

Type of Dressing	Product	Size	Cost each	Prescribing Points
Moisturisers	ZERODERM	500g		Cream cleanser and bath all in one.
	DERMALO	500ml	£££	First choice for bath or shower emollient.
	DERMOL 600 BATH EMOLIENT	600ml		Should only be used where MRSA or specific guidance has been given for use.
Odour Absorbing Dressing	CARBOPAD VC. CLINISORB.	10x10cm 10x20cm 10x10cm 10x20cm	££ - £££	Carbopad cannot be cut to size. Clinisorb can be cut to size. For use in managing odour and exudate
Paste Bandages	COFLEX KIT UBZ LOW PROFILE BANDAGE WITH ZINC CONTACT LAYER		£££	PATCH TEST before use Patients may be sensitive to preservatives and fatty alcohols in paste.
Retention/ Support Bandages	K-BAND	10cmx4m	£ - £££	Do not use Tubigrip or Crepe as retention bandage.
	ACTIVFAST – TUBULAR LARGE LIMB-BLUE	7.5cm x 5m		For tubular bandages 5m and 3m lengths are less wasteful than 1m and can accommodate various limb sizes.
	ACTIWRAP (ONLY AVAILABLE VIA NHS SUPPLY CHAIN)	10cm x 4m		Consider if blue (7.5cm) line size will suffice before prescribing a yellow (10cm) line bandage.
	TRUNKS YELLOW	10.75 cm X 5m		6m per month should be enough for most patients.
Silver Dressings	SILVERCEL DURAFIBER AG	5 x 5cm 11 x11cm 5x5cm 10x10cm 15x15cm 20x30cm 2x45cm 4x10cm	£ - £££	Silver dressing for moderate to heavily exuding wounds. Not for use on heavy bleeding wounds or 3rd degree burns Maximum of 2 weeks use, so NO more than 5 silver dressings are expected to be required.
Skin Protection Please note this guidance should be read in relation to wound care only	DERMA S SPRAY	28g tube		Durable Barrier Cream to be used on intact skin.
	DERMA S CREAM	75ml		Non Sting Barrier Cream to be used on broken skin.
	PROSHIELD SPRAY	235ml	£££	To be used to protect skin from wound fluids which can cause skin damage.
	PROSHIELD OINTMENT	115G		Proshield offers best skin protection.
Sterile Dressing Packs	NURSE-IT DRESSING PACK	S/M/L/XL	£	Contains apron, paper sterile field, gloves, swabs, forceps, paper towels, disposable bag and compartment tray.
Surgical Adhesive Tapes	SCANPOR TAPE	2.5cm 5cm	£-£££	Use for securing dressings. Some patients are allergic to adhesive tapes.
	HYPAFIX	5cm x 10m		Hypafix is more suited when contact to the skin is needed. It is useful for securing dressings when the wound is on an awkward body part e.g. elbow/heel
Topical Negative Pressure	Renasys Foam Dressing Kit Medium with Port Application (66800795) Renasys Foam Dressing Kit Small with Port Application (66800794) Renasys GO Canister 300ml (6680914)			
Vapour Permeable Dressings	Opsite Flexigrid	6x7cm 12x12cm 15x20cm	££	Stretch opposite corners for easy removal of dressing For clean superficial wounds. Can be used for prevention friction damage.
Absorbent or Surgical Pads	FLIVASORB	10 X 10cm 10 X 20cm 20 X 20cm 20 X 30cm	££	Not suitable for lightly exudating wounds Must not be cut If using as a secondary dressing—consider use of non sterile pads.

