NHS Rotherham

The Rotherham NHS Foundation Trust

The Rotherham Foundation Trust & NHS Rotherham

Wound Care Formulary

Wound Management Formulary

Introduction

Notes for using the formulary

The wound care formulary aims to provide a clinically effective, appropriate and cost effective choice of products to manage the vast majority of wounds.

All dressings on the formulary are for general use with the exception of those indicated for specialist prescribing

It must be emphasised that an holistic wound assessment must take place prior to choosing a dressing (see wound care guidelines)

- The formulary should not be used in isolation and should not replace sound clinical judgement
- Tissue viability nurses should be referred to as necessary (see wound care guidelines)
- Dry black heels must not be re hydrated, necrosis due to arterial insufficiency must not be re-hydrated seek further advice from tissue viability team
- Specialist products must only be used following discussion with\assessment by the tissue viability nurses
- It is expected that the vast majority of wound care products will be selected from this formulary.
- Should a product be required that is not listed the rationale for this must be supplied in writing on the exception reporting form (see appendix 1). This will aid in the updating process of the formulary.
- Antimicrobial products must only be used where there is an increased risk of infection or clinical signs of infection are apparent. Once an infection has resolved, treatment with an antimicrobial dressing must be stopped. Only approved tissue viability link nurses\district nursing sister should initiate the use of an anti-microbial or silicone dressing
- If a wound has clinical signs of infection or fails to improve with an anti-microbial dressing a wound swab must be taken.
- In the community setting only approved tissue viability link nurses\district nursing sister should initiate the use of an anti-microbial or silicone dressing
- In the acute setting antimicrobial dressings should only be initiated by an approved tissue viability link nurse or Tissue viability nurse
- In the community when prescribing dressings a maximum of 1 weeks supply should be prescribed ensuring that there are sufficient dressings to last until the next evaluation regardless of the pack size.

Choosing the ideal dressing

There are two different categories of dressings:

1 Primary - This is in contact with the wound
2 Secondary - This is not in contact with the wound but it covers the primary dressing. When choosing a secondary dressing ensure its compatibility with the primary wound contact layer.

There are many hundreds of wound products available, all having slightly different properties. The ideal wound management choice is dependent on the type, depth and colour of the wound in conjunction with the stage of healing and what the main objective of treatment is: e.g. debridement or protection.
Dressing choice should be influenced by the level and type of exudates.

The ideal dressing is considered to be, one that ensures optimal healing and addresses the following

- Maintain high humidity
- Removes excess wound exudates
- Permits thermal insulation
- Impermeability
- Gaseous exchange
- Non fibre shedding/nontoxic
- Non adhesive, comfortable and conforming

Care of ischemic wounds

The toes and sometimes the foot can be affected by so called “dry gangrene” in chronic arterial insufficiency. The tissues are black shrivelled and dry. Whilst it is traditionally called gangrene there is no infective process. The tissues are undergoing spontaneous breakdown and drying. It is important that these areas, unlike other wounds, are kept dry Introducing moisture carries the risk of infection. Ideally the areas should be left exposed to the air. If a dressing is required it should be light, dry and allow circulation of air.

Guidelines for Good Practice in the management of wounds

- Always employ an holistic approach to wound management: e.g. investigate any underlying problems (see wound care guidelines)
- Wounds should not be routinely cleansed (with the exception of exuding non-healing chronic wounds)
- Good hand hygiene must be practised at all times (see hand hygiene policy)

Wound Management Formulary

- MUST (Malnutrition Universal Screening tool) assessment must be completed and acted upon
- It is essential that a date be set for reassessment of the wound and that any changes in treatment following reassessment are recorded (see wound care guidelines
- Wounds should not be left exposed or wrapped in a dressing towel. The action of dehydration and reduction in wound temperature is detrimental to wound healing
- A multi-disciplinary approach must be taken in wound care
- A clear explanation of the action of certain types of dressing treatment must be explained to the patient
- Avoid layering of dressings, most products are designed as a primary dressing, use of more products only reduces the effectiveness of the product
- All dressings should be disposed of in accordance with clinical waste guidelines
- In the community setting all dressings must be prescribed (with the exception of total purchase of dressings pilot sites). Within the hospital setting all dressings used should be documented in the nursing record Any prescription only medications used in wound management must be recorded on the drug chart
- For any wound not progressing as anticipated consider referral to the tissue viability team (see wound care guidelines)

Information and practice guidelines for the products included in the formulary

WATERLOW PRESSURE ULCER PREVENTION/TREATMENT GUIDE

RING SCORES IN TABLE, ADD TOTAL. MORE THAN 1 SCORE/CATEGORYCAN BE USED

BUILD/WEIGHT FOR HEIGHT		SKIN TYPE VISUAL RISK AREAS		SEX AGE	
AVERAGE		HEALTHY	0	MALE	1
BMI = 20-24.9	0	TISSUE PAPER	1	FEMALE	2
ABOVE AVERAGE		DRY	1	14 - 49	1
BMI = 25-29.9	1	OEDEMATOUS	1	50 - 64	2
OBESE		CLAMMY, PYREXIA	1	65 - 74	3
BMI > 30	2	DISCOLOURED GRADE 1	2	75 - 80	4
BELOW AVERAGE		BROKEN/SPOTS GRADE 2-4	3	81 +	5
BMI < 20	3				
BMI=Wt(Kg)/Ht (m)^2					

CONTINENCE		MOBILITY	
COMPLETE/ CATHETERISED	0	FULLY	0
URINE INCONT.	1	RESTLESS/FIDGETY	1
FAECAL INCONT.	2	APATHETIC	2
URINARY + FAECAL INCONTINENCE	3	RESTRICTED	3
		BEDBOUND e.g. TRACTION	4
		CHAIRBOUND e.g. WHEELCHAIR	5

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

MALNUTRITION SCREENING TOOL (MST) (Nutrition Vol.15, No.6 1999 - Australia

A - HAS PATIENT LOST WEIGHT RECENTLY	B - WEIGHT LOSS SCORE
YES - GO TO B	0.5 - 5kg = 1
NO - GO TO C	5 - 10kg = 2
UNSURE - GO TO C AND SCORE 2	10 - 15kg = 3
	> 15kg = 4
	unsure = 2

