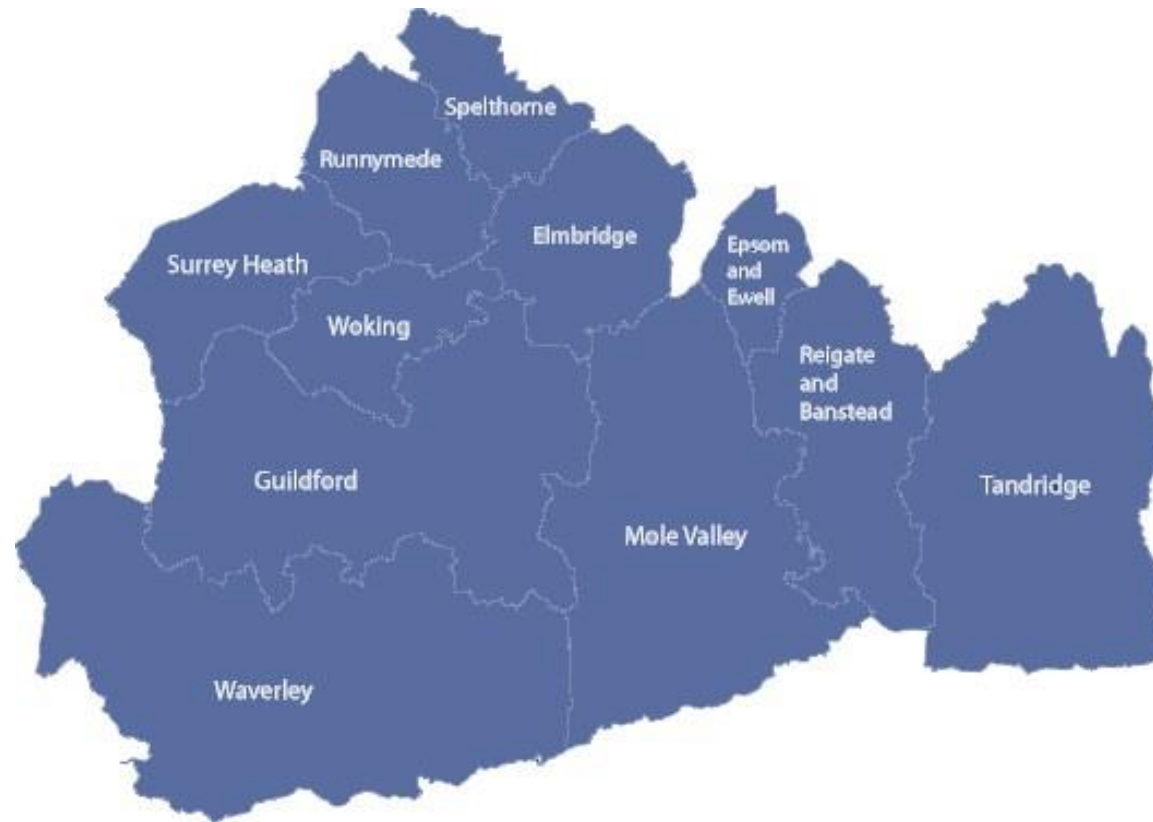


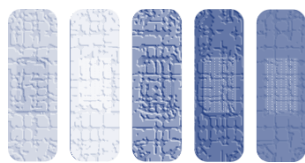
June 2022



Surrey Wound Management Formulary



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 2023		
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.



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.

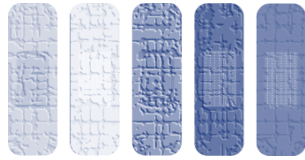
The Online Non-Prescription Ordering Service (ONPOS) is provided by Coloplast. Only wound management items listed in the Wound Management Formulary can be ordered via ONPOS. Wound management items can be provided via ONPOS when a patient is receiving ongoing care from a nurse (or other member of the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

- In a treatment clinic
- A nursing home
- In their own home

The CCG's 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. Please refer to Prescribing of dressings on FP10 document 01/12/2021.
- 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, cumulating 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 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.

