NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS
Oxford Health
NHS Foundation Trust

Oxfordshire Wound Management

ADVICE & PRESCRIBING GUIDANCE 2023

December 2023

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INTRODUCTION

This formulary and clinical guidelines were produced by Oxfordshire Community Tissue Viability Service in partnership with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and has been approved by the Area Prescribing Committee (APC).

This 2023 edition replaces the previous 2022 version and will be available as both a printed and electronic document. Please take time to read through this document as there have been changes to some of the product categories.

For use within Oxford Health NHS FT including Mental Health areas, General Practice, and all Nursing Homes with input from an Oxfordshire GP.

It is important that within the NHS we can justify our clinical decisions and expenditure on wound management products. This wound management formulary has been developed with the explicit aims of:

- Promoting evidence-based practice by providing a framework within which it is safe to practice
- Promoting continuity of care
- Promoting rational prescribing
- Encouraging safe, effective and appropriate use of dressings
- Promoting cost effectiveness

This formulary is designed to provide clinical staff with a comprehensive guide to wound dressings and have been selected using available evidence gathered from several sources. This has included a review of the clinical evidence, local clinical evaluations, and feedback of current usage.

Product selection should be based upon a comprehensive and holistic assessment of the patient and their wound. Once the wound aetiology and the intended treatment outcome have been confirmed, an appropriate product can be selected. If a patients' wound fails to progress as expected, then a referral to Tissue Viability should be made.

The service can be contacted on: Tissueviability@oxfordhealth.nhs.uk

It is recommended that clinicians maintain a sound knowledge base in order to feel confident when prescribing from this formulary. Education and training are offered across Oxfordshire in relation to all aspects of Tissue Viability including the selection of dressings. A variety of care pathways and guidelines have been developed to assist clinicians in the appropriate selection of products in practice, such as:

- The Assessment and Management of Bacterial Loading in Wounds Tool (AMBL2)
- Wound Biofilm Care Pathway
- Skin Barrier Management Pathway
- Wound Exudate Pathway
- Skin Tear Pathway
- Lower Limb Wound Pathway
- Chronic Oedema Pathway
- Varicose Eczema Pathway
- Hosiery & Wrap Formulary
- Heart Failure and Compression Therapy Pathway

Copies of these pathways, this formulary and details of our annual training program can be found on our website at www.oxfordhealth.nhs.uk/tissue-viability

Other Considerations

Children

Children's skin is different and heals at different rates to adults, and therefore whilst working predominantly within this product guidance, on occasion some children may need alternative dressings considered. The Community Children's Nurses can be contacted for advice as they provide a county wide service.

Community Children's Nurse, Tel: 01865 902700

Secondary Care Links

At present the products available within primary care and secondary care may differ. The OUH & OHFT Wound Formulary Comparison Guidance document suggests suitable alternatives on each other's formularies. If someone is discharged from the OUH with dressings not on this formulary, in the 1st instance refer to this document. If you are unsure of a suitable alternative community-based option, please contact Tissue Viability for advice at Tissueviability@oxfordhealth.nhs.uk

To contact the hospital Tissue Viability team email tissueviabilityteam@ouh.nhs.uk

Patients Requiring Specialist Podiatry input (any wound to the foot and those with diabetes)

There may be different wound care requirements for load bearing wounds, diabetic foot ulcers and the arterial leg. We strongly urge you to seek specialist advice from podiatry or Tissue Viability in relation to this group of patients.

USING THIS FORMULARY

This formulary has been divided in to five categories:

1. First Line Wound Management Products - must be ordered on HALO.
2. Dressings for patient specific use obtained via HALO - must supply a patient's NHS number and rationale for use.
3. Dressings that require a prescription (FP10).
4. Restricted use products - To be prescribed on FP10 only on presentation of written authorisation from Tissue Viability via a signed Dressings Request Form.
5. Dressings that are only available from Tissue Viability.

First Line Wound Management Products - must be ordered on HALO

Non restricted dressings can be ordered using the PIN numbers allocated to your teams. Orders should reflect the teams clinical case load/ wound types.

