

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.

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. Sough or eschar may be present on some parts of the wound bed. Often wound edges are undermined or have signs of tunneling.	Stage 4	
Category/Stage III: Full Thickness Skin Loss Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Sough may be present but does not obscure the depth of tissue loss. May include undermining and tunnelling.	Stage 3	
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.	Stage 2	
Category/Stage I: Non-blanchable Erythema Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Darkly pigmented skin may not have visible blanching.	Stage 1	

Guidelines for Management of Wounds

Tissue Viability: 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 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).

Wound Type
 Epithelialising Wound

Aim
 Protect and encourage healing
 Low Adherent Dressing
 Vapour-Permeable Dressing
 Secure (where required) with foams

Granulating wound
 Promote healing by encouraging granulation
 Foam
 Alginate—not if wound bed dry or heavy bleeding
 Hydrofibre
 TNP

Sloughy wounds
 To remove sloughy tissue by autolysis and provide a clean wound bed/base for Alginate—not if wound bed dry or heavy bleeding
 Hydrogel
 Hydrocolloid
 Honey - do not use if patient has been allergic
 TNP

Necrotic wounds
 To remove necrotic tissue by rehydration.
 Capillary Action Dressing

Cavity Wounds
 To promote healing and manage wound exudate
 Alginate
 Hydrofibre
 TNP

Infectious wound
 management should be supported by a microbiological swab results prior to instigating use of silver dressings.
 Where wound requires decolonisation advice should be sought from the microbiologist. They will be able to give advice on :
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.
Mupirocin(Bactroban) should not routinely be used on wounds.
 To treat infection and promote wound healing (see iodine guidance in dressing guide)
 Honey Products—not if patient has been allergic
 Silver Dressing (only use if not on antibiotics – **MAX 2 weeks**)
 Swabbing,
 Decolonisation a Antibiotic prescribing
 refer to dressing information

Malodorous and Fungating wounds
 To de-odorise wound and manage infection if present
 Deodorising Dressings
 Honey Products

Leg Ulcers— need to be treated
 Diagnose underlying aetiology prior to initiating treatment
 Venous Leg Ulcer (confirmed)
 Manage symptoms associated with type of ulceration
 Venous: Compression Stocking
 Arterial: Compression dressings should not be used
 Assessment
 firm by Doppler
 Diagnosis should be confirmed by Doppler
 venous incompetence
 To correct underlying venous incompetence
 Compression dressings should not be used
 team for opinion.

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Which Dressing?
 Recommended Dressing

Type of Dressing
 Product
 Size
 Cost
 Prescribing Points

Alginatees
 BIATAIN
 5cm X 5cm
 F
 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 & IODOFLEX PASTE
 5g
 10g
 17g
 FF-
 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
 ACTICO—short stretch cohesive
 8 cm x6m
 10 cm x6m
 FF-
 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
 10 X 10.3 cm
 12.9X12.9 cm
 15.4 X 15.4 cm
 FF-
 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.

Hydrocolloids
 COMFEEL PLUS
 4x6 cm
 5x7 cm
 10x10cm
 15x15cm
 E-FFF
 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
 FFF
 For moderate to highly exuding wounds.
 Cover with a moisture retaining dressing.

Hydrogels
 INTRASITE GEL—
 8g
 15g
 FF-
 Suitable for most types of wounds except ischaemic and diabetic feet, infected and heavily exuding wounds.
 PURILON GEL—
 8g
 15g
 FFF
 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
 F
 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
 F
 LAYER 1 OF COMPRESSION BANDING.
 De-sloughing
 URGOCLEAN
 6cm x 6cm
 10cm x 10cm
 20x15cm
 2.5cm x 40cm
 5cm x 40cm
 E-FFF
 Non adherent de-sloughing dressing
 Used for non-infected sloughy wounds

Which Product?