C - PATIENT EATING POORLY OR LACK OF APPETITE 'NO' = 0; 'YES' SCORE = 1	NUTRITION SCORE If > 2 refer for nutrition assessment / intervention	

SPECIAL RISKS

TISSUE MALNUTRITION		NEUROLOGICAL DEFICIT	
TERMINAL CACHEXIA	8	DIABETES, MS, CVA	4-6
MULTIPLE ORGAN FAILURE	8	MOTOR/SENSORY	4-6
SINGLE ORGAN FAILURE (RESP, RENAL, CARDIAC,)	5	PARAPLEGIA (MAX OF 6)	4-6
PERIPHERAL VASCULAR DISEASE	5	**MAJOR SURGERY or TRAUMA**	
ANAEMIA (Hb < 8)	2	ORTHOPAEDIC/SPINAL	5
SMOKING	1	ON TABLE > 2 HR#	5
		ON TABLE > 6 HR#	8

MEDICATION - CYTOTOXICS, LONG TERM/HIGH DOSE STEROIDS, ANTI-INFLAMMATORY MAX OF 4

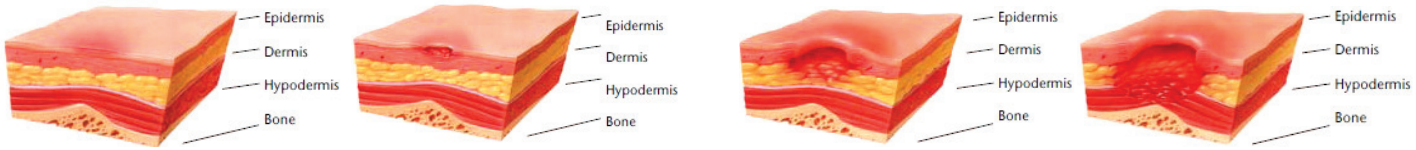
Scores can be discounted after 48 hours provided patient is recovering normally

Obtainable from the Nook, Stoke Road, Henlade TAUNTON TA3 5LX

* The 2005 revision incorporates the research undertaken by Queensland Health.

Pressure Ulcer Grading

Progression of a pressure ulcer

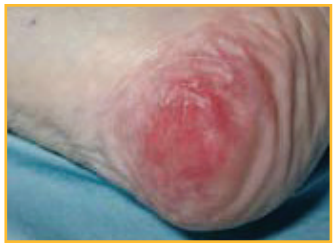
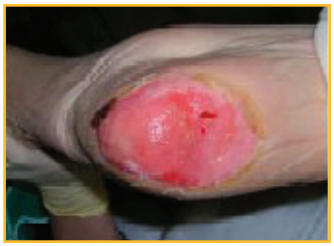
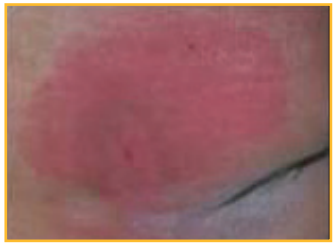
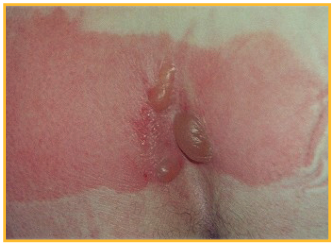
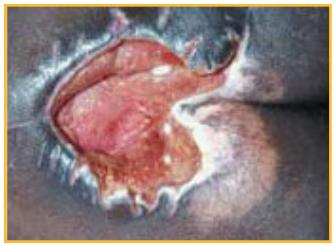
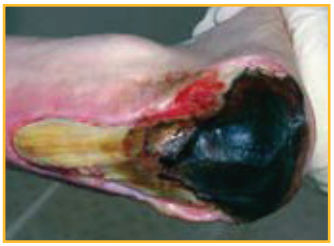
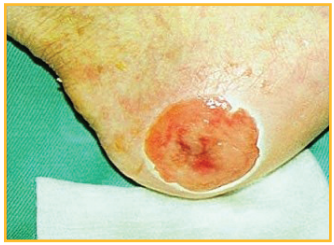
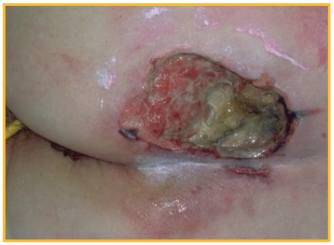


Grade / Category 1
Non-blanchable erythema intact skin with nonblanchable redness of a localised area usually over a bony prominence. Darker pigmented skin may not have visible blanching, it's colour may differ from surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Grade 1 may be difficult to detect in individuals with dark skin tones, may indicate "at risk" persons * Please note an area of non-blanchable tissue damage were the skin is not broken may develop into a deeper pressure ulcer. Observe regularly and re-grade as appropriate

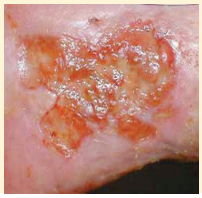
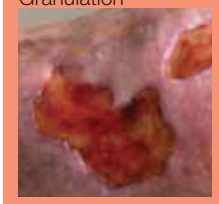
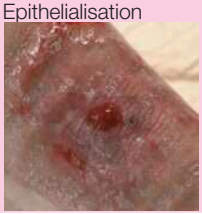
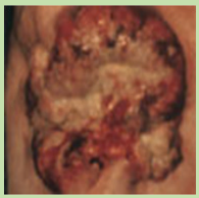
Grade / Category 2
Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum –filled or serosanginous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising. This category should not be used to describe skin tears, tape burns, incontinence associated dermatitis maceration or excoriation.

Grade / Category 3
Full thickness tissue loss. Subcutanious 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. The depth of a category/stage III pressure ulcer varies by anatomical location. The bridge of the nose,ear, occiput and malleolus do not have (adipose) subcutaneous tissue and category/stage III ulcers can be shallow. In contrast areas of significant adiposity can develop extremely deep category / stage III pressure ulcers. Bone/ tendon is not visible or directly palpable.