Any stock should be based on commonly used dressings and sizes and should not exceed a 2-week stock level.

Dressings for patient specific use obtained via HALO

These can be ordered via HALO using the Team's PIN but require the submission of the patient's NHS number and rationale for request. This will enable an audit trail and use of these products will be monitored by the Formulary Group and Medicines Management.

Calculate the number of dressings required for the planned treatment/ treatment objective (e.g. a 2-week course of an antimicrobial). Do not over order. To avoid wastage, ensure that the dressing matches the wound size. Requests should be for no more than a 2-week period.

Dressings that require a prescription (FP10) - (Emollients & Barrier Products)

These products do not require Tissue Viability approval but a clear rationale for use should be documented within the patients notes. Nurses with the appropriate qualification may be able to prescribe these themselves. Others will need to request a prescription from the GP. Requests to a GP must be very clear including the full name of the product, the size and number required and include the PIP code.

Restricted use products

These products require authorisation by Tissue Viability (TV). Sufficient information must be provided to enable TV to confirm whether a product is suitable. TV will then confirm authorisation by providing the referring clinician with a signed Dressings Request Form, which will include the rationale and duration for use. The clinician then requests the prescription from the GP presenting the Dressing Request Form as evidence of TV authorisation.

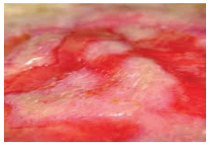
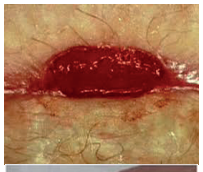
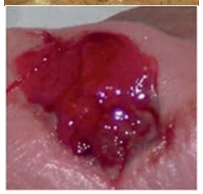
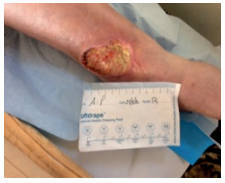
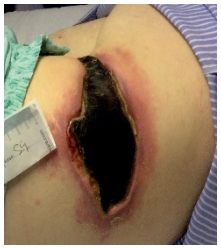
Dressings that are only available from Tissue Viability

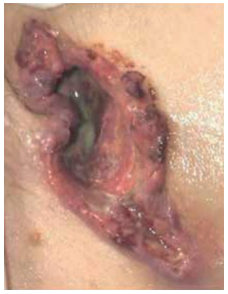
These products can only be obtained via Tissue Viability who will arrange supply of the products to clinicians. They are not available on HALO or via the FP10 route.

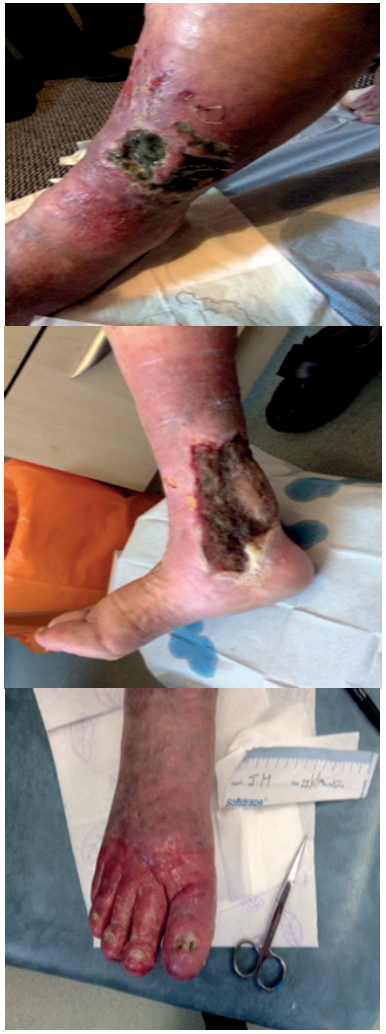
NB: For those clinicians who do not have access to HALO (Community hospitals, in-patient mental health wards, community children's nurses etc.) E-procurement codes and PIP codes (prescription codes) have been provided to assist correct ordering.

