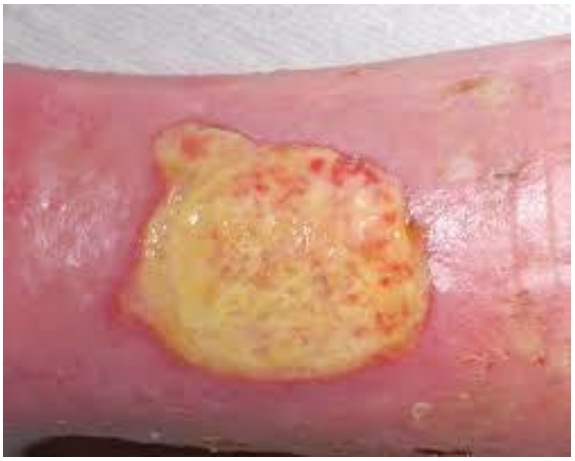
- Atrauman® or Profore WCL® will require secondary dressing
- Kliniderm silicone®
- 365 non-bordered polyurethane foam® will require secondary dressing

Top tips

Remember to assess the exudate type, consistency and colour as this is one of the indicators of how well the wound is healing.

Only change the dressing if there is 75% strikethrough.

Sloughy Wounds



Slough is devitalised tissue; it contains protein, fibrin, neutrophils and bacteria.

Can be cream, yellow or tan in colour depending on the hydration in the wound. It can be found in patches or over a larger area of the wound. It may be related to the end of the inflammatory stage in the healing process. It can be non-adherent, loosely adhered, firmly adhered or have separating edges. It can be removed by autolytic debridement alone (uses body's own healing process). Warning* yellow tissue does not always indicate slough, it maybe subcutaneous tissue, tendon or bone.

Aim of Management

- Wound cleansing to agitate the wound bed and debride slough
- Debridement, if wound not debriding by autolysis
- Manage exudate
- Protect surrounding skin

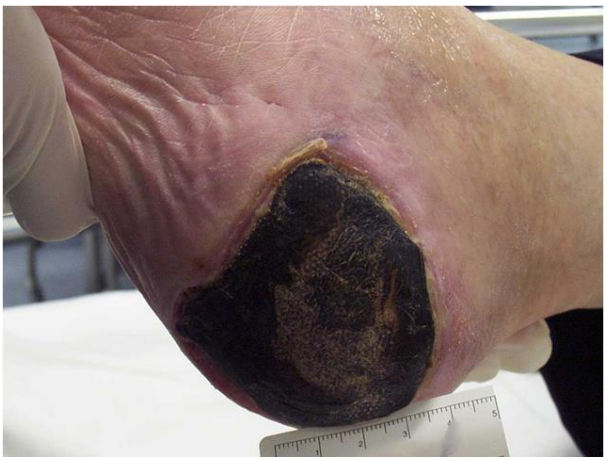
Recommended dressings

Exudate levels			
Dry/Low		Moderate/High	
Shallow	**Cavity**	**Shallow**	**Cavity**
Actiform Cool® Comfeel® Duoderm® ActivHeal Hydrogel®	ActivHeal Hydrogel® Cutimed Sorbact ribbon® if biofilm	Biatain Super® DryMax®	Aquacel extra® Biatain Super® DryMAx®

Top tips

Some wounds may require other methods of debridement. Refer to your local Tissue Viability Service for advice.
If appropriate Debrisoft® can be used for mechanical debridement.

Necrotic Wounds



Necrosis is a term used to describe dead tissue, e.g. eschar and is black or brown in colour. Necrosis can be dry and stable, dry and unstable or wet, and the management of each differ. Necrosis can be an indication of poor blood supply or hydrated wound bed. If the necrosis is on the heel and the patient is diagnosed with diabetes refer urgently to the local Diabetic Foot Service or Podiatrist. Keep the area dry **DO NOT** hydrate.

Critical limb ischaemia is a severe obstruction of the arteries which markedly reduces the blood flow to the extremities (hands, legs and feet) and is a limb threatening condition
requiring urgent hospital admission. Signs and symptoms include severe pain, even at rest.