Grade / Category 4
Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunnelling. The depth of a category/stae IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/stage 4 ulcers can extend into muscle and/or supporting structures (e.g. facia, tendon or joint capsule) making osteomyelitis or osteitis likely to occur. Exposed bone/muscle is visible or directly palpable

Treatment Guide

Woundbed	Objective	Treatment
Necrotic/Sloughy Tissue 	• Debride • Remove Eschar • Remove Slough • Provide clean base for granulation tissue	Dressings that remove dead tissue and absorb exudate Hydrocolloid Hydrogel Hydrofibre
Local Infection / Critical Colonisation 	• Clean up and reduce bacterial burden • Manage infection	Dressings that clean up, reduce bacterial burden and absorb exudate Anti-microbial
Granulation 	• Granulation and tissue growth • Provide clean base for epithelialisation	Dressings that support granulation tissue growth and absorb exudate Hydrofibre Foam Hydrocolloid
Epithelialisation 	• Protection of newly formed tissue • Promote epithelialisation and wound maturation	Dressings that support healing and skin protection Hydrocolloid Foam Non Adhesive
Fungating Malodorous 	• Manage complex wound • e.g. bleeding, exudate, malodour, size, site	

T R E A T M E N T C H O I C E S

Exudate Levels / Primary and Secondary Dressing		
Hydrofiber / Alginate Secondary dressing Foam	Hydrofiber / Alginate Secondary dressing Hydrocolloids or Foam Versiva XC	Hydrofiber Secondary dressing Hydrocolloids or Foam Versiva XC
Treatment Without a Cavity Hydrofiber / Alginate Secondary dressing Foam	Hydrofiber / Alginate Secondary dressing Hydrocolloids or Foam Versiva XC	Hydrocolloids or Foam Versiva XC
Anti-microbial	Anti-microbial	Anti-microbial
Treatment Without a Cavity Anti-microbial	Anti-microbial	Anti-microbial
Treatment With a Cavity Hydrofiber / Alginate Secondary dressing Foam	Hydrofiber / Alginate Secondary dressing Foam Versiva XC	Hydrofiber / Alginate Hydrocolloid Secondary dressing Foam Versiva XC
Treatment Without a Cavity Should not occur in clean granulating wounds	Foam Versiva XC May require Hydrofiber Alginate depending upon exudate	Hydrocolloid Foam Versiva XC
Treatment With a Cavity N/A	N/A	N/A
Treatment Without a Cavity Should not occur in clean epithelialising wounds	Foam Versiva XC	Foam / Island dressing Versiva XC
Treatment With a Cavity Hydrofiber / Alginate Secondary dressing Foam Consider anti-microbial or charcoal dressing if malodorous	Hydrofiber / Alginate Secondary dressing Foam Versiva XC	Hydrofiber / Alginate Secondary dressing Foam Versiva XC
Treatment Without a Cavity Hydrofiber / Alginate Secondary dressing Foam / Versiva XC Consider anti-microbial or charcoal dressing if malodorous	Hydrofiber / Alginate Secondary dressing Foam / Versiva XC Consider anti-microbial or charcoal dressing if malodorous	Contact Layer Secondary dressing Foam / Versiva XC Consider anti-microbial or charcoal dressing if malodorous

Product Assortment Guide

Community & Hospital

Hospital only

Community only

Specialist only

Hydrocolloid

Comfeel® Plus Transparent

Comfeel Plus Transparent Dressing consists of a thin layer of a self adhesive hydrocolloid containing NaCMC. The dressing is permeable to water vapour but impermeable to exudate and micro-organisms. Comfeel Plus Transparent dressing is ideal for skin abrasions, superficial burns and epithelialising wounds. Suitable for vegetarians.

Duoderm® Extra Thin

DuoDERM® Extra Thin dressing is a hydrocolloid dressing indicated for the management of lightly exuding wounds. It combines a unique ConvaTec hydrocolloid formulation that distinguishes it from other hydrocolloid dressings and a vapour-permeable outer film to provide an occlusive moist environment.

Hydrofiber

Aquacel

Hydrofiber dressing which converts to a soft gel when in contact with wound exudate. Aquacel should be placed directly onto the wound allowing a 1cm overlap. For cavity wounds loosely pack, allowing 2-5cm outside for easy retrieval. Requires secondary dressing change.

Versiva XC

Highly absorbent composite adhesive and non adhesive dressing incorporating Hydrofiber® Technology and gentle adhesive for moderate to highly exuding wounds.

Wound Contact Layer

Urgotul

Non-adherent, non-occlusive, flexible contact layer derived from TLC (Technology Lipido-Colloid). It is composed of a polyester mesh impregnated with hydrocolloid and petroleum jelly particles.

Mepitel

Mepitel is used in the management of wounds where adherence of a dressing to the underlying tissue represents a particular clinical problem. Typical applications include skin tears or abrasions, surgical excisions, second-degree burns, blistering conditions such as epidermolysis bullosa, lacerations, partial and full thickness grafts, and skin damage following radiotherapy or steroid therapy.

Tricotex

TRICOTEX dressings are constructed from knitted viscose rayon and are designed to act as an interface between ulcerating or granulating wounds and conventional absorptive dressings.

Solvaline N

Solvaline® N has no right or wrong side. Application is very easy as both sides have a perforated, polyester film coating. The absorbent layer consists of cotton. It offers a high absorption capacity and minimises fluid accumulation. The dressings layers are joined together without the use of adhesive. Indications:

- Superficial wounds
- Post operative treatment
- First aid (abrasions, cuts)
- Lightly to moderately exuding ulcerations
- Minor burns
- Under compression

Softpore

Latex-free surgical adhesive dressing for lightly exuding wounds, such as surgical incisions, cuts and abrasions

Premierpore

Absorbent, perforated dressing with adhesive border.

Wounds (including postoperative) with low or moderate exudate levels

Opsite post op

Vapour-permeable adhesive film dressing with absorbent pad. Acute wounds such as cuts, lacerations, minor burns and postoperative wounds

Product Assortment Guide

Super absorbent

Kerramax

Super-absorbent dressing. Exudate and MMPs are absorbed and bound inside the dressing with no leakage. Soft, conformable and stackable.

Foam

Biatain

Biatain Foam Adhesive and Non-Adhesive dressings are available in a variety of different shapes and sizes. Contour, Heel and Sacral dressings offer the solution for difficult to dress areas such as knees, elbows and heels. Biatain adhesive dressing provides a bacterial and waterproof barrier. All Biatain Foam dressings are able to absorb large amounts of exudate and lock it away from the wound bed. Biatain Non-Adhesive has a bevelled edge, suitable for use under compression.

