

November 2011

1 I would greatly appreciate it if you could provide me with the latest Wound Care Formulary/ Formularies for your trust, in accordance with the Freedom of Information act. This would be of real help to me in completing a research project




We do not have a Wound Care Formulary as such however, for dressings we have a basic stock of first line dressings which are suitable for the majority of patients in secondary care. This is very closely managed by the Sterile Services Department and the Wound Management Team (WMT).

There are posters on every ward/department (as enclosed) illustrating the first choice dressing selection for staff and including instructions about how to refer for advice concerning more complex requirements. Each ward has a bespoke list of suitable dressings.

Please see poster below

Wound Care Guidelines For First Choice Dressings*

Wound management is based on a holistic assessment of the patient, the underlying cause of the wound, the wound bed characteristic and the properties of the dressing. Refer to the Trust's guidelines and policies for the management of wounds and/or the wound management formulary. For further information, please contact the Tissue Viability Team; for Infected Wounds refer to the wound complications chart.

WOUND TYPE	<p>Necrotic</p> 	<p>Sloughy</p> 	<p>Granulating</p> 	<p>Epithelialising</p> 				
MANAGEMENT AIM	<p>Identified by presence of predominantly black or yellowish brown tissue</p> <p>Debridement</p> <ul style="list-style-type: none"> Autolytic (rehydrate the eschar) Enzymatic Chemical Biosurgery Surgical/Sharp 	<p>Identified by formation of viscous, predominantly yellow layer of tissue.</p> <p>Debridement</p> <ul style="list-style-type: none"> Autolytic Enzymatic Chemical Biosurgical Surgical/Sharp 	<p>Promote granulation. Provide healthy bed for epithelialisation</p> <p>To protect new capillary growth and to promote new moist wound healing.</p>	<p>Wound is pink, lilac in colour usually migrating from the wound border and/or islands of epithelial tissue arising from hair follicles</p> <p>To protect and promote new tissue growth.</p>				
NO/LOW EXUDATE	<p>Hydrogels - Purilon, Intrasite Conformable - Chlorinated Preparation - Eusol Cream - Larval Therapy Surgical - Refer to WMT Hydrocolloids - ActivHeal Hydrocolloids</p>	<p>Hydrogels - Purilon, Intrasite Conformable Hydrocolloid - ActivHeal Hydrocolloid Chlorinated Preparation - Eusol Cream Larva Therapy</p>	<p>Hydrogels - Purilon, Intrasite Conformable Non/Low Adherent - Tricotex</p>	<p>Non/Low Adherent - Tricotex</p>				
MEDIUM EXUDATE	<p>Hydrogels - Purilon - Intrasite Conformable - Chlorinated Preparation - Eusol Cream - Larval Therapy Surgical - Refer to WMT Hydrocolloids - ActivHeal Hydrocolloids</p>	<p>Hydrogels - Purilon, Intrasite Conformable Foam - ActivHeal Foam Hydrocolloid - ActivHeal Hydrocolloid Alginate - ActivHeal Alginate Hydrofibre - Aquacel Chlorinated Preparation - Eusol Cream Larva Therapy</p>	<p>Foam - ActivHeal Foam Non/Low Adherent - Tricotex Hydrocolloid - ActivHeal Hydrocolloid Alginate - ActivHeal Alginate Hydrofibre - Aquacel</p>	<p>Foam - ActivHeal Foam Non/Low Adherent - Tricotex Alginate - ActivHeal Alginate Hydrofibre - Aquacel</p>				
HEAVY EXUDATE	<p>Surgical - Refer to patients medical team Alginate - ActivHeal Alginate Hydrofibre - Aquacel - Hydrocolloids - ActivHeal Hydrocolloids, Combiderm</p>	<p>Foam - ActivHeal Foam Hydrocolloid - ActivHeal Hydrocolloid Alginate - ActivHeal Alginate Hydrofibre - Aquacel</p>	<p>Foam - ActivHeal Foam Non/Low Adherent - Tricotex Hydrocolloid - ActivHeal Hydrocolloid Alginate - ActivHeal Alginate Hydrofibre - Aquacel</p>	<p>N/A</p>				
OTHER CONSIDERATION	<ul style="list-style-type: none"> Diabetic debridement - hydrogels are not always appropriate, please refer to WMT. For all tissue types - protection to the surrounding tissue from exudate and/or incontinence, consider Cavilon barrier, film or barrier cream. When using a hydrogel protect the surrounding skin to prevent maceration. Eusol Cream is only indicated for debridement of tissue. It is contra-indicated in granulating and epithelialising tissue. Refer to wound management guidelines. If exudate is associated with oedema consider additional measures ie elevation and compression. Patient support and education is essential. 	<ul style="list-style-type: none"> When using a hydrogel, protect the surrounding skin to prevent maceration e.g. Cavilon. For cavity wounds, consider specialist cavity dressings e.g. Aquacel Rope and ActivHeal Alginate Rope. Eusol Cream is only indicated for the debridement of tissue. It is a contra-indicated in granulating and epithelialising tissue, refer to the wound management formulary. Eusol Cream should be changed twice a day. Exuding wounds ie, moderate to high, accompanied by bleeding, consider an alginate e.g. ActivHeal Alginate (Sloughy and Granulating Tissue). 	<ul style="list-style-type: none"> Daily changes of Intrasite Conformable and Purilon. 	<ul style="list-style-type: none"> For prophylaxis or friction to vulnerable areas and in superficial, clean tissue damage, consider a film dressing, e.g. Tegaderm. When removing Tegaderm, gently pull the film parallel to the skin away from the wound. This breaks the adhesive thereby preventing damage to the fragile skin. 				
Larvae therapy or sharp debridement to be considered								
<p>Complex Wounds</p> <p>For complex wounds, infected wounds, diabetic wounds or the use of VAC/Larvae please contact WMT.</p>								
<p>Contact Numbers</p> <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>								

Second Choice Dressings are available via Wound Management Team (WMT)

* Second choice dressings maybe used when a surgical patient's wound has not improved within one week or if a medical patient's wound has not improved within 2 weeks - Please contact Link Nurse for clinical area or TVN