Aim of Management

- If dry and on the foot keep dry **DO NOT** hydrate
- If wet debridement

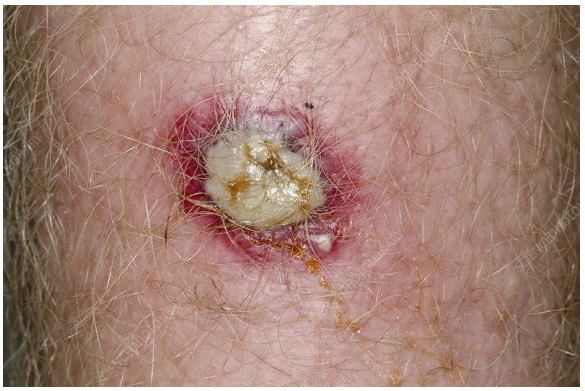
Recommended dressings

Wet	Dry with moist edges
Aquacel Extra® Duoderm® (do not use on diabetic foot) Comfeel® (do not use on diabetic foot)	Aquacel ribbon® tucked around the moist edge of the wound ActivHeal Hydrogel® Actiform Cool®

Top tips

Seek advice from your local Tissue Viability Service if you need further advice on management. The individual may require an advance method of debridement from a
specialist.

Colonised/Infected Wounds



It is important to remember than inflammation is normal in the initial stage of acute wound healing and does not indicate wound infection. Inflammation is the normal host response in the acute phase of wound healing and maybe be evident for up to 3 days signs include heat, redness (erythema), warmth, increased pain and exudate.

Individuals who are immunocompromised, diabetic or elderly may not show the classic signs of infection. All antimicrobial dressings should be reviewed after two weeks use see wound hygiene and infection guide in TeamNet page click here Surrey Heartlands Wound Management

Aim of Management

- To reduce bioburden
- Cleanse wound, agitating the wound bed to remove bacteria

Recommended dressings

Exudate levels

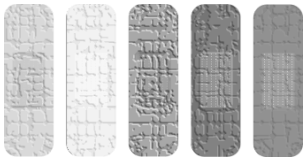
Low	Moderate/high
Cutimed Sorbact®	Cutimed Sorbact®
Inadine®	Aquacel Ag + Extra®
Medihoney Apinate ®	Acticoat Flex 3 ® (refer to TVN for advice/supplies)
Prontosan wound gel® (TVN advice)	

Top tips

Wound swabs do not diagnose infection, they only identify pathogens. Assess your patient for signs and symptom of infection, such as malaise, raised temperature (pyrexia), new increased pain, redness (erythema), swelling, increased exudate, purulent or malodour exudate. See Wound hygiene and infection guide

Think SEPSIS

Slurred speech or confusion **E**xtreme shivering or muscle pain **P**assing no urine (in a day)
Severe Breathlessness **I**t feels like you're going to die **S**kin mottled or discoloured



Fungating Wounds

Fungating tumours or lesions are an often-distressing sign that cancer has broken through the skin in individuals with advanced cancer. They are a chronic non-healing wound, and rarely heal.

The most distressing symptoms for individuals with this type of wound are malodour and high exudate levels. High exudate levels are usually due to increasing bioburden.

Aim of Management

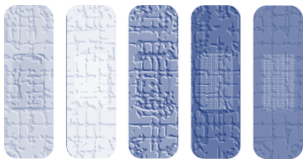
- Palliative care
- Symptom control

Recommended dressings

Symptom		
Malodour	**Bleeding**	**Exudate**
Medihoney tube ® Medihoney Apinate ® Prontosan solution® soaked on wound for 10-15 minutes (TVN) Prontosan wound gel ® (TVN)	Aquacel extra®	As malodour in addition to: Biatain super® DryMax®

Top tips

Refer to your local Palliative Care Team for advice and support with pain management, excessive bleeding or itching (pruritus).



Dressing Selection

Practice Point

Dressings ***do not*** heal wounds. There is no miracle dressing that will heal all wounds. Dressings, if chosen appropriately, create an optimal healing environment that will facilitate healing.

Select a dressing based on the condition of the wound bed, exudate type/levels/consistency, and presence of localised/systemic infection. Avoid complex combinations of dressings,

If any underlying causes are not treated, i.e. pressure/off-loading, venous insufficiency, malnutrition and optimisation of co-morbidities then the wound is unlikely to heal.

Effective wound management requires holistic assessment, taking into patient factors and the presentation of the wound at time of care planning.

Remember, it needs to be the right dressing, for the right patient, at the right time.

