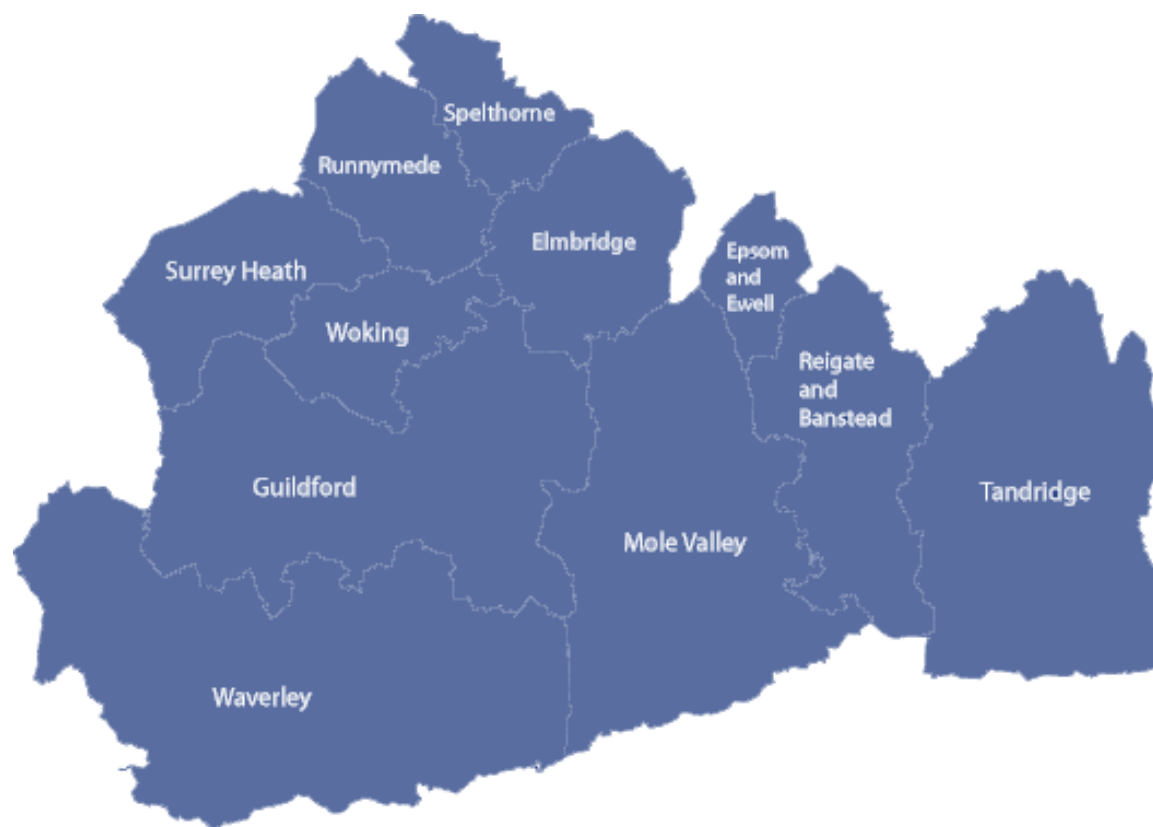


May 2019



Surrey Wound Management Formulary

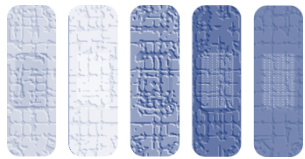


NH: Nursing Home PN: Practice Nurse DN: District Nurse CN: Children's Nurse
April 2019 Review Date May 2020

TVN: Tissue Viability Nurse. *Drug Tariff Prices correct as of

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Version 1

Produced by Pauline Robinson, Lead TVN, CSH Surrey, on behalf of SWMFG



Introduction

The aim of the Surrey wound management formulary is to provide practitioners with up-to-date evidence based guidance on wound management products. The formulary provides guidance on for a wide range of wound types with the indications, contraindications and advice on the most appropriate product to use. In Surrey CCGs, Crawley CCG, Horsham and Mid Sussex CCG and Farnham CCG the spend on wound management for 2018/19 was £5,849,285. 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 latest available clinical evidence, risk assessment and budgetary considerations.

ONPOS is the Online Non Prescription Ordering Service provided by Coloplast. Only wound management items listed in the Wound Management Formulary can be ordered from 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 practice nursing home
- in their own home

CCGs 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

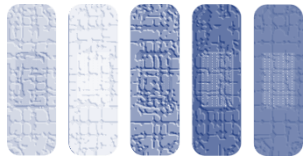
We do not expect this formulary to be printed, however if it is necessary to do so print in colour only as printing in black and white may lead to a lack of clarity.

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 provided via FP10

Please refer to the BNF for contra-indications and side effects for all products listed.



Economic Burden of Wounds

The Burden of Wounds Study (*Guest et al, 2015*) reported that an estimated 2.2 million wounds were managed by the NHS in 2012/13, culminating in 10.9 million community nursing visits. The annual cost to the NHS, along with the associated comorbidities was £5.3 billion. 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. 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*¹ 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 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.