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*



National Minimal 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

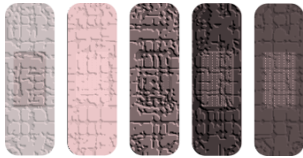
Doppler & ABPI, duplex



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

- Adaptic Touch®
- 365 Transparent Island®
- 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 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

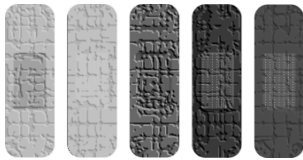
Exudate levels

Dry/Low		Moderate/High	
Shallow	Cavity	Shallow	Cavity
Actiform Cool® Comfeel® Duoderm® ActivHeal Hydrogel®	Medihoney tube®	Biatain Super® KerraMax Care®	Aquacel® Aquacel Ag +® Biatain Super® KerraMax Care®

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
ActivHeal Hydrogel® Actiform Cool® Duoderm® (do not use on diabetic foot) Comfeel® (do not use on diabetic foot)	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 advance method of debridement from 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

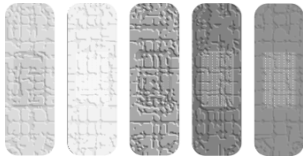
Low	Moderate/high
Iodoflex®	Aquacel Ag®
Iodosorb Ointment®	Acticoat Flex 3® (refer to TVN for advice/supplies)
Prontosan wound gel®	Iodoflex®
Medihoney Apinate®	

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 malodour exudate.

Think SEPSIS

Slurred speech or confusion **E**xtrême 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

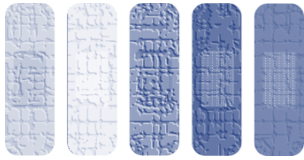
Recommended dressings

Symptom

Malodour	Bleeding	Exudate
Prontosan solution® soaked on wound for 10-15 minutes Prontosan wound gel® Medihoney tube® Medihoney Apinate®	Aquacel® CovaWound Alginate/rope®	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,

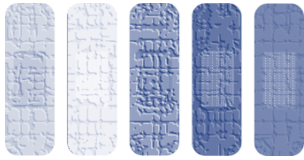
If any underlying causes are not treated, i.e. pressure/off-loading, venous insufficiency, malnutrition and optimisation of co-morbidities then the wound is unlikely to heal.

Effective wound management requires holistic assessment, taking into 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

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

Basic Dressings

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing Size
Softpore® Absorbent pad/low adherent	<ul style="list-style-type: none"> ✓ Dry or sutured wounds ✓ Superficial cuts or abrasions ✓ Minimal exudate 	<ul style="list-style-type: none"> ✗ Highly exuding wounds ✗ Necrotic or sloughy wounds 	5-7 days	NH, PN, DN, CN, TVN	Richardson Healthcare	6cm x 7cm 10cm x 10cm 10cm x 20cm
365 Transparent Island Dressing® Self- adhesive transparent film dressing with an absorbent non- adherent pad	<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✗ Moderately or highly exuding wounds ✗ Full- thickness burns ✗ Deep cavity wounds 	7 days	NH, PN, DN, CN, TVN	365 Healthcare	5cm x 7.2cm 9cm x 10cm 8.5cm x 15.5cm
Tegaderm Absorbent Clear Acrylic® Transparent dressing allows for wound monitoring	<ul style="list-style-type: none"> ✓ Low to moderately exuding wounds ✓ Superficial cuts or abrasions ✓ Skin tears ✓ Superficial partial thickness burns ✓ Donor sites ✓ Clean, closed approximated surgical or laparoscopic incisions 	<ul style="list-style-type: none"> ✗ Highly exuding wounds ✗ Necrotic or sloughy wounds ✗ Fixation of intravenous access lines 	Until wound healed or dressing contaminated	NH, PN, DN, CN, TVN	3M Healthcare	7.6cm x 9.5cm 11.1cm x 12.7cm 14.2cm x 15.8cm 20cm x 20.3cm
Xupad® Absorbent cellulose	<ul style="list-style-type: none"> ✓ Moderate to heavily exuding wounds 	<ul style="list-style-type: none"> ✗ Not to be used as a primary dressing ✗ Not to be used under compression 	7 days	NH, PN, DN, CN, TVN	Richardson Healthcare	10cm x 20cm 20cm x 20cm 20cm x 40cm