Tips for choosing the right dressing

- Acceptable to the patient
- Comfortable
- Undisturbed by frequent or unnecessary dressing changes
- Ability to maintain a moist environment
- Manages exudate
- Allows gaseous exchange
- Easy to remove
- Protects surrounding skin
- Protects against bacteria
- Maintains temperature
- Provides mechanical protection & cushioning
- Conforms to body shape
- Non-toxic and non-allogenic
- Easy to use
- Economical
- Long shelf life

Training & Education

Free to access e-learning resources

NHS England

Home - elearning for healthcare
https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/

Surrey Heartlands update webinars

https://teamnet.clarity.co.uk/Topics/Public/f9cac3ee-2d4b-47ae-859b-ace800983abc

Wound formulary / ONPOS product List

*If product or size is not available on your formulary contact your local Tissue Viability Service

Debridement						
Description	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
UCS Debridement cloth® Pre-moistened sterile and ready to use wound debridement cloth *This is not just a cleansing cloth *See Wound hygiene & antimicrobial guide	For mechanical removal of superficial slough, debris & Biofilm Chronic wounds Wound bed & edge refashioning	None listed	N/A	NH, PN, DN, CN, TVN	MEDI	Pack of 10 individual

Wound Cleansing & Miscellaneous						
Description	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Normasol ® 0.9% sterile saline solution Drinkable tap water should be used as first line if no contraindications – *See wound hygiene and infection guide	Aseptic procedures ANTT procedures Cleansing surgical wounds in Patient with wounds who are immunosuppressed Cleansing wounds with exposed bone and/or tendon Or no clean water source	Not for injection	N/A	NH, PN, DN, CN, TVN	Molnlyke	25ml x 25 Sachets
Unisurge Non-Woven Swab 4 ply Non-Sterile	Cleansing chronic wounds without exposed bone and/or tendon	Not a leave on product	N/A	NH, PN, DN, CN, TVN	Medicare plus	10cm x 10cm (100 per pack)

Unisurge Non-Woven 4ply Swabs Sterile	Aseptic procedures ANTT procedures Cleansing surgical wounds in Patient with wounds who are immunosuppressed Cleansing wounds with exposed bone and/or tendon	Non listed	N/A	NH, PN, DN, CN, TVN	Medicare plus	7.5cm x 7.5cm (25 packs of 5 per pack)
Xupad Sterile® Absorbent Cellulose	Moderate to heavily exuding wounds Use for over-padding	Not to be used as a primary Dressing Not to be used under compression	7 days	NH, PN, DN, CN, TVN	Richardson Healthcare	20cm x 20cm 10cm x 20cm 20cm x 40cm
Wound closure						
Leukostrip® Adhesive hypoallergenic wound closure strips	For closure of minor wounds Surgical incisions with minor dehiscence	Do not use for Skin tears	7 days	PN, TVN	Smith & Nephew	6.4cm x 76mm*

*If product or size is not available on your formulary contact your local Tissue Viability Service

Barrier cream & Skin care						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Cavilon No Sting Barrier Film® Protective, transparent barrier film. Alcohol free	Protection against bodily fluids & moisture Category 1 & 2 pressure ulcers Moisture lesions Around stoma sites Peri-wound skin Barrier against aggressive adhesive products	Not to be used with other barrier creams or products Allow product to dry completely before applying continence products, dressings or clothing Can affect electrode readings in the treated area	Daily for MASD after washing For peri-wounds up to 72 hours	NH, PN, DN, CN, TVN	Solventum previously known as 3M	28ml pump spray

Medi Derma-S Non-Sting Barrier Film Applicator® Protective, transparent barrier film.	Primary barrier against irritation from bodily fluids. Prevention and protection of intact and moderately damaged skin from incontinence, wound exudate, perspiration and/or irritation from adhesive products. Skin protection in skin folds, peri-wound and around stoma site.	Do not use on infected areas of skin. Do not use if there are any signs of irritation and consult your clinician accordingly. Only use as directed. For external use only.	Daily for MASD after washing For peri-wounds up to 72 hours	NH, PN, DN, CN, TVN	Medicareplus International	1ml
Medi Derma-S Total Barrier Cream- non-sting® Protective, long-lasting transparent barrier cream	Protection against bodily fluids & moisture Moisture lesions Irritation from adhesive products Suitable for pediatrics	Not to be used on infected area of the skin Not to be used if there are any signs of irritation	Twice a day after skin cleansing	NH, PN, DN, CN, TVN	Medicareplus International	28g
Derma Protective Plus, Skin Protectant® Dimethicone based fragrance-free, non-greasy, viscous skin Protectant	Protection against bodily fluids & moisture Severely dry skin	Not to be used if there is known allergy to dimethicone Deep or puncture wounds Serious burns or animal bites Infections or lacerations	After every wash or after incontinence episode	NH, PN, DN, CN, TVN	Ennogen Healthcare	115g
Cavilon Advance	To help manage severe MASD to allow healing. It produces an ultra-thin yet highly durable barrier that can attach to wet, weepy surfaces and create a protective environment. It can repel irritants such as urine and faeces to support healing	Single use applicator Not to be used if there is known allergy to ingredients	Twice a week (Caution not to replace essential skin care, hygiene and Pad change).	TVN	Solventum	2.7ml
Emollient						