Effective wound assessment and management requires a holistic approach including consideration 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 staff² Information was issued on a national minimum data set for wound assessment as an interim report.³

Practice Point

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



National Minimum 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*



National Minimum Data Set

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

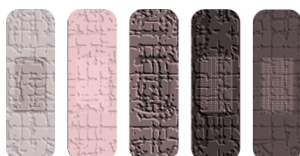
Referrals

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





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

- Adaptic touch®
- Clearpore®
- N-A Ultra®
- Softpore®

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 give 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

- Adaptic touch®
- Biatain silicone®
- Biatain soft hold®
- N-A Ultra®

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 dressing if 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. Can be found in patches or can be over a large 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. Can be removed by autolytic (uses body's own healing process) debridement alone.

Warning* yellow tissue does not always indicate slough, it maybe subcutaneous tissue, tendon or bone.

Aim of Management

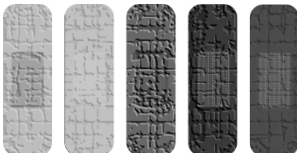
- Wound cleansing to agitate the wound bed and debride slough
- Debridement, if wound not debriding by autolysis
- Manage exudate
- Protect surrounding skin

Recommended dressings

Exudate levels

| Dry/Low | | Moderate/High | |
|--|----------|----------------------------------|--|
| Shallow | Cavity | Shallow | Cavity |
| Actiform Cool® Comfeel® Duoderm® Purilon® | Algivon® | Biatain Super® KerraMax Care® | Biatain Super® KerraMax Care® Sorbsan® |

Top tips



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

Recommended dressings

| Wet | Dry with moist edges |
|--|---|
| Purilon® Actiform Cool® Duoderm® Comfeel® | Aquacel ribbon® tucked around the edge of the wound |

Top tips

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



Colonised/Infected Wounds



It is important to remember that 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 may 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

Aim of Management

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

Recommended dressings

Exudate levels

| Low | Moderate/high |
|-----------------------------------|---------------|
| Iodoflex® Prontosan wound gel® | Aquacel Ag® |

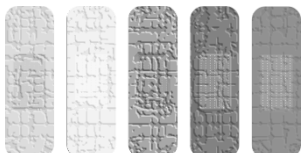
Top tips

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

Think sepsis

Slurred speech or confusion **Extreme shivering or muscle pain** **Passing no urine (in a day)**

Severe Breathlessness **It feels like you're going to die** **Skin 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

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

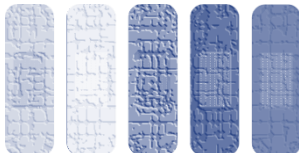
Recommended dressings

Symptom

| Malodour | Bleeding | Exudate |
|--|----------|---|
| Prontosan solution® soaked on wound for 10-15 minutes Prontosan wound gel ® | Sorbsan® | As malodour in addition to; Biatain super® KerraMax Care® |

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,

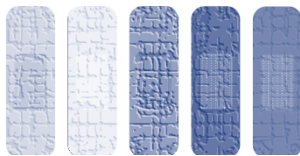
If any underlying causes are not treated, i.e. pressure/off-loading, venous insufficiency, malnutrition and optimisation of co-morbidities then the wound is unlikely to heal.

Effective wound management requires holistic assessment, taking into account 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 hypoallergenic
- Easy to use
- Economical
- Long shelf life



Training & Education

Free to access e-learning resources

European Wound Management Association

A certificate is available on completion of the module.

Available at: <https://e-learning.ewma.org/login/index.php>

- Basic wound management

If further training is required please speak to your Tissue Viability Nurse.

References

1. J.F. Guest,^{1,2} PhD, Director of Catalyst, Visiting Professor of Health Economics; K. Vowden,³ MSc, RN, Nurse Consultant; P. Vowden,³ MD, FRCS, Consultant Vascular Surgeon, Professor of Wound Healing Research (2017). The health economic burden that acute. JOURNAL OF WOUND CARE. 26 (6).
2. . <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>
3. <https://www.england.nhs.uk/wp-content/uploads/2019/04/leading-change-adding-value-process-evaluation-year-2.pdf>