Films for skin tears

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
ClearFilm® Vapour permeable transparent adhesive dressing	<ul style="list-style-type: none"> ✓ 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,CN,DN, TVN	Richardson Healthcare Ltd	6cm x 7cm 10cm x 12cm
IV 3000® Film dressing for Intravenous/subcutaneous therapy sites	<ul style="list-style-type: none"> ✓ Central line occlusive dressing ✓ For Paediatric use only 	None listed	7 days	CN, TVN	Smith & Nephew	10cm x 12cm*

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

Contact Layer						
Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
N-A Ultra® Knitted viscose non-adherent contact layer <i>1st Line cost effective choice</i>	<ul style="list-style-type: none"> ✓ Leg ulcers ✓ Pressure ulcers ✓ Burns ✓ Other granulating wounds ✓ Allows free passage of exudate ✓ Requires secondary dressing 	None listed	7 days	NH, PN, DN, CN, TVN	3M+KCL	9.5cm x 9.5cm 9.5cm x 19cm
Adaptic Touch® Non-adherent silicone contact layer	<ul style="list-style-type: none"> ✓ Leg ulcers ✓ Pressure ulcers ✓ Diabetic 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	3M+KCL	5cm x 7.6cm 7.6cm x 11cm
UrgoTul® Non-adherent lipido-colloid contact layer	<ul style="list-style-type: none"> ✓ 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 components *Contains hydrocolloid and petroleum jelly particles*	7 days	NH, PN, DN, CN, TVN	Urgo Medical	5cm x 5cm 10cm x 10cm

Hydrofibre/Alginate

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Aquacel extra® Hydrofibre	<ul style="list-style-type: none"> ✓ Moderate to heavily exuding wounds ✓ Supports autolytic debridement ✓ Ribbon to pack cavity wounds ✓ Requires secondary dressing 	<ul style="list-style-type: none"> ✗ Dry wounds with minimal exudate ✗ Wounds with necrotic tissue 	7 days	NH, PN, DN, CN, TVN	ConvaTec	5cm x 5cm 10cm x 10 cm 15cm x 15cm 2cm x 45cm 1cm x 45cm
CovaWound Alginate® Calcium Alginate	<ul style="list-style-type: none"> ✓ Moderate to heavily exuding wounds ✓ Can be used under compression ✓ Ribbon to pack cavity wounds ✓ Requires secondary dressing 	<ul style="list-style-type: none"> ✗ Dry wounds with minimal exudate ✗ Wounds with necrotic tissue ✗ Sensitivity to calcium alginate ✗ Heavily bleeding wounds 	7 days	NH, PN, DN, CN, TVN	Covalon	2cm x 40cm 10cm x 10cm*

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

Antimicrobials

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
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 *Can be reapplied following treatment*	3 days	PN, DN,TVN	Smith & Nephew	5cm x 5cm* 10cm x 10cm* 10cm x 20cm*
	Aquacel Ag + extra® 1.2% Ionic silver impregnated hydrofiber	✓ 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 *Can be reapplied following treatment*	7 days	NH, PN, CN, DN, TVN	ConvaTec
Medihoney Tube® 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, CN, TVN	Integra Life Sciences

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

Antimicrobials *must be reviewed after two weeks*

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Medihoney Apinate® Sterilised antibacterial honey dressing containing calcium alginate and Medihoney Antibacterial medical-grade Manuka honey.	<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✗ 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 LifeSciences	5cm x 5cm* 10cm x 10cm*
Iodoflex Paste® Cadexomer dressing with iodine	<ul style="list-style-type: none"> ✓ To reduce bioburden ✓ Localised infection ✓ Spreading infection ✓ Systemic infection 	<ul style="list-style-type: none"> ✗ 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 	72 hours	NH, PN, DN, TVN	Smith & Nephew	5g* 10g*