Epimax Cream® emollient and soap substitute skin cleanser	Moderate to dry skin	Sensitivities to liquid paraffin, yellow soft paraffin and emulsifying wax. Avoid contact with eyes Do not swallow Keep away from children Can make bath and floor slippery – increasing risk of falls Patients prescribed oxygen Smokers	N/A	Not available on ONPOS, will need prescription	Aspire Pharma	500g
		Fire hazard Keep away from naked flame Wash bedding regularly – may remain a fire risk				
Epimax Ointment® emollient and soap substitute skin cleanser	Very dry skin Eczema, psoriasis and other dry skin conditions.	Sensitivities to liquid paraffin, yellow soft paraffin and emulsifying wax. Avoid contact with eyes Do not swallow Keep away from children Can make bath and floor slippery – increasing risk of falls Patients prescribed oxygen Smokers *Fire hazard* Keep away from naked flame Wash bedding regularly – may remain a fire risk	N/A	Not available on ONPOS, will need prescription	Aspire Pharma	500g

*If product or size is not available on your formulary contact your local Tissue Viability Service

Surgical tapes						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**

Clinipore® Permeable non-woven synthetic adhesive tape	Securing dressings For those with skin reaction to other plasters	None listed	N/A	NH, PN, DN*, CN, TVN	CliniSupplies	2.5cm x 10cm
Hyperfix® Permeable, aperture, non-woven, synthetic adhesive tape	Fixation of dressings, instruments, probes & catheters	None listed	N/A	NH, PN, DN, CN, TVN	Essity	10cm x 5m 10cm x 10m

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Clear Acrylic, Film and low absorbency adhesives						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Tegaderm Absorbent Clear Acrylic® Transparent dressing allows for wound monitoring	Low to moderately exuding Wounds Superficial cuts or abrasions Skin tears Superficial partial thickness burns Doner sites Clean, closed approximated surgical laparoscopic incisions	Highly exuding wounds Necrotic or sloughy wounds Fixation of intravenous access lines	Until wound healed or dressing contaminated	NH, PN, DN, CN, TVN	Solventum	11.1cm x 12.7cm 7.6cm x 9.5cm 14.2cm x 15.8cm
ClearFilm®	Minor burns Protective cover & fixation of catheter sites Skin graft donor sites Clean closed surgical incisions Abrasions Blisters Secondary dressing	None listed	7 days	NH, PN, DN, CN, TVN	Richardson Healthcare Ltd	6cm x 7cm 10cm x 12cm
365 Transparent Island Adhesive Dressing with Absorbent Pad®	Superficial cuts or abrasions Clean, closed, postoperative wounds Minor burns Donor sites Acute wounds with low levels of exudate Hard-to-heal wounds with low exudate levels	Moderately or highly exuding wounds Full- thickness burns Deep cavity wounds	7 days	NH, PN, DN, CN, TVN	Richardson Healthcare	8.5cm x 15.5cm 12cm x 10cm 12cm x 10cm 5cm x 7.2cm
Softpore® Absorbent pad/low adherent	Dry or sutured wounds Superficial cuts or	Highly exuding wounds Necrotic or sloughy	7 days	NH, PN, DN, CN, TVN	Richardson Healthcare	10cm x 20cm 10cm x 10cm

NH: Nursing Home PN: Practice Nurse DN: District Nurse CN: Children's Nurse TVN: Tissue Viability Nurse

	abrasions Minimal exudate	wounds				6cm x 7cm
Central line (children only)						
IV 3000® Film dressing for Intravenous/subcutaneous therapy sites	Central line occlusive dressing For Paediatric use only	None listed	7 days	CN, TVN	Smith & Nephew	10cm x 12cm

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Foams non-bordered and adhesive silicone						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
365 Foam Dressing Non-Bordered® Conformable absorbent non-adhesive, polyurethane foam dressing	Moderately exuding chronic and acute wounds Abrasions Pre-tibial lacerations, pressure ulcers, leg ulcers, postoperative wounds, superficial burns, donor sites, traumatic wounds, and hyper-granulating wounds	Arterial bleeds Dry wounds with minimal exudate	7 days	NH, PN, DN, CN*, TVN	H&R	10cm x 10cm 5cm x 5cm*
Kliniderm Silicone foam border® A soft, conformable absorbent polyurethane foam dressing with an adhesive silicone wound contact layer with waterproof film outer layer and adhesive border	pressure ulcers, diabetic foot ulcers, leg ulcers, postoperative wounds, skin abrasions, lacerations, superficial and partial-thickness burns, donor sites, traumatic wounds skin tears	None listed	7 days	NH, PN, DN, CN, TVN*	H&R	7.5cm x 7.5cm 10cm x 10cm 12.5cm x 12.5cm 10cm x 20cm 15cm x 15cm -- 10cm x 30cm* 15cm x 20cm*