Basic Dressings

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing Size | Pack size/ Price per Pack * | |
|--|--|---|---|---------------------------|------------------------------|---------------|-----------------------------|--------|
| Softpore® Absorbent pad/low adherent | <input type="checkbox"/> Dry or sutured wounds | <input type="checkbox"/> Highly exuding wounds | 5 days | NH, PN, DN, CN TVN | Richards on Healthcare | 6cm x 7cm | 60 | £3.60 |
| | <input type="checkbox"/> Superficial cuts or abrasions | <input type="checkbox"/> Necrotic or sloughy wounds | | | | 10cm x 10cm | 50 | £6.50 |
| | <input type="checkbox"/> Minimal exudate | | | | | 10cm x 20cm | 30 | £10.50 |
| Clearpore® Absorbent pad/low adherent | <input type="checkbox"/> Fragile skin | <input type="checkbox"/> Highly exuding wounds | 5 days | NH, PN, DN, TVN | Richardson Healthcare | 6cm x 7cm | 60 | £7.20 |
| | <input type="checkbox"/> Dry or sutured wounds | <input type="checkbox"/> Necrotic or sloughy wounds | | | | 10cm x 10cm | 50 | £10.00 |
| | <input type="checkbox"/> Superficial cuts or abrasions | | | | | 10cm x 15cm | 50 | £12.00 |
| Tegaderm Absorbent Clear Acrylic® Transparent dressing allows for wound monitoring | <input type="checkbox"/> Low to moderately exuding wounds | <input type="checkbox"/> Highly exuding wounds | Until wound healed or dressing contaminated | NH, PN, DN, CN, TVN | 3M Healthcare | 7.6cm x | 5 | £16.00 |
| | <input type="checkbox"/> Superficial cuts or abrasions | <input type="checkbox"/> Necrotic or sloughy wounds | | | | 9.5cm | 5 | £20.70 |
| | <input type="checkbox"/> Skin tears | <input type="checkbox"/> Fixation of intravenous access lines | | | | 11.1cm x | 5 | £29.15 |
| | <input type="checkbox"/> Superficial partial thickness burns | | | | | 12.7cm | 5 | £70.10 |
| | <input type="checkbox"/> Donor sites | | | | | 14.2cm x | | |
| | <input type="checkbox"/> Clean, closed approximated surgical or laparoscopic incisions | | | | | 15.8cm | | |
| Xupad® Absorbent cellulose | <input type="checkbox"/> Moderate to heavily exuding wounds | <input type="checkbox"/> Not to be used as a primary dressing | 5 days | NH, PN, DN, CN, TVN | Richardson Healthcare | 10cm x 20cm | 25 | £4.20 |
| | | <input type="checkbox"/> Not to be used under compression | | | | 20cm x 20cm | 15 | £4.25 |
| | | | | | | 20cm x 40cm | 8 | £3.20 |

Contact Layer

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * |
|---|---|--|-------------------|---------------------|--------------|-------------------------------|-----------------------------|
| N-A Ultra® Knitted viscose non-adherent contact layer <u>1st Line</u> | ✓ Leg ulcers ✓ Pressure ulcers ✓ Burns ✓ Other granulating wounds ✓ Allows free passage of exudate ✓ Requires secondary dressing | | Up to 7 days | NH, PN, DN, CN, TVN | Systagenix | 9.5cm x 9.5cm 9.5cm x 19cm | 40 £13.60 25 £16.00 |
| | | | | | | | |
| Adaptic Touch® Non-adherent silicone contact layer | ✓ Leg ulcers ✓ Pressure ulcers ✓ Diabetic ulcers ✓ Donor sites ✓ 1 st & 2 nd degree burns ✓ Traumatic (skin tears) ✓ Surgical wounds ✓ Allows free passage of exudate ✓ Requires secondary dressing | | 7 days | NH, PN, DN, CN, TVN | Systagenix | 5cm x 7.6cm 7.6cm x 11cm | 10 £11.30 10 £22.50 |
| | | | | | | | |
| UrgoTul® Non-adherent lipido-collod contact layer | ✓ Leg ulcers ✓ Pressure ulcers ✓ Donor sites ✓ 1 st & 2 nd degree burns ✓ Traumatic (skin tears) ✓ Surgical wounds ✓ Allows free passage of exudate ✓ Requires secondary dressing | <input type="checkbox"/> Known sensitivity to any components *Contains hydrocolloid and petroleum jelly particles* | Up to 7 days | NH, PN, DN, CN, TVN | Urgo Medical | 5cm x 5cm 10cm x 10cm | 10 £15.70 10 £31.30 |
| | | | | | | | |

| Hydrofibre/Alginate | | | | | | | | |
|-------------------------------------|--|---|-------------------|---------------------|---------------|---------------|----|---------------------------------|
| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | | Pack size/ Price per Pack *unit |
| Aquacel extra® Hydrofibre | <input type="checkbox"/> Moderate to heavily exuding wounds | <input type="checkbox"/> Dry wounds with minimal exudate | Up to 7 days | NH, PN, DN, CN, TVN | ConvaTec | 5cm x 5cm | 10 | £10.30 |
| | <input type="checkbox"/> Supports autolytic debridement | <input checked="" type="checkbox"/> Wounds with necrotic tissue | | | | 10cm x 10cm | 10 | £24.50 |
| | <input type="checkbox"/> Ribbon to pack cavity wounds | | | | | 15cm x 15cm | 5 | £23.50 |
| | <input type="checkbox"/> Requires secondary dressing | | | | | 2cm x 45cm* | 5 | £12.60 |
| | | | | | | 1cm x 45cm* | 5 | £9.40 |
| Sorbsan® Calcium Alginate | <input type="checkbox"/> Moderate to heavily exuding wounds | <input type="checkbox"/> Dry wounds with minimal exudate | Up to 7 days | NH, PN, DN, CN, TVN | Aspen Medical | 40cm ribbon | 5 | £10.30 |
| | <input type="checkbox"/> Promotes haemostasis in bleeding wounds | <input checked="" type="checkbox"/> Wounds with necrotic tissue | | | | 10cm x 10cm | 10 | £17.20 |
| | <input type="checkbox"/> Ribbon to pack cavity wounds | | | | | | | |
| | <input type="checkbox"/> Requires secondary dressing | | | | | | | |