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

Antimicrobial*must be reviewed after two weeks*

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Iodosorb® Cadexomer ointment with iodine	<ul style="list-style-type: none"> ✓ To reduce bioburden ✓ Localised infection ✓ Spreading infection ✓ Systemic infection 	<ul style="list-style-type: none"> ✗ 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 	72 hours	PN, DN, CN, TVN	Smith & Nephew	10g*
Prontosan Solution® Wound irrigation solution containing betaine and PHMB	<ul style="list-style-type: none"> ✓ Cleansing, decontamination moisturising of acute and chronic wounds ✓ 1st & 2nd degree burns ✓ Prevents formation of biofilm 	None listed	N/A	CN, TVN	B Braun	350ml*
Prontosan Wound Gel® Viscous gel containing betaine and PHMB	<ul style="list-style-type: none"> ✓ Cleansing, decontamination moisturising of acute and chronic wounds ✓ Thermal, chemical & radiation wounds ✓ 1st, 2nd, 3rd & 4th degree burns ✓ Disturbs & removes biofilm 	None listed	7 days	CN, TVN	B Braun	30ml*

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

Foams

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Biatain Silicone® Adhesive absorbent foam with a vapour permeable backing	✓ Primary dressing, does not require contact layer	✗ Dry wounds with minimal exudate	7 days	NH,PN,DN,CN, TVN	Coloplast	7.5cm x 7.5cm
	✓ Moderately exuding wounds	✗ Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide				10cm x 10cm
	✓ Can be used under compression therapy					12.5cm x 12.5cm 15cm x 15cm* 17.5cm x 17.5cm*
Biatain Soft Hold® Conformable absorbent foam with a vapour permeable backing	✓ Primary dressing, does not require contact layer	✗ Dry wounds with minimal exudate	7 days	NH,PN,DN,CN, TVN	Coloplast	5cm x 7cm
	✓ Moderately exuding wounds	✗ Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide				10cm x 10cm
	✓ Can be used under compression therapy					10cm x 20cm 15cm x 15cm
Aquacel Foam® Adhesive hydrofiber foam dressing with a silicone border	✓ Primary dressing, does not require contact layer	✗ Dry wounds with minimal exudate	7 days	NH,PN,DN,CN, TVN	ConvaTec	8cm x 8cm
	✓ Moderately exuding wounds	✗ Do not moisten prior to application				10cm x 10cm 12.5cm x 12.5cm 17.5cm x 17.5cm*
CovaWound Foam® Non adhesive foam	✓ Pressure ulcers	✗ Surgical implantation	7 days	NH,PN,DN,CN, TVN	Covalon	10cm x 10cm
	✓ Lacerations	✗ Known sensitivity to acrylic adhesives				20cm x 20cm
	✓ Abrasions					
	✓ Superficial. Partial thickness burns	✗ Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide				
	✓ Cavity wounds					
	✓ Primary and secondary dressing					
	✓ Can be used under compression					

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

Hydrocolloid

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Duoderm Extra Thin® Thin hydrocolloid dressing	<ul style="list-style-type: none"> ✓ Partial and full thickness wounds ✓ Draws splinters ✓ Supports autolytic debridement ✓ Maintains a moist environment 	<ul style="list-style-type: none"> ✗ Highly exuding wounds ✗ Presence of infection ✗ 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	<ul style="list-style-type: none"> ✓ Partial and full thickness wounds ✓ Wounds with no or low exudate ✓ Draws splinters ✓ Supports autolytic debridement ✓ Maintains a moist 	<ul style="list-style-type: none"> ✗ Highly exuding wounds ✗ Presence of infection ✗ Diabetic foot ulcers 	7 days	NH,PN,DN,CN, TVN	Coloplast	5cm x 7cm 10cm x 10cm 15cm x 15cm