Biatain® Silicone adhesive border ***Under TVN recommendation only**	pressure ulcers, diabetic foot ulcers, leg ulcers, postoperative wounds, skin abrasions, lacerations, superficial and partial-thickness burns, donor sites, traumatic wounds skin tears	None listed	7 days	TVN	Coloplast	7.5cm x 7.5cm 10cm x 10cm 12.5cm x 12.5cm 10cm x 20cm 15cm x 15cm

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Contact layers						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Atrauman® Non-adherent silicone contact layer	Leg ulcers Pressure ulcers Donor sites 1st & 2nd degree burns Traumatic (skin tears) Surgical wounds Allows free passage of exudate Requires secondary dressing	Known sensitivity to any of the components	7 days	NH, PN, DN, CN, TVN	Hartmann	20cm x 30cm 10cm x 20cm 7.5cm x 10cm 5cm x 5cm
Profore Wound Contact Layer®	Leg ulcers Pressure ulcers Diabetic ulcers Donor sites Traumatic (skin tears) Surgical wounds Allows free passage of exudate Requires secondary dressing	None listed	7 days	NH, PN, DN, CN, TVN	Smith & Nephew	14cm x 20cm
UrgoTul® Non-adherent *lipido-colloid technology *Active dressing contact layer discuss with TVN if required	Leg ulcers Pressure ulcers 1st & 2nd degree burns Donor site burns Traumatic (skin tears) Surgical wounds	*Contains hydrocolloid and petroleum jelly particles Known sensitivity to any components	7 days	TVN	Urgo Medical	5cm x 5cm 10cm x 10cm

Alginate & Gelling fibres						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Aquacel Extra®	Moderate to heavily exuding Supports autolytic debridement Ribbon to pack cavity wounds Requires secondary dressing	Dry wounds with minimal exudate	7 days	NH, PN, DN, CN, TVN	Convatec	10cm x 10cm 5cm x 5cm 15cm x 15cm -- 1cm x 45cm 2cm x 45cm

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Antimicrobial						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Cutimed Sorbact® **1st treatment for Biofilm & infection with UCS cloth** (DACC) Sorbact-technology-coated, hydrophobic, antimicrobial wound contact layer designed to bind bacteria under moist wound conditions.	Contaminated, colonised or infected Superficial or deep wounds Traumatic wounds, Postoperative or dehisced wounds, Ulcers (venous, arterial, diabetic, pressure) and Suitable for fungal infections in the groin, skin folds, or between digits. Ribbon to pack cavity wounds	Do not use in combination with ointments and creams as the binding effect is impaired	7 days	NH, PN, DN, CN, TVN	Essity	4cm x 6cm 7cm x 9cm -- 2cm x 50cm
Medihoney Antibacterial Honey Apinate Sterilised antibacterial honey dressing containing calcium alginate and Medihoney Antibacterial medical grade Manuka honey.	Low to moderately exuding wounds Cavity wounds To reduce bioburden Localised infection Spreading infection Systemic infection Promotes autolytic debridement Deodorises wounds Anti-inflammatory Stimulates granulation tissue Formation	Patients with a known sensitivity or allergy to bee stings, bee products or honey Patient with a known sensitivity to calcium alginate	7 days	PN, DN, CN, TVN	Integra Life Sciences	5cm x 5cm 10cm x 10cm