Antimicrobials *must be reviewed after two weeks*

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * | |
|--|--|--|-------------------|---------------------|------------------|---------------|-----------------------------|--------|
| Algivon® Alginate impregnated with 100% manuka honey | ✓low to moderately exuding wounds | ✗Patients with a known sensitivity or allergy to bee stings, bee products or honey | Up to 7 days | NH, PN, DN, CN, TVN | Advancis medical | 5cm x 5cm | 5 | £12.40 |
| | ✓Cavity wounds | | | | | 10cm x 10cm | 5 | £21.25 |
| | ✓To reduce bioburden | | | | | | | |
| | ✓Localised infection | | | | | | | |
| | ✓Spreading infection | | | | | | | |
| | ✓Systemic infection | | | | | | | |
| | ✓Promotes autolytic debridement | | | | | | | |
| | ✓Deodourises wounds | | | | | | | |
| | ✓Anti-inflammatory | | | | | | | |
| | ✓Stimulates granulation tissue formation | | | | | | | |
| Iodoflex Paste® Cadexomer dressing with iodine | ✓To reduce bioburden | ✗Dry necrotic wounds | | NH, PN, DN, CN, TVN | Smith & Nephew | 5g | 5 | £20.95 |
| | ✓Localised infection | ✗Children | | | | 10g | 3 | £25.11 |
| | ✓Spreading infection | ✗Pregnant or lactating women | | | | | | |
| | ✓Systemic infection | ✗Renal impairment | | | | | | |
| | | ✗Thyroid disorders | | | | | | |
| | | ✗Patients prescribed lithium | | | | | | |
| | | <i>*Maximum single application 50g or 150g weekly*</i> | | | | | | |
| | | Successive treatment should not exceed two weeks | | | | | | |

Antimicrobial

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | | Pack size/ Price per Pack * |
|---|--|--|-------------------|---------------------------|-------------------|---------------|----|-----------------------------|
| Acticoat Flex 3® Nanocrystalline silver low adherent contact layer | ✔To reduce bioburden | ✖Known sensitivity to silver | 3 days | NH, PN, DN, CN, TVN | Smith & Nephew | 5cm x 5cm | 5 | £18.20 |
| | ✔Localised infection | ✖Patients undergoing MRI | | | | 10cm x | | |
| | ✔Spreading infection | scan | | | | 10cm | 12 | £106.68 |
| | ✔Systemic infection | ✖Prior to radiotherapy treatment* | | | | 10cm x | | |
| | | | | | | 20cm | 12 | £166.80 |
| | Maximum treatment with silver dressings is 2 weeks | ✖Where bioburden is not an issue | | | | | | |
| | | *Can be reapplied following treatment* | | | | | | |
| Aquacel Ag + extra® 1.2% Ionic silver impregnated hydrofiber | ✔Moderately to highly exuding wounds | ✖Dry wounds with minimal exudate | Up to 7 days | NH, PN, DN, CN,TVN | ConvaTec | 5cm x 5cm | 10 | £19.80 |
| | ✔Ribbon to pack cavity wounds | ✖Known sensitivity to silver | | | | 10cm x | | |
| | ✔To reduce bioburden | ✖Patients undergoing MRI | | | | 10cm | 10 | £47.10 |
| | ✔Localised infection | scan | | | | 15cm x | | |
| | ✔Spreading infection | ✖Prior to radiotherapy treatment* | | | | 15cm | 5 | £44.40 |
| | ✔Systemic infection | ✖Where bioburden is not an issue | | | | 1cm x | 5 | £15.50 |
| | | | | | | 45cm | 5 | £23.70 |
| | Maximum treatment with silver dressings is 2 weeks | *Can be reapplied following treatment* | | | | 2cm x 45cm | | |