Hydrogels						
Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Actiform Cool® Ionic hydrogel sheet Non-adhesive	<ul style="list-style-type: none"> ✓ Primary dressing ✓ Promotes autolytic debridement ✓ Hydrates sloughy and necrotic wounds ✓ Soothes painful wounds ✓ To manage nociceptive pain ✓ Radiation therapy damage ✓ Can be used under compression 	<ul style="list-style-type: none"> ✗ Narrow cavities or sinuses 	7 days	PN, DN, CN, TVN	Lohmann & Rauscher	5cm x 6.5cm* 10cm x 10cm*
	ActivHeal Hydrogel® Amorphous hydrogel consisting of natural ingredients without additives	<ul style="list-style-type: none"> ✓ Dry wounds ✓ Sloughy wounds ✓ Necrotic wounds ✓ Pressure ulcers ✓ Skin graft and donor sites ✓ Cavity wounds ✓ Postoperative wounds ✓ Abrasions and lacerations 	<ul style="list-style-type: none"> ✗ Surgical implantation ✗ Known sensitivity to propylene glycol 	2- 3 days	NH, PN, DN, CN, TVN	Advanced Medical Solutions

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Super Absorbents

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
KerraMax Care® Highly absorbent soft non-woven contact layer <i>1st Line cost effective choice</i>	✓ Highly exuding wounds ✓ Primary dressing	✗ Dry wounds	7 days	NH,PN,DN,CN, TVN	Crawford	10cm x 22cm 20cm x 22cm* 20cm x 30cm*
Biatain Super Adhesive® Highly absorbent hydrocapillary pad with semi-permeable water and bacteria proof top film <i>2nd Line cost effective choice</i>	✓ Highly exuding wounds ✓ Primary dressing	✗ Dry wounds	7 days	PN,DN, CN, NH, TVN	Coloplast	12.5cm x 12.5cm 12cm x 20cm* 20cm x 20cm*

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Bandages

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
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	NH,PN,DN,CN, TVN	Urgo Medical	10cm x 3.5m 10 x 4.5m*
K-Band® Lightweight retention bandage	✓ Dressing retention	None listed	7 days	PN,DN, TVN	Urgo Medical	5cmx4m* 10cmx4m*
K-Lite® Lightweight knitted bandage	✓ Light support bandage to aid absorbency ✓ 2 nd layer of the K-Four multilayer compression system	None listed	7 days	NH,PN,DN,CN, TVN	Urgo Medical	10cm x 4.5m 10cm x 5.25m*
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*
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*
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* Ankle: >30cm*

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Bandages

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
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* Ankle: 25cm-32cm*
3M 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 United Kingdom PLC	One size kit*
3M 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*	7 days	PN, DN, TVN	3M United Kingdom PLC	One size kit*
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	7 days	PN, DN, TVN	Lohmann & Rauscher	12cm x 6cm* 10cm x 6cm* 8cm x 6cm*

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Paste Bandages

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Ichthopaste® 6.32% Zinc oxide BP & 2% ichthammol BP paste bandage	<ul style="list-style-type: none"> ✓ Chronic eczema or dermatitis ✓ Under graduated compression 	<ul style="list-style-type: none"> ✗ 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	7.5cm X 6m*
Viscopaste® Zinc paste bandage	<ul style="list-style-type: none"> ✓ Chronic eczema or dermatitis ✓ Under graduated compression 	<ul style="list-style-type: none"> ✗ Known sensitivity or allergy to any components 	7 days	PN, DN, TVN	Evolan Pharma AB	7.5cm x 6m*
Zipzoc® 20% zinc oxide impregnated paste stocking	<ul style="list-style-type: none"> ✓ Under graduated compression 	<ul style="list-style-type: none"> ✗ Known sensitivity or allergy to any components 	7 days	PN, DN, TVN	Evolan Pharma AB	One size*

Tubular Bandages

Dressing	Indications	Contraindications	Maximum wear time	Available to	Manufacturer	Dressing size
Actifast® 2 way stretch tubular retention bandage	<ul style="list-style-type: none"> ✓ Dressing retention 	None listed	7 days	PN, DN, CN, NH, TVN	Lohmann & Rausher	7.5cm x 5m 5cm x 5m 10.75cm x 5m
ComfiNETTE® Surgical stockinette made from 100% viscose	<ul style="list-style-type: none"> ✓ To hold dressings in place that need to be changed frequently 	None listed	7 days	PN, DN, CN, NH, TVN	Vernacare	01 – 20m 12 – 20m 78 – 20m