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Medihoney Wound gel® 100% medical Manuka honey	To reduce bioburden Localised infection Spreading infection Systemic infection Promotes autolytic debridement Deodorises wounds Anti-inflammatory Stimulates granulation tissue	Patients with a known sensitivity or allergy to bee stings, bee products or honey	7 days	PN, DN, DN, TVN	Integra Life Sciences	20g tube
Inadine® Povidone iodine impregnated dressing	To reduce bioburden Localised infection Spreading infection Systemic infection Low exuding	Highly exuding Dry necrotic wounds Children Pregnant or lactating women **'Renal impairment (contraindicated) if using, renal function to be monitored'** Thyroid disorders Patients prescribed lithium	Up to 7 days Colour fade indicator - when orange turns white change dressing. Details click this link 36754-HCBSP_70-2013-1000-3_Inadine Brochure.indd	PN, DN, TVN	Solventum previously known as 3M	9.5cm x 9.5cm 5cm x 5cm
Aquacel Ag + extra® 1.2% Ionic silver impregnated Hydro-fibre	Moderately to highly exuding wounds Ribbon to pack cavity wounds To reduce bioburden Localised infection Spreading infection Systemic infection	Dry wounds with minimal exudate Known sensitivity to silver Patients undergoing MRI scan Prior to radiotherapy treatment* Where bioburden is not an issue	7 days	NH, PN, DN, CN, TVN	Convatec	10cm x 10cm 15cm x 15cm 5cm x 5cm -- 1cm x 45cm 2cm x 45cm
Acticoat Flex 3® Nanocrystalline silver low adherent contact layer	To reduce bioburden Localised infection Spreading infection Systemic infection	Known sensitivity to silver Patients undergoing MRI scan Prior to radiotherapy treatment* Where bioburden is not an issue	3 days	PN. DN. TVN	Smith & Nephew	10cm x 10cm 10cm x 20cm 5cm x 5cm

Prontosan solution® Wound irrigation solution containing betaine and PHMB	Cleansing, decontamination moisturising of acute and chronic wounds 1st & 2nd degree burns Prevents formation of biofilm 2nd line biofilm management for patients who cannot tolerate mechanical debridement with UCS	Non listed	**Soak gauze with solution for 10-20mintes. Wound cleanser, not a leave on dressings**	**CN, TVN**	**B. Braun**	**350ml**
Prontosan Wound Gel® Viscous gel containing betaine & PHMB	Cleansing, decontamination moisturising of acute and chronic wounds Thermal, chemical & radiation wounds 1st, 2nd, 3rd & 4th degree burns Disturbs & removes biofilm	Non listed	**7 days**	**CN, TVN**	**B. Braun**	**30ml tube**
Pilonidal sinus						
Flaminal Forte® Enzyme Alginogel containing two antimicrobial enzymes,	Moderately to heavily exuding acute and chronic wounds *Surrey formulary ONLY indicated for Pilonidal sinus post-surgery if recommended by hospital	Patients have a previous sensitivity reaction to alginate dressings or to polyethylene glycol	1-4 days See link for application to fill cavity How-to-use-Flaminal-for-as-a-wound-filler-in-cavity-wounds.pdf	PN, DN, TVN	Flen Health	15g tube

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Bandages & compression						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Tubular bandage						
Acti-Fast - Green **Acti-Fast - Blue** **Acti-Fast - Yellow** 2-way stretch tubular retention bandage	Dressing retention Protect from k-soft if known sensitivity	Elastane sensitivities	7 days	NH, PN, DN, CN, TVN	Lohmann & Rausher	5cm x 5m 7.5cm x 5m 10.75cm x 5m

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Comfinette Tubular (toe) **Comfinette Tubular (arm)** **Comfinette Tubular (leg)** Surgical stockinette made from 100% viscose	Dressing retention that needs to be changed frequently Usually under bandages	None listed	7 days	NH, PN, DN, CN, TVN	Vernacare	Size 01 - 20m Size 12 - 20m Size 78 - 20m
Paste bandage						
Ichthopaste® **6.32% Zinc oxide BP &** 2% ichthammol BP paste bandage	Chronic eczema dermatitis Under graduated compression	Known sensitivity or allergy to any of the components May increase absorption of topical steroids, anaesthetics, Retinoids	7 days	PN, DN, TVN	Evolan Pharma AB	Bandage 7.5cm x 6m
Viscopaste® Zinc paste bandage	Chronic eczema or dermatitis Under graduated compression	Known sensitivity or allergy to any components	7 days	PN, DN, TVN	Evolan Pharma AB	Bandage 7.5cm x 6m
Zipzoc® 20% zinc oxide impregnated paste stocking	Chronic eczema or dermatitis Under graduated compression	Known sensitivity or allergy to any components *Large legs use Viscopaste	7 days	PN, DN, TVN	Evolan Pharma AB	Tubular 17cm x 13cm
Retention						
K-Band® (wide) **K-Band® (narrow)** Lightweight retention bandage	Dressing retention	None listed	7 days	NH, PN, DN, CN, TVN	Urgo Medical	5cm x 4m 10cm x 4.5m
K-Soft® An absorbent non-woven sub- bandage wadding layer	Must be used under all leg bandaging Redistributes pressure Protective layer for any leg bandaging including retention / non-compression e.g. k-soft and k-lite Also 1st layer for k-four multilayer & Actico compression systems	Allergy to lanolin	7 days	NH*, PN, DN, CN, TVN	Urgo Medical	10cm x 3.5m* 10cm x 4.5m
K-Lite® **Lightweight knitted bandage**	Light support bandage to aid absorbency 2nd layer of the K-Four multilayer compression	None listed	7 days	NH*, PN, DN, CN, TVN	Urgo Medical	10cm x 4.5m* 10cm x 5.25m