Biatain Silicone

May be used throughout the wound healing process to provide exudate handling, padding and protection on a variety of wounds including leg ulcers, pressure ulcers, superficial burns, donor sites, postoperative wounds, skin abrasions and non-infected diabetic foot ulcers.

Alginate

Cutimed Alginate

Binds wound bacteria rapidly and effectively. Reduces the bacterial load and supports the natural wound healing process. No undesirable side effects, no development of bacterial resistance.

Antimicrobial

Biatain Ag

Adhesive polyurethane foam dressing with vapour-permeable film backing. Impregnated with silver.

Non-adhesive polyurethane foam dressing with vapour-permeable film backing. Impregnated with silver. Can be used under compression. Retention bandage/tape is required.

Activon Tube

Activon Tube is ideal for debriding necrotic tissue, or for topping up dressings where the honey has been washed away by exudate. Great for using in cavities, just wash away with saline solution.

Activon Tulle

Activon Tulle is a knitted viscose mesh dressing impregnated with 100% Manuka honey.
Activon Tulle creates a moist healing environment and effectively eliminates wound odour whilst providing antibacterial action. Activon Tulle is ideally selected for granulating or shallow wounds, it's a good choice when debriding or de-sloughing small areas of necrotic or sloughy tissue

Aquacel Ag

As a primary dressing for moderately to highly exuding wounds where there is infection or an increased risk of infection.

Iodoflex

Iodoflex is used for the treatment of chronic exuding wounds such as leg ulcers, pressure ulcers and diabetic ulcers, particularly when infection is present or suspected.

Urgotul SSD

Non-adherent, non-occlusive antibacterial contact layer derived from TLC (Technology Lipido-Colloid). It is composed of a polyester mesh impregnated with hydrocolloid, petroleum jelly and silver sulphadiazine particles.

Antimicrobial Continued

Algivon

Alginate dressing impregnated with 100% Manuka honey. Low to moderately exuding wounds. Suitable for cavities, and debriding and de-sloughing large areas of necrotic and sloughy tissue.

Actilite

A broad spectrum antimicrobial dressing for use on low to moderately exuding wounds. The dressing is designed to protect a wound, promote healing and allow the passage of exudate, and can be used on epitheliasing wounds that are perceived to be at risk of re-infection.

Inadine

INADINE® is indicated for the management of ulcerative wounds and may also be used for the prevention of infection in minor burns and minor traumatic skin loss injuries.

Charcoal dressing

Clinisorb

Sterile activated charcoal cloth sandwiched between layers of nylon/viscose rayon cloth. Apply as a secondary dressing over an appropriate primary dressing. Exudate will reduce the dressing's effectiveness. Can be cut to size.

Compression bandage

Actico

Compression bandaging of limbs with venous disorder and the control and reduction of chronic oedema and lymphoedema in the lower limbs and arms.

K-Four

K-Four is a four layer compression bandage system, providing the gold standard for compression therapy. K-Four is composed of a combination of

K-Soft, K-Lite, K-Plus, Ko-flex.

Product Assortment Guide

Retention bandage

K-Lite

For the treatment of Venous Leg Ulcers (2nd layer of K-Four multilayer bandage system), light support for sprains and strains. Can be used for retention bandaging

K-Band

Knitted viscose/nylon conforming retention bandage. Also available with silver (K-Band Silver). Latex free.

K-Band is a type 1 conforming and retention bandage. Has 2-way stretch for ease of application.

Tape

Scanpor

Highly permeable, hypoallergenic, colophony-free, non-woven, synthetic, skin-friendly, adhesive tape.

Tubular bandage

Comfifast

Elasticated viscose stockinette

Actifast

Elasticated cotton tubular bandage

Film Dressing

ClearFilm

Latex-free surgical adhesive dressing for lightly exuding wounds, such as surgical incisions, cuts and abrasions

Op-Site

Vapour-permeable adhesive film dressing with absorbent pad.

Product Assortment Guide

Hydrogel

Cutimed Gel

Clear, amorphous hydrogel with sterile applicator.

Barrier Cream

Sorbaderm Barrier Cream

A white concentrated cream that provides the skin with a long-lasting barrier protection and is also a moisturiser. It does not reduce absorbency of pads and allows medical adhesives to stick to the skin. Fragrance free.

Sorbaderm No-sting Barrier Film

An alcohol-free, no-sting formulation that provides a protective interface between the skin and bodily waste, fluids, adhesive products and friction. Can be used on broken and non-broken skin. Available as a spray and foam applicator.

Cutimed Protect Cream

Aim to rebuild skin lipids and restore a healthy moisture balance in the skin. Formulated for dry and sensitive skin.

Cutimed Protect Spray

Spray and foam applicator that provide a long-lasting protective barrier against both, external threats such as incontinence or wound fluids that impact the skin.

Specialist Use Only

Cutimed sorbact

All chronic and acute wounds that are critically colonised or infected including superficial wounds, traumatic wounds, postoperative or dehisced wounds, fistulae or abscesses, ulcerations (venous, arterial, diabetic, pressure), fungal infections.

Acticoat absorbent

As an antimicrobial absorbent dressing over partial- and full-thickness wounds such as pressure ulcers, venous ulcers, diabetic ulcers, burns, donor and recipient graft sites and cavity wounds

Larvae E

Debridement of slough and necrotic tissue in a wide variety of wound types

VAC

Compatible with all V.A.C. Therapy Dressings.

Promogran prisma

PROMOGRAN® matrix is indicated for the management of all wounds healing by secondary intent which are clear of necrotic tissue, including:

- Diabetic ulcers
- Venous ulcers
- Pressure ulcers
- Ulcers caused by mixed vascular aetiologies
- Traumatic and surgical wounds

K Two Compression bandage system

Two-layer compression system comprising: K Tech (first layer), a composite bandage formed of wadding and short-stretch compressive fabric and K Press (second layer), a cohesive, compressive, elastic bandage. Available in sizes 18-25cm and 25-32cm. Provides an average compression of 40mmHg.