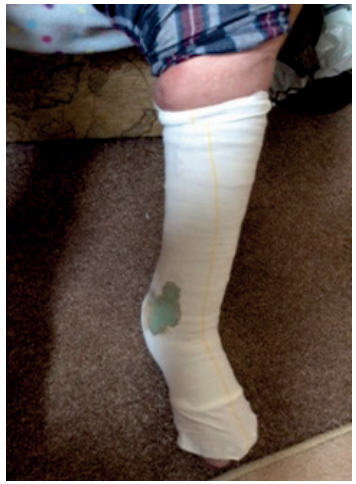
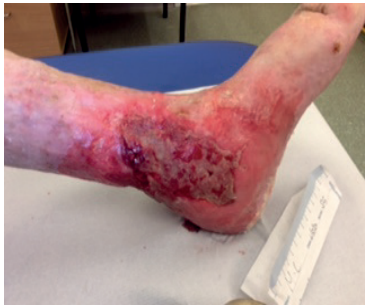
Wound categorisation

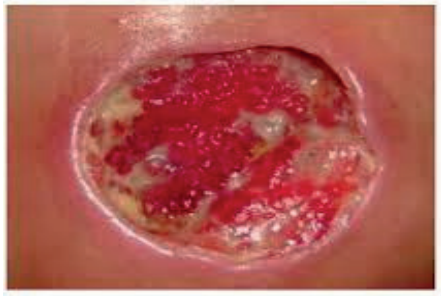
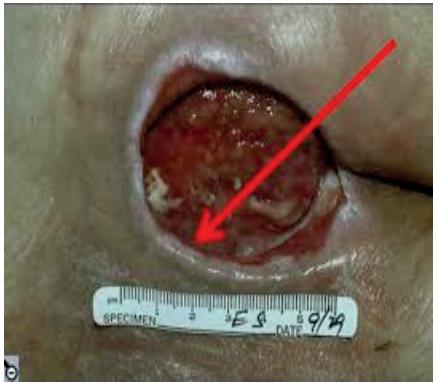
When selecting a dressing for a wound, it is important to know what stage of healing it is at, or whether it is in an infected or inflammatory state. It is useful to use the TIMES framework as an assessment tool to help determine wound bed health. This will help inform decision making on product selection as part of your wider wound management care plan.