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	system					
Compression bandages						
K-Plus® 3a light compression bandage	Provides 20mmHg at the ankle Apply in figure of eight with 50% overlap and 50% stretch 3rd layer of the k-four multilayer compression system	No prior Doppler/Duplex assessment if using with ko-flex to make 40mmhg compression	7 days	PN, DN, TVN	Urgo Medical	10cm x 8.7m
Ko-Flex® Cohesive compression bandage	Provides 20mmHg at the ankle Apply in a spiral with 50% overlap & 50% stretch 4th layer of the k-four multilayer compression system *Can be used as immediate care using k-soft, k-lite & ko-flex to give 20mmhg compression before Doppler as per NWCSP and local Compression decision tool	Patients with an allergy to latex No prior Doppler/Duplex assessment if using with k-plus to make 40mmhg compression	7 days	PN, DN, TVN	Urgo Medical	10cm x 6m
UrgoKTwo ® 40mmhg comrpression Two-layer compression bandaging kit comprising of kTech & KPress**.**	For the treatment of venous leg ulcers, venous oedema and lymphoedema	Arterial disease (ABPI <0.8). Diabetic microangiopathy, ischaemic phlebitis and septic thrombosis. Allergy to any of the components, in particular latex for the 'non-latex-free' version. Ulceration caused by infection	7 days	PN, DN, TVN	Urgo Medical	18cm - 25cm Ankle 25cm – 32cm Ankle
UrgoKTwo Reduced 20mmhg compression Two-layer compression bandaging kit comprising of kTech & KPress	For the treatment of mixed aetiology leg ulcers, associated oedema and lymphoedema Suitable for immediate care before Doppler as per NWCSP and local Compression decision tool	Severe arterial disease (ABPI <0.5). Diabetic microangiopathy, ischaemic phlebitis and septic thrombosis. Allergy to any of the components, in particular latex for the 'non-latex-free' version. Ulceration caused by	7 days	PN, DN, TVN	Urgo Medical	18cm - 25cm Ankle 25cm – 32cm Ankle

		infection				
3M Coban 2 Compression System Kit® 35-40mmhg Two-layer compression system for venous leg ulcers. Once applied the two layers bond to form a single layer	Latex free Apply foam layer with minimal overlap Apply compression layer with 50% overlap and full stretch	ABPI >0.8 * Designed to be used as a kit, do not use other wadding or bandages*	7 days	PN, DN, TVN	Solventum previously known as 3M	One size kit
3M Coban 2 Lite Compression **System Kit® 25-30mmhg** Two-layer compression system for mixed aetiology leg ulcers. Once applied the two layers bond to form a single layer	Latex free Apply foam layer with minimal overlap Apply compression layer with 50% overlap and full stretch	ABPI >0.5 * Designed to be used as a kit, do not use other wadding or bandages* ** Not suitable as immediate care, as exceed 20mmhg compression therefore will need Doppler before use	7 days	PN, DN, TVN	Solventum previously known as 3M	One size kit
Actico® Co-adhesive short stretch inelastic bandage *Use k-soft as 1st layer padding to shape and protect **measure ankle after padding layer to determine 1 or 2 layers required	Venous ulcers Lymphoedema / Chronic Oedema ABPI of between 0.8 – 1.3	Ankle circumference of <18cm unless padding is used to increase it to ≥18cm. Known sensitivity ABPI <0.5 or >1.3 Caution in diabetes, rheumatoid arthritis, congestive cardiac failure or peripheral neuropathy	7 days	PN, DN, TVN	Lohmann & Rausher	10cm x 6m 12cm x 6m (thigh) 8cm x 6m (foot)
Compression Hosiery						
Jobst UlcerCARE Stocking and Compression Liner kit (1 stocking / 2 liner per kit) **20mmhg + 20mmhg** **BEIGE** **BLACK**	For the treatment of mixed aetiology leg ulcers, associated oedema and lymphoedema *Suitable for immediate care use 1-layer 20mmhg before Doppler as per NWCSP and local Compression decision tool	Severe arterial insufficiency, congestive heart failure (decompensated), cutaneous infections, dermatitis in the acute or exudative stage, diabetic ulcers	Last 6 months Can be worn overnight Do need to remove at least every 2-3 days to provide skin care	PN, DN, TVN	Essity	Small Medium Large *Outside these sizes likely means there is reduceable oedema, use bandage first **Extra tall or petite may need custom fit, contact wound management team