Product	Size	Pack
Comfeel Plus Transparent	5cm x 7cm	10
Comfeel Plus Transparent	5cm x 15cm	10
Comfeel Plus Transparent	5cm x 25cm	5
Comfeel Plus Transparent	10cm x 10cm	10
Comfeel Plus Transparent	9cm x 14cm	10
Comfeel Plus Transparent	9cm x 25cm	5
Comfeel Plus Transparent	15cm x 15cm	5
Comfeel Plus Transparent	15cm x 20cm	5
Comfeel Plus Transparent	20cm x 20cm	5

Product	Size	Pack
DuoDerm Extra Thin	5cm x 10cm	10
DuoDerm Extra Thin	5cm x 20cm	10
DuoDerm Extra Thin	7.5cm x 7.5cm	5
DuoDerm Extra Thin	9cm x 15cm	10
DuoDerm Extra Thin	9cm x 25cm	10
DuoDerm Extra Thin	9cm x 35cm	10
DuoDerm Extra Thin	10cm x 10cm	10
DuoDerm Extra Thin	15cm x 15cm	10

Product	Size	Pack
Aquacel	1cm x 45cm	5
Aquacel	2cm x 45cm	5
Aquacel	5cm x 5cm	10
Aquacel	10cm x 10cm	10
Aquacel	15cm x 15cm	5
Aquacel	4cm x 10cm	10
Aquacel	4cm x 20cm	10
Aquacel	4cm x 30cm	10

Product	Size	Pack
Versiva XC Adhesive	10cm x 10cm	10
Versiva XC Adhesive	14cm x 14cm	10
Versiva XC Adhesive	19cm x 19cm	5
Versiva XC Adhesive	22cm x 22cm	5
Versiva XC Adhesive Heel	18.5 x 20.5cm	5
Versiva XC Adhesive Sacral	21cm x 25cm	5
Versiva XC Non Adhesive	7.5cm x 7.5cm	10
Versiva XC Non Adhesive	11cm x 11cm	10
Versiva XC Non Adhesive	15cm x 15cm	5
Versiva XC Non Adhesive	20cm x 20cm	5

Product Ordering Information

Product	Size	Pack
Urgotul	5cm x 5cm	10
Urgotul	10cm x 10cm	10
Urgotul	15cm x 15cm	10
Urgotul	15cm x 20cm	10
Urgotul	20cm x 30cm	5
Urgotul	10cm x 40cm	10

Product	Size	Pack
Mepitel	5cm x 7cm	5
Mepitel	8cm x 10cm	5
Mepitel	12cm x 15cm	5
Mepitel	20cm x 30cm	5
Mepitel	20cm x 32cm	5

Product	Size	Pack
Tricotex	9.5cm x 9.5cm	50

Product	Size	Pack
Solvaline N	5cm x 5cm	100
Solvaline N	10cm x 10cm	100
Solvaline N	10cm x 20cm	50
Solvaline N	10cm x 20cm	50
Solvaline N	20cm x 30cm	25

Product	Size	Pack
Softpore	6cm x 7cm	60
Softpore	10cm x 10cm	50
Softpore	15cm x 10cm	50
Softpore	20cm x 10cm	30
Softpore	25cm x 10cm	30
Softpore	30cm x 10cm	30
Softpore	35cm x 10cm	30

Product	Size	Pack
Kerramax	10cm x 10cm	10
Kerramax	10cm x 22cm	10
Kerramax	20cm x 22cm	10
Kerramax	20cm x 30cm	5

Product Ordering Information

Product	Size	Pack
Biatain Adhesive	10cm x 10cm	10
Biatain Adhesive	12.5 x 12.5cm	10
Biatain Adhesive	18cm x 18cm	5
Biatain Adhesive	18cm x 28cm	10
Biatain Adhesive Sacral	23cm x 23cm	5
Biatain Adhesive Heel	19cm x 20cm	5
Biatain Adhesive	17cm Contour	5

Product	Size	Pack
Biatain Silicone	7.5cm x 7.5cm	10
Biatain Silicone	10cm x 10cm	10
Biatain Silicone	12.5 x 12.5cm	10
Biatain Silicone	15cm x 15cm	5
Biatain Silicone	17.5 x 17.5cm	5

Product	Size	Pack
Biatain Ag Adhesive	12.5 x 12.5cm	5
Biatain Ag Adhesive	18cm x 18cm	5
Biatain Ag Adhesive Sacral	23cm x 23cm	5
Biatain Ag Adhesive Heel	19cm x 20cm	5

Product	Size	Pack
Biatain Non Adhesive	5cm x 7cm	10
Biatain Non Adhesive	10cm x 10cm	10
Biatain Non Adhesive	10cm x 20cm	5
Biatain Non Adhesive	15cm x 15cm	5
Biatain Non Adhesive	20cm x 20cm	5

Product	Size	Pack
Cutimed Alginate	5cm x 5cm	10
Cutimed Alginate	10cm x 10cm	10
Cutimed Alginate	10cm x 20cm	10
Cutimed Alginate	2.5cm x 30cm	5

Product Ordering Information

Product	Size	Pack
Biatain Ag Non Adhesive	5cm x 7cm	5
Biatain Ag Non Adhesive	5cm x 8cm	5
Biatain Ag Non Adhesive	10cm x 10cm	5
Biatain Ag Non Adhesive	10cm x 20cm	5
Biatain Ag Non Adhesive	15cm x 15cm	5
Biatain Ag Non Adhesive	20cm x 20cm	5

Product	Size	Pack
Activon Tube	25g	12

Product	Size	Pack
Activon Tulle	5cm x 5cm	5
Activon Tulle	10cm x 10cm	5

Product	Size	Pack
Aquacel Ag	1cm x 45cm	5
Aquacel Ag	2cm x 45cm	5
Aquacel Ag	5cm x 5cm	10
Aquacel Ag	10cm x 10cm	10
Aquacel Ag	15cm x 15cm	5
Aquacel Ag	20cm x 30cm	5
Aquacel Ag	4cm x 10cm	10
Aquacel Ag	4cm x 20cm	10
Aquacel Ag	4cm x 30cm	10