In collaboration with:

Basildon and Thurrock University Hospitals 
NHS Foundation Trust



Cost key

£ Under £1 per dressing

££ Up to £2 per dressing

£££ Over £3 per dressing

Useful contact numbers:

CCG Medicines Management Team:
01375 365811

NELFT Tissue Viability Service:
01277 695146

Integrated Community Teams—NELFT:
01268 242142

South Essex Lymphoedema Service:
01268 524973

 **Thurrock**
Clinical Commissioning Group

 **Basildon and Brentwood**
Clinical Commissioning Group

Wound Care Guide

KEY MESSAGES

- * Start at appropriate level of management depending on wound type and stage of healing. Review the wound regularly and prescribe the most suitable dressing required.
- * It is expected generally that the TYPE and SIZE of wound will change over time; do not supply excessive quantities or issue long term repeats of dressings—this avoids wastage and helps facilitate prompt review of both the wound and dressing choice.
- * To prevent large quantities being prescribed, it is recommended that a 'dose' is written for each prescribed dressing this should include:
 - Dressing name
 - Size e.g. 10x10cm
 - Change every 5-7 days x 10.
- * Dressings on FP10 prescriptions should be prescribed for individual patients and not used as stock items.
- * This wound care guide is intended for use when prescribing wound care products for patients receiving care out of hospital, and should be used for prescribing on discharge.

Which Product?				
Type of Dressing	Product	Size	Cost each	Prescribing Points
Alginates	BIATAIN ALGINATE	5cm X 5cm	£	Medium to heavy exuding wounds. Do not use on dry wounds. Removed by irrigation. Not to be used for heavy bleeding or 3rd degree burns
Antibacterial & Antimicrobial (Only if there is localised clinical signs of infection) Can be used to de-slough wound and debriding	IODOFLEX PASTE ACTIVON TUBE (HONEY) ACTIVON TULLE (HONEY)	5g 10g 17g 25gm 5x5cm 10x10cm	££- £££	Avoid iodine in those patients with thyroid disorders, necrotic tissue, children, lactating women, patients with renal impairment Use for 2 weeks only and review need. Max. single application 50g, max. weekly application 150g; max. duration up to 3 months in any single course of treatment. Useful for application to deep/ cavity wounds. Dressings impregnated with honey are less messy for shallow wounds. Tulle dressing can be extended out to 5x15, 10x30. Algivon is an alginate dressing permeated with honey and can hold more exudate (not for dry wounds).
Compression Bandaging	ACTICO—Short stretch cohesive compression bandage ACTICO 2C BANDAGE SYSTEM	8 cm x6m 10 cm x6m 12 cm 6m 18—25 cm 25—32cm	£££	Doppler reading confirms venous ulcer. Short stretch for patients unable to tolerate 3 or 4 layer compression. Usually to reduce oedema. Choose sizes of bandage (2 and 4 layer systems) depending on ankle size. Application technique is more important in achieving healing than the bandage type.
Foam	ALLEVYN LIFE Do not use with hypochlorite solution or hydrogen peroxide URGOTUL ABSORB BORDER CULTIMED SILTEC L	10 X 10.3 cm 12.9X12.9 cm 15.4 X 15.4 cm SACRUM HEEL 10x10cm 15x20cm 20x20cm 5x6cm 10x10cm 15x15cm	££- £££	For light to moderate exuding wounds. Provide mechanical and thermal insulation. Secure non adhesive dressings with adhesive tape at edges only. Do not cover foams with occlusive dressing. Allevyn Gentle Border for patients with frail and sensitive/friable skin. Siltec is low profile for use under compression.
Hydrocolloids	COMFEEL PLUS ULCER	4x6 cm 5x7 cm 10x10cm 15x15cm SACRAL	£-£££	Allow 2.5 cm over wound edge. Can be warmed before use to make more malleable. Low exudate wounds For use in early or late stage healing
Hydrofibre	DURAFIBER	10 X 10 cm 15 x 15 cm	£££	For moderate to highly exuding wounds. Cover with a moisture retaining dressing.
Hydrogels	INTRASITE GEL— with applicator PURILON GEL— not on wet wounds ACTIFORM COOL—not in cavities	8g 15g 8g 15g 10x10cm 5x6.5cm 10x15cm	££- £££	Suitable for most types of wounds except ischaemic and diabetic feet, infected and heavily exuding wounds. Purilon more absorbent and safe to use prior to larval therapy. Purilon can be used for heavily exuding wounds.
Low Adherent Dressings	NA Ultra	9.5cmX 9.5cm 19 X 9.5	£	For use as primary dressing under compression bandaging NOT for use with TNP For use with superficial wounds
Undercast Padding/ Wadding	CELLONA	10cm x 2.75cm	£	LAYER 1 OF COMPRESSION BANDAGING.
De-Sloughing	URGOCLEAN URGOCLEAN ROPE WITH PROBE	6cm x 6cm 10cm x 10cm 20x15cm 2.5cm x 40cm 5cm x 40cm	£-£££	Non adherent de-sloughing dressing Used for non-infected sloughy wounds