Jobst UlcerCARE Compression Liner pack of 3 liner each box 20mmhg **WHITE**	*Suitable for immediate care use 1-layer 20mmhg before Doppler as per NWCSP and local Compression decision tool	Severe arterial insufficiency, congestive heart failure (decompensated), cutaneous infections, dermatitis in the acute or exudative stage, diabetic ulcers	Last 6 months Can be worn overnight Do need to remove at least every 2-3 days to provide skin care	PN, DN, TVN	Essity	Small Medium Large

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Hydrocolloid						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Duoderm Extra Thin® (Can be used for skin tears)	Partial and full thickness wounds Draws splinters Supports autolytic debridement Maintains a moist Environment Can be used for skin tears	Highly exuding wounds Presence of infection Caution Diabetic foot ulcers *Contains gelatine derived from pork. Consider patients with religious or ethical objections*	7 days	NH, PN, DN, CN, TVN	Convatec	10cm x 10cm 15cm x 15cm
Comfeel Plus Transparent® Transparent hydrocolloid with vapour permeable backing	Partial and full thickness wounds Wounds with no or low exudate Draws splinters Supports autolytic debridement Maintains a moist *Use instead of Duoderm if there are ethical or religious beliefs as this is plant based	Highly exuding wounds Presence of infection Caution Diabetic foot ulcers	7 days	NH, PN, DN, CN, TVN*	Coloplast	10cm x 10cm 5cm x 7cm 15cm x 15cm*

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Hydrogels						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Actiform Cool® Sheet Hydrogel Dressing Ionic hydrogel sheet Non-adhesive	Primary dressing Promotes autolytic debridement Hydrates sloughy and necrotic wounds Soothes painful wounds Keeps tendons moist	Narrow cavities or sinuses Do not allow to dry out, change before this happens	7 days	PN, DN, CN, TVN	Lohmann & Rauscher	5cm x 6.5cm 10cm x 10cm
	To manage nociceptive pain Radiation therapy damage Can be used under compression					
Activheal Hydrogel® Amorphous hydrogel consisting of natural ingredients without Additives	**Dry wounds** **Surgical implantation** **Sloughy wounds** **Known sensitivity to propylene** **Necrotic wounds glycol** **Pressure ulcers** **Skin graft and donor sites** **Cavity wounds** **Postoperative wounds** **Abrasions and lacerations**	Surgical implantation Known sensitivity to propylene Glycol	2- 3 days	NH, PN, DN, CN, TVN	Advanced medical solution	8g

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Super absorbents						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Biatain Super Adhesive® Superabsorbent hydrocapillary pad	Highly exuding wounds including leg ulcers, pressure ulcers, non-infected diabetic foot ulcers, second-degree burns, surgical wounds and skin abrasions. Can be used under compression therapy.	Do not use together with a hydrogel on dry necrosis due to potential risk of the hydrogel drying out. Fragile skin particularly on legs	7 days	NH, PN, DN*, CN, TVN*	Coloplast	12.5cm x 12.5cm 12cm x 20cm* 20cm x 20cm*

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DryMax Super® Conformable, superabsorbent dressing	Protease-modulating dressing for exuding wounds. Absorbs, retains and locks in exudate containing bacteria Can be used under compression	Do not use on eyes, mucous membranes or tendons, on dry wounds or in wound cavities because the dressing swells during absorption. Not recommended for patients with a known sensitivity to the dressing or its components.	7 days	NH, PN, DN, CN, TVN	CD Medical	11cm x 20cm 20cm x 20cm 20cm x 30cm

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Specialist products under TVN guidance						
Dressing	**Indication**	**Contraindications**	**Maximum Wear Time**	**Available To**	**Manufacturer**	**Dressing size**
Proteases inhibitor						
UrgoStart Contact® **Contact layer** containing a protease inhibitor (TLC-NOSF matrix) that inhibits proteases and limits their detrimental action restoring the balance of the wound	Requires secondary dressing Chronic wounds Cavity wounds Can be used under compression Diabetic foot wounds	Infected or critically colonised wounds Cancerous wounds Fistulas Know sensitivity or allergy to any components	7 days	TVN	Urgo Medical	5cm x 7cm 10cm x 10cm