Product	Size	Pack
Iodoflex	5g	5
Iodoflex	10g	3
Iodoflex	17g	2

Product	Size	Pack
Urgotul SSD	11cm x 11cm	16
Urgotul SSD	16cm x 21cm	16

Product	Size	Pack
Algivon	5cm x 5cm	5
Algivon	10cm x 10cm	5

Product	Size	Pack
Actilite	10cm x 10cm	10
Actilite	10cm x 20cm	10

Product Ordering Information

Product	Size	Pack
Inadine	5cm x 5cm	25
Inadine	9.5cm x 9.5cm	10

Product	Size	Pack
Clinisorb	10cm x 10cm	10
Clinisorb	10cm x 20cm	10
Clinisorb	15cm x 25cm	10

Product	Size	Pack
Actico	4cm x 6m	1
Actico	6cm x 6m	1
Actico	8cm x 6m	1
Actico	10cm x 6m	1
Actico	12cm x 6m	1

Product	Size	Pack
K-Four	18-25cm	1

Product	Size	Pack
K-Lite	5cm x 4.5m	16
K-Lite	7cm x 4.5m	16
K-Lite	10cm x 4.5m	16
K-Lite	15cm x 4.5m	16

Product	Size	Pack
K-Band	5cm x 4m	20
K-Band	7cm x 4m	20
K-Band	10cm x 4m	20
K-Band	15cm x 4m	20

Product	Size	Pack
Scanpor	1.25cm x 10m	1
Scanpor	1.25cm x 5m	1
Scanpor	2.5cm x 10m	1
Scanpor	2.5cm x 5m	1
Scanpor	7.5cm x 10m	1
Scanpor	5cm x 5m	1
Scanpor	5cm x 10m	1

Product Ordering Information

Product	Size	Pack
Comfifast Beige Line	1m	12
Comfifast Blue Line	1m	12
Comfifast Blue Line	3m	6
Comfifast Blue Line	5m	6
Comfifast Green Line	1m	12
Comfifast Green Line	3m	6
Comfifast Green Line	5m	6
Comfifast Red Line	1m	12
Comfifast Yellow Line	1m	12
Comfifast Yellow Line	3m	6
Comfifast Yellow Line	5m	6

Product	Size	Pack
Op-Site	6cm x 7cm	6

Product	Size	Pack
Acti-fast Beige	17.5cm x 1m	1
Acti-fast Beige	17.5cm x 10m	1
Acti-fast Blue	7.5cm x 1m	1
Acti-fast Blue	7.5cm x 3m	1
Acti-fast Blue	7.5cm x 5m	1
Acti-fast Blue	7.5cm x 10m	1
Acti-fast Green	5cm x 1m	1
Acti-fast Green	5cm x 3m	1
Acti-fast Green	5cm x 5m	1
Acti-fast Green	5cm x 10m	1
Acti-fast Red	3.5cm x 1m	1
Acti-fast Red	3.5cm x 10m	1
Acti-fast Yellow	10.75cm x 1m	1
Acti-fast Yellow	10.75cm x 3m	1
Acti-fast Yellow	10.75cm x 5m	1
Acti-fast Yellow	10.75cm x 10m	1

Product	Size	Pack
ClearFilm	6cm x 7cm	1
ClearFilm	10cm x 12cm	1
ClearFilm	12cm x 12cm	1
ClearFilm	15cm x 20cm	1

Product	Size	Pack
Cutimed Gel	8g	10
Cutimed Gel	15g	10
Cutimed Gel	25g	10

Product	Size	Pack
Sorbaderm Barrier Cream	2g	1
Sorbaderm Barrier Cream	92g	1

Product	Size	Pack
Sorbaderm No Sting Barrier Film- Foam	1ml	1
Sorbaderm No Sting Barrier Film- Foam	3ml	1
Sorbaderm No Sting Barrier Film- Pump	28ml	1

Product	Size	Pack
Cutimed Protect Cream	28g	1
Cutimed Protect Cream	90g	1

Product	Size	Pack
Cutimed Protect Spray	28ml	1

Product	Size	Pack
Cutimed Sorbact Dressing Pad	7cm x 9cm	5
Cutimed Sorbact Dressing Pad	10cm x 10cm	5
Cutimed Sorbact Dressing Pad	10cm x 20cm	20
Cutimed Sorbact Ribbon Gauze Dressing	2cm x 50cm	20
Cutimed Sorbact Ribbon Gauze Dressing	5cm x 200cm	10
Cutimed Sorbact Round Swab	3cm	14
Cutimed Sorbact Swabs	4cm x 6cm	5
Cutimed Sorbact Swabs	7cm x 9cm	5

Product	Size	Pack
Acticoat Absorbent Antimicrobial Barrier Dres	5cm x 5cm	5
Acticoat Absorbent Antimicrobial Barrier Dres	10cm x 12.5cm	5
Acticoat Absorbent Antimicrobial Barrier Rop	2cm x 30cm	5

Product	Size	Pack
Larvae E		

Product	Size	Pack
VAC		

Product Ordering Information

Product	Size	Pack
Promogran Prisma	28cmsq	10
Promogran Prisma	123cmsq	10

Product	Size	Pack
K Two Compression System		
2-layer ankle circumference	Short	1
10 cm ankle circumference	18-25cm	1
10 cm ankle circumference	25-32cm	1
latex free bandages for ankle circumference	18-25cm	1
latex free bandages for ankle circumference	25-32cm	1
12 cm wide bandages for ankle circumference	18-35cm	1
12 cm wide bandages for ankle circumference	25-32cm	1
8 cm wide bandages for ankle circumference	18-35cm	1
8 cm wide bandages for ankle circumference	25-32cm	1
2-layer reduced compression 10cm wide for ankle circumference	18-25cm	1
2-layer reduced compression 10cm wide for ankle circumference	25-32cm	1
2-layer reduced compression system latex free for ankle	18-25cm	1
2-layer reduced compression system latex free for ankle	25-32cm	1

Product Ordering Information

Product	Size	Pack
Premierpore	5cm x 7cm	50
Premierpore	10cm x 10cm	50
Premierpore	10cm x 15cm	50
Premierpore	10cm x 20cm	50
Premierpore	10cm x 25cm	50
Premierpore	10cm x 30cm	50