Antimicrobials *must be reviewed after two weeks*

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per unit |
|---|---|--|-------------------|---------------|----------------|---------------|------------------------------|
| Iodosorb® Cadexomer ointment with iodine | ✓To reduce bioburden ✓Localised infection ✓Spreading infection ✓Systemic infection | ✗Dry necrotic wounds ✗Children ✗Pregnant or lactating women ✗Renal impairment ✗Thyroid disorders ✗Patients prescribed lithium <i>*Maximum single application 50g or 150g weekly*</i> Successive treatment should not exceed two weeks | | PN,DN,CN, TVN | Smith & Nephew | 10g | 4 £4.56 |
| Prontosan Solution® Wound irrigation solution containing betaine and PHMB | ✓Cleansing, decontamination moisturising of acute and chronic wounds ✓1 st & 2 nd degree burns ✓Prevents formation of biofilm | | | TVN | B Braun | 350ml | 1 £4.78 |
| Prontosan Wound Gel® Viscous gel containing betaine and PHMB | ✓Cleansing, decontamination moisturising of acute and chronic wounds ✓Thermal, chemical & radiation wounds ✓1 st , 2 nd , 3 rd & 4 th degree burns ✓Disturbs & removes biofilm | | | TVN | B Braun | 30ml | 1 £6.38 |

Hydrocolloid

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | | Pack size/ Price per Pack * |
|--|-------------------------------------|--|-------------------|---------------------|--------------|---------------|----|--------------------------------|
| Duoderm Extra Thin® Thin hydrocolloid dressing | ✓ Partial and full thickness wounds | ✗ Highly exuding wounds | Up to 7 days | NH, PN, DN, CN, TVN | ConvaTec | 10cm x 10cm | 10 | £13.60 |
| | ✓ Draws splinters | ✗ Presence of infection | | | | 10cm | 10 | £29.30 |
| | ✓ Supports autolytic debridement | ✗ Diabetic foot ulcers | | | | 15cm x 15cm | | |
| | ✓ Maintains a moist environment | <i>*Contains gelatine derived from pork. Consider patients with religious or ethical objections*</i> | | | | | | |
| | | | | | | | | |
| Comfeel Plus Transparent® Transparent hydrocolloid with vapour permeable backing | ✓ Partial and full thickness wounds | ✗ Highly exuding wounds | Up to 7 days | NH, PN, DN, CN, TVN | Coloplast | 5cm x 7cm | 10 | £6.80 |
| | ✓ Wounds with no or low exudate | ✗ Presence of infection | | | | 10cm x 10cm | 10 | £13.10 |
| | ✓ Draws splinters | ✗ Diabetic foot ulcers | | | | 15cm x 15cm | 5 | £17.05 |
| | ✓ Supports autolytic debridement | | | | | | | |
| | ✓ Maintains a moist environment | | | | | | | |

Foams

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * | |
|---|---|--|-------------------|---------------------|--------------|-----------------|-----------------------------|--------|
| Biatain Silicone® Adhesive absorbent foam with a vapour permeable backing | ✔Primary dressing, does not require contact layer | ✖Dry wounds with minimal exudate | Up to 7 days | NH, PN, DN, DN, TVN | Coloplast | 7.5cm x 7.5cm | 10 | £14.80 |
| | ✔Moderately exuding wounds | ✖Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide | | | | 10cm x 10cm | 10 | £21.80 |
| | ✔Can be used under compression therapy | | | | | 12.5cm x 12.5cm | 10 | £26.70 |
| | 15cm x 15cm | | | | | 5 | £19.80 | |
| | 17.5cm x 17.5cm | | | | | 5 | £26.30 | |
| Biatain Non-Adhesive® Soft conformable non-adhesive foam dressing with vapour permeable backing | ✔Primary dressing, does not require contact layer | ✖Dry wounds with minimal exudate | Up to 7 days | TVN | Coloplast | 5cm x 7cm | 10 | £13.40 |
| | ✔Moderately exuding wounds | ✖Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide | | | | 10cm x 10cm | 10 | £22.40 |
| | ✔Can be used under compression therapy | | | | | 10cm x 20cm | 5 | £20.15 |
| | 15cm x 15cm | | | | | 5 | £22.50 | |
| | 20cm x 20cm | | | | | 5 | £33.40 | |
| Biatain Soft Hold® Conformable absorbent foam with a vapour permeable backing | ✔Primary dressing, does not require contact layer | ✖Dry wounds with minimal exudate | Up to 7 days | NH, PN, DN, CN, TVN | Coloplast | 5cm x 7cm | 5 | £6.70 |
| | ✔Moderately exuding wounds | ✖Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide | | | | 10cm x 10cm | 5 | £13.25 |
| | ✔Can be used under compression therapy | | | | | 10cm x 20cm | 5 | £20.15 |
| | 15cm x 15cm | | | | | 5 | £22.05 | |
| Aquacel Foam® Adhesive hydrofiber foam dressing with a silicone border | ✔Primary dressing, does not require contact layer | ✖Dry wounds with minimal exudate | Up to 7 days | NH, PN, DN, CN, TVN | ConvaTec | 8cm x 8cm | 10 | £14.40 |
| | ✔Moderately exuding wounds | ✖Do not moisten prior to application | | | | 10cm x 10cm | 10 | £22.00 |
| | 12.5cm x 12.5cm | | | | | 10 | £27.20 | |
| | 17.5cm x 17.5cm | | | | | 10 | £54.50 | |
| Aquacel Foam Non-adhesive® Hydrofiber foam dressing | ✔Primary dressing, does not require contact layer | ✖Dry wounds with minimal exudate | Up to 7 days | NH, PN, DN, CN, TVN | ConvaTec | 10cm x 10cm | 10 | £26.00 |
| | ✔Moderately exuding wounds | ✖Do not moisten prior to application | | | | 15cm x 15cm | 5 | £21.85 |
| | 20cm x 20cm | | | | | 5 | £35.60 | |