Version 8: NOVEMBER 2015 Which Dressing?		
Wound Type	Aim	Recommended Dressing
Epithelialising Wound	Protect and encourage healing	Low Adherent Dressing Vapour-Permeable Dressing Secure (where required) with a secondary dressing Foams
Granulating wound	Promote healing by encouraging granulation	Hydrocolloid—not if infected Foam Alginate—not if wound bed dry or heavy bleeding Hydrofiber TNP
Sloughy wounds	To remove sloughy tissue by autolysis and provide a clean wound bed/base for granulation tissue.	Hydrogel Hydrocolloid Alginate—not if wound bed dry or heavy bleeding Honey - do not use if patient has bee allergy TNP
Necrotic wounds	To remove necrotic tissue by rehydration.	Hydrogel Capillary Action Dressing
Cavity Wounds	To promote healing and manage wound exudate	Hydrocolloid—shallow cavities Capillary Action Dressing— heavy exudate Alginate Hydrofiber TNP
Infectious wound management should be supported by a microbiological swab results prior to instigating use of silver dressings. Management of patients with confirmed MRSA colonisation Refer high risk, colonised wounds with active infection and chronic wounds to the infection control and tissue viability teams.	To treat infection and promote wound healing Where wound requires decolonisation advice should be sought from the Microbiologist. They will be able to give advice on : Swabbing, Decolonisation a Antibiotic prescribing Mupirocin(Bactroban) should not routinely be used on wounds.	Cadexomer – Iodine Products (see iodine guidance in dressing guide) Honey Products—not if patient has bee allergy Silver Dressing (only use if not on antibiotics – MAX 2 weeks) For contraindications please refer to dressing information
Malodorous and Fungating wounds	To de-odorise wound and manage infection if present Manage other symptoms and bleeding from wound if present	Metronidazole Gel Deodorising Dressings Honey Products
Leg Ulcers— need to diagnose underlying aetiology prior to initiating treatment Diagnosis should be confirmed by Doppler Assessment	Manage symptoms associated with type of ulceration Venous: To correct underlying venous incompetence Arterial: Compression dressings should not be used	Venous Leg Ulcer (confirmed by Doppler) Compression Bandaging Compression Stocking Arterial Leg Ulcer (confirmed by Doppler) Consider referral to vascular team for opinion.

Guidelines for Management of Wounds

Tissue

Viable: i.e. granulation and epithelialisation required for wounds to heal—remove non-viable; necrotic and sloughy tissue.

Infection—signs and symptoms

Increase in serous exudate, friable granulation tissue, wound bed bleeds easily, increase in pain at wound site, increase or unusual wound odour, dark red or bright red granulation tissue, delayed wound healing. Treat and manage symptoms of infection.

Management of patients with confirmed MRSA colonisation

Refer high risk, colonised wounds with active infection and chronic non healing wounds to the tissue viability team or to infection control team/service.

Advice on swabbing, decolonisation and antibiotic prescribing for example should be sought from a microbiologist. Mupirocin (Bactroban) **should not** routinely be used on wounds.

Inflammation

Red swelling, heat or evidence of cellulitis—this requires management—see above section on infection.

Moisture Imbalance

Manage exudate level. Monitor wound—is it too wet or too dry?

Epithelialising Edge

Treat non-advancing or undermined wound edge (refer to Tissue Viability Nurse).

Category/ Stage of Pressure Ulcer	
A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, and develops usually as a result of pressure, or pressure in combination with shear.	
Category/Stage IV: Full Thickness Tissue Loss Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often wound edges are undermined or have signs of tunnelling.	
Category/Stage III: Full Thickness Skin Loss Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunnelling.	
Category/Stage II: Partial Thickness Skin Loss Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or sero-sanguinous filled blister.	
Category/Stage I: Non-blanchable Erythema Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Discoloration of the skin, warmth, oedema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching.	