Product	Size	Pack
Op-Site Post Op	30cm x 10cm	20
Op-Site Post Op	35cm x 10cm	20
Op-Site Post Op	15.5cm x 8.5cm	20
Op-Site Post Op	9.5cm x 8.5cm	20
Op-Site Post Op	6.5cm x 5cm	100
Op-Site Post Op	12cm x 10cm	10
Op-Site Post Op	20cm x 10cm	20
Op-Site Post Op	25cm x 10cm	20

Product	Size	Pack
Comfifast Red Line	10m x 3.5cm	Each
Comfifast Medium Green Line	10m x 5cm	Each
Comfifast Large Blue Line	10m x 7.5cm	Each
Comfifast Small Trunk Yellow Line	10m x 10.75cm	Each
Comfifast Adult Beige Line	10m x 17.5cm	Each
Comfifast Adult Trunk Beige Line	1m x 17.5cm	Each
Comfifast Small Limbs Red	1m x 3.5cm	Each
Comfifast Small/Medium Limbs Green	1m x 5cm	Each
Comfifast Small/Medium Limbs Green	3m x 5cm	Each
Comfifast Small/Medium Limbs Green	5m x 5cm	Each
Comfifast Large Limbs Blue	1m x 7.5cm	Each
Comfifast Large Limbs Blue	3m x 7.5cm	Each
Comfifast Large Limbs Blue	5m x 7.5cm	Each
Comfifast Extra Large Limbs/Heads /Childrens Trunks Yellow	1m x 10.75cm	Each
Comfifast Extra Large Limbs/Heads /Childrens Trunks Yellow	3m x 10.75cm	Each
Comfifast Extra Large Limbs/Heads /Childrens Trunks Yellow	5m x 10.75cm	Each

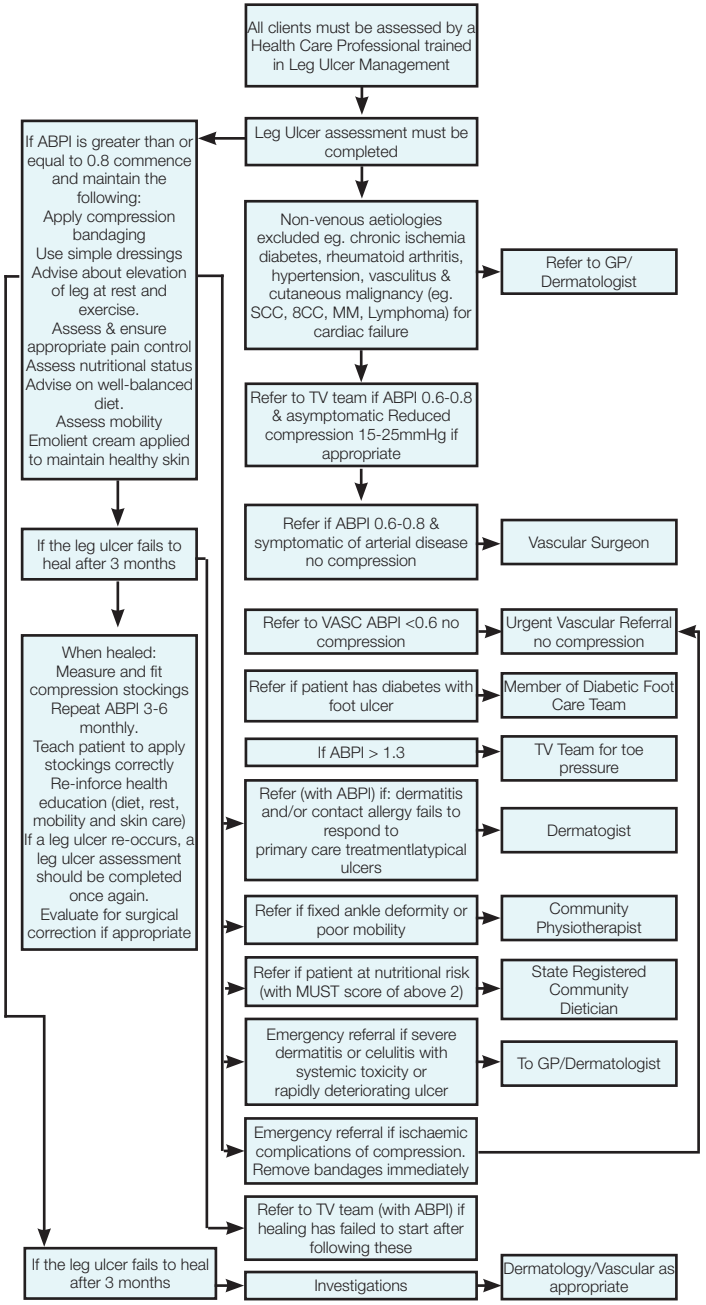
Product	Size	Pack
Cutimed Protect Skin Barrier Cream	28g	Each
Cutimed Protect Skin Barrier Cream	90g	12

Product	Size	Pack
Cutimed Protect Skin Barrier Spray	28ml	Each
Cutimed Protect Skin Barrier Spray	28ml	12

Management Of Venous Leg Ulcers

Appendix 1

"A leg ulcer is a loss of skin below the knee on the leg or foot which takes more than 6 weeks to heal" (Dale et al, 1983) *ABPI = ankle brachial pressure index



Wound Care Glossary

Bacteria

A single cell organism that can damage healthy cells/tissues.

Bacterial Burden

The total number of bacteria in a wound, that may or may not be causing a host reaction.

Colonisation

The presence of replicating bacteria that adhere to the

woundbed but do not cause cellular damage to the host.

Critical Colonisation

An increasing bacterial load on a wound that is intermediate between the category of colonisation and infection. Will not heal but may not display classic signs of infection.

Epithelialisation

The process of the formation of new epithelial tissue - the top layer of the skin.

Granulation Tissue

The pink to red, moist, fragile tissue that fills in an open wound bed during the proliferative (cell division) phase of healing.

Local Infection

The host response to bacterial, viral or similar invasion.

Necrotic Tissue

Dead tissue, can be hard in the form of a black eschar or soft slough.

Slough

Deposits of dead white cells, dead bacteria, etc. in the wound bed, yellow in appearance.

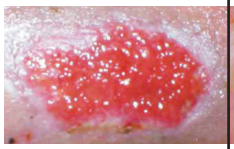
When to use antimicrobials

Bacterial Balance

(Contaminated Wound)

All wounds are contaminated, with the exception of very recent burns.