| Hydrogel | | | | | | | | |
|---|---------------------------------------|-------------------------------------|----------------------------|------------------|--------------------|---------------|-----------------------------|--------|
| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * | |
| Actiform Cool® Ionic hydrogel sheet Non-adhesive | ✓Primary dressing | ✗Narrow cavities or sinuses | As often as wound dictates | PN,DN,CN, TVN | Lohmann & Rauscher | 5cm x | 5 | £9.20 |
| | ✓Promotes autolytic debridement | | | | | 6.5cm | 5 | £13.55 |
| | ✓Hydrates sloughy and necrotic wounds | | | | | 10cm x | | |
| | ✓Soothes painful wounds | | | | | 10cm | | |
| | ✓Radiation therapy damage | | | | | | | |
| Purilon Gel® Amorphous hydrogel consisting of natural ingredients without additives | ✓Requires secondary dressing | ✗Moderate to heavily exuding wounds | Single Use | NH,PN,DN,CN, TVN | Coloplast | 8g | 10 | £17.90 |
| | ✓Dry wounds | ✗Do not use with hydrofiber | | | | | | |
| | ✓Sloughy wounds | | | | | | | |
| | ✓Necrotic wounds | | | | | | | |

Super Absorbents

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * |
|---|---------------------------------|-------------------|-------------------|---------------------|--------------|---------------|-----------------------------|
| KerraMax Care® Highly absorbent soft non-woven contact layer <u>1st Line</u> | ✓ Highly exuding wounds | ✗ Dry wounds | | NH, PN, DN, CN, TVN | Crawford | 10cm x 10 | £17.10 |
| | ✓ Primary dressing | | | | | 22cm x 10 | £30.20 |
| | | | | | | 20cm x 5 | £17.25 |
| | | | | | | 22cm x 20cm | |
| | | | | | | 20cm x 30cm | |
| Biatain Super Adhesive® Highly absorbent hydrocapillary pad with semi-permeable water and bacteria proof top film <u>2nd Line</u> | ✓ Highly exuding wounds | ✗ Dry wounds | 5-7 | PN,DN,TVN | Coloplast | 12.5cm x 10 | £36.60 |
| | ✓ Primary dressing | | | | | 12.5cm x 10 | £36.70 |
| | ✓ Infected Wounds | | | | | 12cm x 20cm | £. 68.70 |
| | ✓ Can be used under compression | | | | | 20cm x 20cm | |

Paste Bandages

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * |
|---|---|--|-------------------|--------------|----------------|---------------|-----------------------------|
| Ichthopaste® 6.32% Zinc oxide BP & 2% ichthammol BP paste bandage | ✓Chronic eczema or dermatitis ✓Under graduated compression | ✗Known sensitivity or allergy to any of the components May increase absorption of topical steroids, anaesthetics, retinoids | | PN, DN, TVN | Smith & Nephew | 7.5cm X 6m | 1 £3.78 |
| Viscopaste® Zinc paste bandage | ✓Chronic eczema or dermatitis ✓Under graduated compression | ✗Known sensitivity or allergy to any components | | PN, DN, TVN | Smith & Nephew | 7.5cm x 6cm | 1 £3.74 |
| Zipzoc® 20% zinc oxide impregnated paste stocking | ✓Under graduated compression | ✗Known sensitivity or allergy to any components | 7 days | PN, DN, TVN | Smith & Nephew | 14cm x 82cm | 4 £13.88 |

Tubular Bandages

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * |
|--|--|--|-------------------|---------------------|-----------------------|---------------|-----------------------------|
| Actifast® 2 way stretch tubular retention bandage | | ✗ Not to look cosmetically pleasing. ✗ Not for routine use under compression. | 7 days | NH, PN, DN, CN, TVN | Lohmann & Rausher | 7.5cm x 5m | 1 £3.55 |
| | | | | | | 5cm x 5m | 1 £2.31 |
| | | | | | | 10.75cm x 5cm | 1 £5.74 |
| Tubinette® Surgical stockinette made from 100% viscose | ✓To hold dressings in place that need to be changed frequently | | 7 days | PN, CN, TVN | Molnlycke Health Care | 01 – 20cm | 1 £2.75** |
| | | | | | | 12 – 20cm | 1 £3.30** |
| | | | | | | 78 -20cm | 1 £8.10** |