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Barrier Creams

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Cavilon No Sting Barrier Film® Protective, transparent barrier film. Alcohol free	<ul style="list-style-type: none"> ✓ Protection against bodily fluids & moisture ✓ Category 1 & 2 pressure ulcers ✓ Moisture lesions ✓ Around stoma sites ✓ Peri-wound skin ✓ Barrier against aggressive adhesive products 	<ul style="list-style-type: none"> ✗ 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 	Up to 72 Hours	NH,PN,DN,CN, TVN	3M United Kingdom PLC	28ml pump spray
Medi Derma-S Total Barrier Cream- Non-sting Protective, long-lasting transparent barrier cream	<ul style="list-style-type: none"> ✓ Protection against bodily fluids & moisture ✓ Moisture lesions ✓ Irritation from adhesive products ✓ Suitable for paediatrics 	<ul style="list-style-type: none"> ✗ 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 tube
Medi Derma-S Total Barrier Film- Non-Sting® Protective, long-lasting transparent barrier film	<ul style="list-style-type: none"> ✓ Protection against bodily fluids & moisture ✓ Moisture lesions ✓ Perspiration and/or irritation from adhesive products ✓ Peri-wound skin ✓ Around stoma sites ✓ Suitable for paediatrics 	<ul style="list-style-type: none"> ✗ Not to be used on infected area of the skin ✗ Not to be used if there are any signs of irritation 	Up to 72 hours	NH,PN,DN,CN, TVN	Medicareplus International	1ml foam applicators
Derma Protective Plus Skin Protectant® Dimethicone based fragrance-free, non-greasy, viscous skin protectant	<ul style="list-style-type: none"> ✓ Protection against bodily fluids & moisture ✓ Severely dry skin 	<ul style="list-style-type: none"> ✗ 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 tube

Emollients

Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
Epimax Ointment[®] Paraffin based emollient/moisturiser for very dry skin conditions	<ul style="list-style-type: none"> ✓ Very dry skin conditions ✓ Soap substitute ✓ Hyperkeratosis ✓ Single patient use only 	<ul style="list-style-type: none"> ✗ 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 still remain a fire risk 	As required	NH,PN,CN,DN, TVN	Aspire	500g
Epimax Cream[®] Paraffin based emollient/moisturiser for dry skin conditions	<ul style="list-style-type: none"> ✓ Dry skin conditions ✓ Soap substitute ✓ Can prevent inflammatory response from adhesive dressings and wound exudate by hydrating the skin ✓ Single patient use 	<ul style="list-style-type: none"> ✗ 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 still remain a fire risk 	As required	NH,PN,CN,DN, TVN	Aspire	500g

Miscellaneous						
Dressing	Indications	Contraindications	Maximum Wear Time	Available To	Manufacturer	Dressing size
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*
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 	7 days	PN	Smith & Nephew	6.4cm x 76mm*
Non-Woven Sterile Swab	<ul style="list-style-type: none"> ✓ Aseptic procedures ✓ Cleansing surgical wounds in first 48hrs ✓ Cleansing wounds with exposed bone and/or tendon 	<ul style="list-style-type: none"> ✗ Not a leave on product 	N/A	NH,PN,CN,DN, TVN	Medicare plus International	7.5cm x 7.5cm
Non-Woven Swab	<ul style="list-style-type: none"> ✓ Cleansing chronic wounds <i>without</i> exposed bone and/or tendon 	<ul style="list-style-type: none"> ✗ Not a leave on product 	N/A	NH,PN,CN,DN, TVN	Medicare plus International	10cm x 10cm
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 	7 days	TVN	Urgo Medical	5cm x 7cm* 10cm x 10cm*

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Surgical Tapes

Dressing	Indications	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,CN,DN, 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,CN,DN, TVN	BSN Medical	10cm x 5m 10cm x 10m

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