The patient's ability to heal overpowers the bacteria and normal healing progress is observed.



Likely signs

- Normal healing*
- Normal odour
- Pink/red healthy granulation tissue

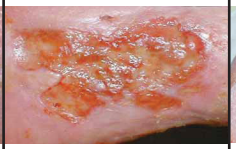
Choice of dressing

- Dressing without antimicrobial depending on individual assessment

Critically Colonised

(Critically Colonised Wound)

Although the wound is not infected, the patient's ability to heal is no longer overpowering the bacteria and the wound healing process stalls.



Likely signs

- Delayed healing
- Abnormal odour
- Increased exudate
- Absent/abnormal/ discoloured granulation tissue
- Increased pain at wound site

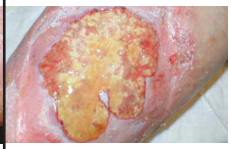
Choice of dressing

- Antimicrobial dressing

Infection

(Infected Wound)

Bacteria in the wound have completely overwhelmed the patient's ability to heal and the wound area shows signs of a host reaction.



Likely signs

- Delayed healing
- Abnormal odour
- Excessive/purulent exudate
- Pain at wound site
- Tenderness/ warmth/redness of wound surroundings
- Fever

Choice of dressing

- Use of antimicrobial dressings and/or systemic antibiotics according to clinical judgement and local guidelines

The information provided is intended only as a general guide for the appropriate use of antimicrobial in wound care management and should not supercede clinical judgement

* More than 20-40% reduction in ulcer area over the first 2-4 weeks of treatment denotes normal wound healing is being achieved.

Based on "Clinical Wound Assessment - A Pocket Guide" developed by
Dr Robert Kirsner, USA
Dr Sylvie Maume, France
Dr Christian Münter, Germany
Dr Gary Sibbald, Canada

BAPEN
Advancing Clinical Nutrition

'Malnutrition Universal Screening Tool'

MAG
Malnutrition Advisory Group
A Standing Committee of BAPEN

BAPEN is registered charity number 1023927 www.bapen.org.uk

'MUST'

'MUST' is a five-step screening tool to identify **adults,** who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1
Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

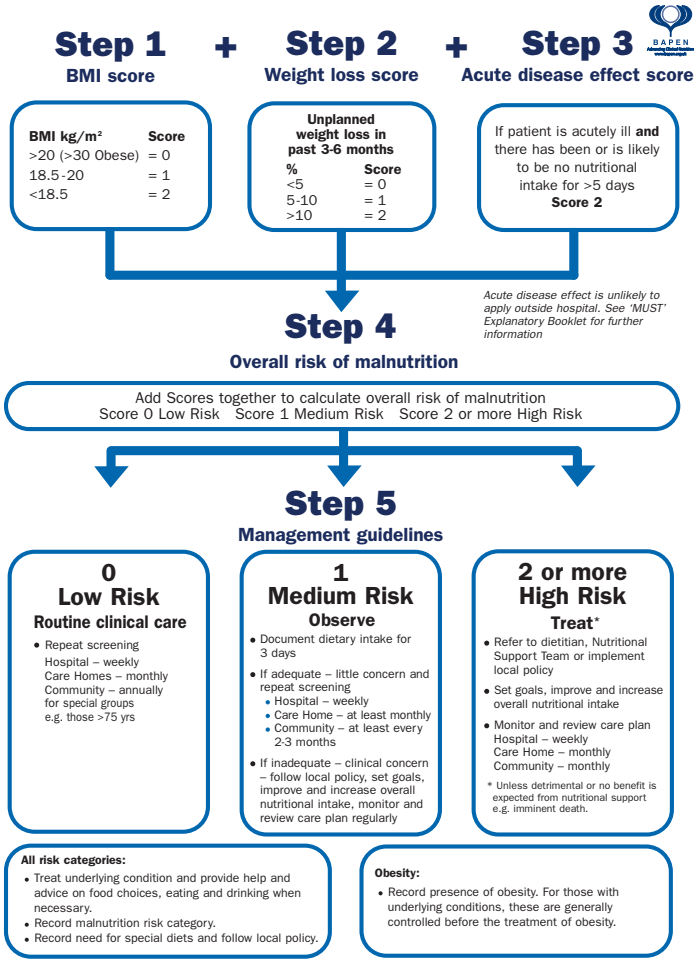
Step 2
Note percentage unplanned weight loss and score using tables provided.

Step 3
Establish acute disease effect and score.

Step 4
Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5
Use management guidelines and/or local policy to develop care plan.

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant and lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults.**



Re-assess subjects identified at risk as they move through care settings

See *The 'MUST' Explanatory Booklet* for further details and *The 'MUST' Report* for supporting evidence.

Non-Formulary / New Product Request Form

Non Formulary Exception Reporting Form

To be completed when a non-formulary product is to be used. This will help monitor the appropriateness of the present formulary and influence future decision-making.

Patient ID Number: ..... Organisation: .....

GP Practice

.....

Tick all that apply

Type of Wound		Wound bed description		Wound depth		Exudate levels		Aim of treatment	
Skin Tear/ Laceration		Epithelialising		Superficial		Dry		Protection	
Surgical		Granulating		Shallow		Minimal		Warm moist Environment	
Pressure Ulcer		Sloughy		Cavity		Moderate		Rehydration	
Venous Ulcer		Critically Colonised		Deep cavity		Heavy		Desloughing	
Arterial Ulcer		Infected		Sinus				Absorption	
Diabetic Ulcer		Necrotic						Odour control	
Other		Fungating						Anti-microbial effect	

Current Products in use

Formulary Products Used	Duration used	Reasons discontinued/not suitable
1.		
2.		
3.		

(Continued overleaf)

Information relating to non-formulary products use

Name of product chosen	Time used
Rationale for choice	
Did this product achieve the aims that were highlighted in the rationale for choice? □ Yes □ No	
If no please give reasons	

Name of person submitting this report

.....

Base/Hospital

.....

Contact number .....

Date .....

Signature and Designation

.....

Please return completed forms to Tissue Viability Nurses

Notes

Reviewed by: Tissue Viability Service

Date Published: NOV 2012
Review Date: NOV 2013