Bandages

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | | Pack size/ Price per Pack* |
|--|--|---|-------------------|------------------|--------------|------------------|----|-------------------------------|
| K-Soft® An absorbent non-woven sub-bandage wadding layer | ✓ Must be used under all leg bandaging ✓ Redistributes pressure ✓ 1 st layer of the k-four multilayer compression system | ✗ Allergy to lanolin | 7 days | TVN | Urgo Medical | 10cm x 3.5m | 16 | £7.36 |
| | | | | | | 10 x 4.5m | 24 | £13.92 |
| | | | | | | | | |
| | | | | | | | | |
| K-Band® Lightweight retention bandage | ✓ Dressing retention | | 7 days | PN,DN,CN, TVN | Urgo Medical | 5cmx4m | 20 | £4.20 |
| | | | | | | 10cmx4m | 20 | £5.80 |
| K-Lite® Lightweight knitted bandage | ✓ Light support bandage to aid absorbency ✓ 2 nd layer of the K-Four multilayer compression system | | 7 days | NH,PN,DN,CN, TVN | Urgo Medical | 10cm x 4.5m | 16 | £16.32 |
| | | | | | | 10cm x 5.25m | 16 | £18.56 |
| | | | | | | | | |
| | | | | | | | | |
| K-Plus® 3a light compression bandage | ✓ Provides 14-17mmHg at the ankle ✓ Apply in figure of eight with 50% overlap and 50% stretch ✓ 3 rd layer of the k-four multilayer compression system | ✗ No prior Doppler/Duplex assessment | 7 days | PN,DN,TVN | Urgo Medical | 10cm x 8.7m | 24 | £55.44 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Ko-Flex® 3a cohesive compression bandage | ✓ Provides 17-23mmHg at the ankle ✓ Apply in a spiral with 50% overlap & 50% stretch ✓ 4 th layer of the k-four multilayer compression system | ✗ Patients with an allergy to latex ✗ No prior Doppler/Duplex assessment | 7 days | PN,DN,TVN | Urgo Medical | 10cm x 6m | 18 | £55.26 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| K-four® Multi-layer compression system. Comprises; k-soft, k-lite, k-plus, ko-flex | ✓ Provides 40mmHg at the ankle ✓ Venous ulcers ✓ Select size according to ankle circumference | ✗ No prior Doppler/Duplex assessment ✗ ABPI <0.8 ✗ Arterial disease | 7 days | PN,DN,TVN | Urgo Medical | Ankle: 25cm-30cm | 1 | £6.96 |
| | | | | | | Ankle: >30cm | 1 | £9.58 |
| | | | | | | | | |
| | | | | | | | | |

Bandages

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * |
|---|--|--|-------------------|---------------------------|--------------------|------------------|-----------------------------|
| UrgoKTwo® Two layer compression bandaging kit comprising of kTech & KPress. | ✓ Latex free ✓ Venous ulcers ✓ Provides up to 40mmHg at ankle ✓ Select size according to ankle circumference | ✗ Arterial disease ✗ ABPI <0.8 ✗ Diabetic microangiopathy ✗ Ischaemic phlebitis ✗ Septic thrombosis | 7 days | PN,DN,TVN | Urgo Medical | Ankle: 18cm-25cm | 1 £8.75 |
| | | | | | | Ankle: 25cm-32cm | 1 £9.56 |
| Coban 2 Compression System Kit® 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 | 3M | One size kit | 1 £8.24 |
| Coban 2 Lite Compression System Kit® 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* | 7days | PN,DN,TVN | 3M | One size kit | 1 £8.24 |
| Actico® Co-adhesive short stretch inelastic bandage | ✓ ABPI>1.2 ✓ Venous ulcers ✓ Lymphoedema | ✗ Caution if ankle circumference <18cm with padding ✗ Caution in patient with ABPI<0,8 or>1.3 ✗ Caution in diabetes, rheumatoid arthritis, congestive cardiac failure or peripheral neuropathy | 7days | P,TVN PN,DN,TVN TVN | Lohmann & Rauscher | 12cm x 6cm | 1 £4.38 |
| | | | | | | 10cm x 6cm | 10 £34.30 |
| | | | | | | 8cm x 6cm | 1 £3.31 |

Barrier Creams

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * |
|--|---|--|-------------------|---------------------|----------------|----------------------|-----------------------------|
| Cavilon Cream® Durable barrier cream | ✓ Protection against bodily fluids & moisture | ✗ Can increase the adherence of some adhesive products | 24 – 72hrs | NH, PN, DN, CN, TVN | 3M | 28g tube | 1 £3.28 |
| | ✓ Apply pea sized amount every 3 rd wash | ✗ Avoid under adhesive products in patients with fragile skin | | | | 92g tube | 1 £6.55 |
| Cavilon No Sting Barrier Film® Protective, transparent barrier film. Alcohol free | ✓ Protection against bodily fluids & moisture | ✗ Not to be used with other barrier creams or products | 24 – 72hrs | NH, PN, DN, CN, TVN | 3M | 1ml foam applicators | 25 £20.25 |
| | ✓ Category 1 & 2 pressure ulcers | ✗ Allow product to dry completely before applying continence products, dressings or clothing | | | | 28ml pump spray | 1 £5.79 |
| Proshield Plus® Dimethicone based skin protectant containing copolymer bio-adhesives | ✓ Moisture lesions | ✗ Can affect electrode readings in the treated area | | | | | |
| | ✓ Around stoma sites | | | | | | |
| | ✓ Peri-wound skin | | | | | | |
| | ✓ Barrier against aggressive adhesive products | | | | | | |
| | ✓ Protection against bodily fluids & moisture | | | NH, PN, DN, CN, TVN | H&R Healthcare | 115g tube | 1 £9.94 |
| | ✓ Category 1 & 2 pressure ulcers | | | | | | |
| | ✓ Moisture lesions | | | | | | |