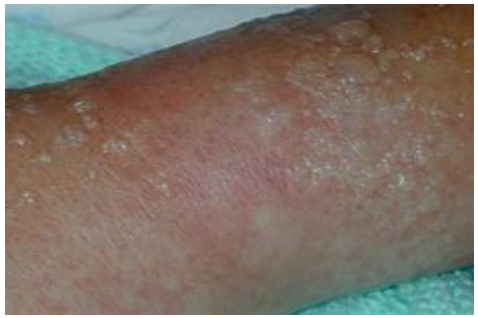
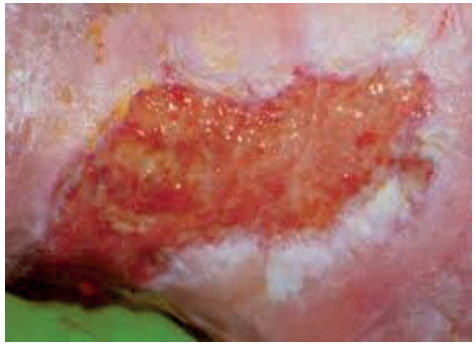
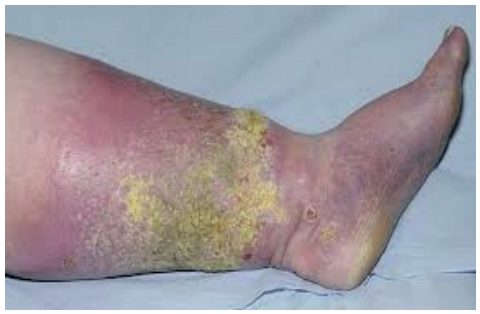
	Tissue type		Treatment objective	Suggested dressing selection
T Tissue	**Epithelial:** White/ pale pink, smooth tissue forming at wound edges or in isolated islands on the wound surface. A vulnerable stage of healing so moisture balance and protection from dressing adherence is essential.		To protect. To maintain optimal moisture balance.	Contact layer (Atrauman) Hydrocolloid (Hydrocoll) Film (Hydrofilm)
	Granulation: Bright, granular tissue within the wound bed. Should be a 'strawberry jam' colour. Dark tissue or 'raspberry jam colour' may indicate local infection. Granulation tissue is very fragile and should be protected from external factors such as adherent dressings, pressure, or poor bandaging. **Hyper granulation:** An abundance of granulation tissue that becomes proud of the main wound. May be associated with infection, inflammation, unmanaged exudate, or friction. Can sometimes indicate malignancy, so if the wound fails to progress as expected, refer to Tissue Viability without delay.	 	To promote granulation tissue. To protect. Treat the cause: ie. manage infection, inflammation, unmanaged exudate, or friction.	Contact layer (Atrauman) Hydrocolloid (Hydrocoll) Gelling Fibre (Aquafiber Extra) Consider: • Treating wound bed infection • Improve exudate management • Secure dressings or devices Refer to Tissue Viability if necessary
	Slough: Devitalised tissue due to the accumulation of dead cells and bacteria in the wound. Yellow in colour (due to presence of leucocytes). Can be thick and dry or thinner/ stringy and wetter. Removal is essential to prevent infection and reduce odour.		To debride. To reduce bacterial load.	Gel sheet (Actiform cool) Hydrocolloid (Hydrocoll) Urgoclean Gelling Fibre (Aquafiber Extra) Mechanical debridement - Alprep Pad
	Necrosis: Devitalised (dead) tissue that is mainly associated with tissue ischaemia. Is black/ brown in colour, often with a dry/ hard surface. In most cases, debridement should be undertaken to prevent wound/ systemic infection, *however advice should be sought from podiatry or Tissue Viability before attempting debridement of the foot, or in a limb with arterial disease.		To debride (If indicated). To reduce risk of infection. *To protect (If debridement not indicated).	Gel sheet (Actiform cool) Hydrocolloid (Hydrocoll) Medical Grade Honey (Medihoney Gel sheet) *Contact layer (Atrauman or Inadine) If conventional debridement methods (e.g. dressings) are ineffective, sharp debridement or larvae therapy may be indicated. Referral to tissue viability is necessary

	Fungating malignant wounds: Caused by infiltration of the skin from a local tumour, haematological malignancy, or metastatic spread from a primary tumour. These lesions are characterised by a process of both ulcerative (crater-like) and proliferative (nodular) growth that can cause extensive damage to the skin and surrounding structures. The presence of a fungating malignant wound can have a severe impact on patients and their families, greatly affecting quality of life. The management issues vary for each patient and strategies should be targeted according to the patient's priorities.		Before dressing selection can be made it is first necessary to identify the purpose and principle aim of the proposed treatment as healing may not be a realistic option. The goal of care is to maintain and improve quality of life through symptom control.	Select dressing based on wound management priorities for the following common symptoms: **Odour** – may be caused by bacterial activity. Treat or mask. **Exudate** – may include managing bacterial load. Refer to Exudate Management Pathway. **Inflammation** – avoid sensitising agents e.g. Lanolin, Latex and preservatives. **Surrounding skin** – barrier films, or a dressing such as a hydrocolloid as a protecting 'collar' that the dressing covering the wound can be adhered to. **Wound bed infection** – see antimicrobial formulary. **Pain** – choose a dressing that can be easily removed to minimise pain and trauma. Consider use of adhesive remover and analgesia for dressing changes. **Bleeding** – consider irrigating instead of cleansing with gauze. Avoid adherent or fibrous dressing e.g. alginates. Consider infection as a possible cause for bleeding and treat as indicated. If bleeding is problematic, contact Tissue Viability for further advice.