Emollients

| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per unit |
|---|--|--|-------------------|---------------------|-----------------|---------------|------------------------------|
| Aquamax® Leave on emollient containing 28% paraffin | <ul style="list-style-type: none"> ✓ Eczema ✓ Psoriasis ✓ Dry skin conditions | ✗ Known sensitivity or allergy to any components | | NH, PN, DN, CN, TVN | | 100g | £5.67 |
| Zeroderm ointment® Emollient and/or bath additive, soap substitute containing 70% liquid paraffin | <ul style="list-style-type: none"> ✓ Eczema ✓ Psoriasis ✓ Dry skin conditions | ✗ Known sensitivity or allergy to any components | | NH, PN, DN, TVN | Thornton & Ross | 125g | £2.41 |
| Fifty:50 ointment® Emollient containing white soft paraffin & liquid paraffin | <ul style="list-style-type: none"> ✓ Eczema ✓ Psoriasis ✓ Dry skin conditions | ✗ Known sensitivity or allergy to any components | | NH, PN, DN, TVN | Enogen | 250g | £1.83 |
| Emollin Spray® Emollient spray containing soft paraffin BP & liquid paraffin BP. Additive & preservative free | <ul style="list-style-type: none"> ✓ Treatment & protection of dry, scaly, sore or damaged skin | | | DN | CD Medical | 150ml | £4.00 |

| Miscellaneous | | | | | | | | |
|---|---|--|-------------------|--------------|-----------------------------|--------------------------|-----------------------------|------------------|
| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per Pack * | |
| Debrisoft® Monofilament debridement pad | <ul style="list-style-type: none"> ✓ For mechanical removal of superficial slough, debris & biofilm ✓ Chronic wounds | <ul style="list-style-type: none"> ✗ Very stubborn slough ✗ Hard necrosis ✗ Not a leave on product | N/A | TVN | Lohmann & Rausher | 10cm x 10cm | 15 | £33.05 |
| Leukostrip® Adhesive hypoallergenic wound closure strips | <ul style="list-style-type: none"> ✓ For closure of minor wounds | <ul style="list-style-type: none"> ✗ Skin tears | 3 days | PN, TVN | Smith & Nephew | 6.4cm x 76mm | 10 | £6.48 |
| Non-Woven Sterile Swab | | <ul style="list-style-type: none"> ✗ Not a leave on product | N/A | All | Medicare plus International | 7.5cm x 7.5cm | 25 | £6.75 |
| Non-Woven Swab | | <ul style="list-style-type: none"> ✗ Not a leave on product | N/A | All | Medicare plus International | 10cm x 10cm | 100 | £0.85 |
| 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 | <ul style="list-style-type: none"> ✓ Requires secondary dressing ✓ Chronic wounds ✓ Cavity wounds ✓ Can be used under compression | <ul style="list-style-type: none"> ✗ Infected or critically colonised wounds ✗ Cancerous wounds ✗ Fistulas ✗ Know sensitivity or allergy to any components | | TVN | Urgo Medical | 5cm x 7cm 10cm x 10cm | 26 2 | £33.00 £42.80 |

| Films | | | | | | | | |
|---|---|-------------------|-------------------|--------------|----------------|---------------|------------------------------|--------|
| Dressing | Indications | Contraindications | Maximum Wear Time | Available To | Manufacturer | Dressing size | Pack size/ Price per unit | |
| ClearFilm® Vapour permeable transparent adhesive dressing | ✓ Minor burns | None listed | 7 days | All | ConvaTec | 6cm x 7cm | 50 | £12.50 |
| | ✓ Protective cover & fixation of catheter sites | | | | | 10cm x 12cm | 10 | £5.50 |
| | ✓ Skin graft donor sites | | | | | | | |
| | ✓ Clean closed surgical incisions | | | | | | | |
| | ✓ Abrasions | | | | | | | |
| | ✓ Blisters | | | | | | | |
| | ✓ Secondary dressing | | | | | | | |
| IV 3000® Film dressing for Intravenous/subcutaneous therapy sites | ✓ Central line occlusive dressing | None listed | 7 days | CN | Smith & Nephew | 10cm x 12cm | 1 | £1.41 |