Infection	The diagnosis of wound infection should be based on clinical assessment using the AMBL2 tool. For persistent or recurring wound infections where Biofilm is suspected, refer to the Biofilm Wound Care Pathway. Most wounds are contaminated with a range of microorganisms (Pseudomonas, Staphylococcus A, E-Coli etc.) and yet most will progress through the normal phases of healing without the need for antimicrobial treatment. Systemic antibiotics are not indicated unless there is the presence of cellulitis (erythema extending >2cm from wound margin) or the patient is systemically unwell. For those who are immunocompromised, systemic antibiotics may be considered in line with national/ local prescribing guidelines. Routine wound swabbing should not be undertaken unless systemic antibiotics are being prescribed, in line with Trust diagnostic tools. Fungal infection may be present within wounds, particularly those on the feet and toes when associated with chronic oedema. Treatment for this should be considered and if swabbing, a request for fungal screening needs to be included on the microbiology form.		**1st Line** - Honey (Refer to the antimicrobial section on honey dressings within the formulary). **2nd Line** - Cadexomer Iodine (Refer to the antimicrobial section on cadexomer dressings within the formulary). **3rd Line** - Zorflex or Flaminal (Refer to the antimicrobial section on Zorflex and the restricted section on Flaminal, within the formulary).

M Moisture	Exudate is produced as a normal part of the healing process to prevent the wound bed drying out, to provide essential nutrients and growth factors for healing, and to assist tissue repairing cells to migrate. Exudate produced by chronic wounds such as leg ulcers can be detrimental to healing, prolonging the inflammatory phase, and causing harm to both the wound and the peri-wound skin. It is essential that exudate production/ levels are considered as part of your holistic wound assessment so that an effective management plan can be implemented. Dressings will only form part of this plan. Unless the underlying cause such as oedema or infection, are addressed, exudate will continue to be a problem. Please refer to the wound exudate pathway for further guidance.	 	Dressing choice should be based on exudate level and should be stepped up and down as appropriate. **<u>NON-ADHESIVE DRESSINGS</u>** **Low levels of exudate** • Zetuvit **Moderate - High levels of exudate** • Kliniderm Super Absorbent **High levels of exudate** • If Klinidern Superabsorbent has been tried and found inadequate - Cutimed Sorbion Extra. This is only available via referral to Tissue Viability who will supply. **<u>ADHESIVE DRESSINGS</u>** • Biatain Super adhesive. For use on moderate to highly exuding wounds over areas of high friction e.g. Hips, sacrum. NOT for use on legs. • Kliniderm silicone border. For use skin tears and low to moderately exuding wounds under a hosiery Kit. For use on low to moderately exuding wounds on anatomical sites that can't be secured with a bandage and when wound pain/ skin pain is an issue.

E Edges	The edges of a wound are extremely important as it is from here that the new epithelial cells are formed and migrate across the wound as healing progresses. It is therefore important to protect the edges from trauma and to ensure that the moisture balance is correct. Too wet and the epithelial cells can't attach and duplicate, too dry and they can't migrate across the wound bed. The edges of a wound can develop a build-up of dressing residue and dried exudate/ wound debris. This can prevent the attachment and migration of epithelial cells so must be removed. This can be achieved with good wound cleansing/ bowl washing and the use of an emollient to soften the residue. A debridement pad may assist this process, or it can be lifted carefully using a pair of forceps. Once removed, reapply an emollient ointment up to the wound edges to help protect from further problems. **Rolled edges:** In most cases, this is a condition called an epibole where the wound edges have rolled or curled under. They may be dry, callused or hyperkeratotic. As migration of epithelial cells is not possible, these wounds are likely to be static. Occasionally, rolled edges may signify malignancy so a referral to Tissue viability is advised when this condition has been identified.	 	Primary dressings need to be non-adherent and should not cause friction/ movement over the wound edges. Use Exudate Management Pathway to select a suitable absorbent dressing. Mechanical debridement pad to debride slough and crusts on the edges - Alprep Pad. Refer to the emollient formulary and Skin Barrier Pathway.

S Surrounding skin	Care of the surrounding skin to a wound is equally as important as the wound itself. Management of skin conditions, such as: • Oedema • Varicose eczema • Irritant dermatitis • Xerosis (dry skin) • Excoriation and maceration The latter two are usually due to poorly controlled exudate. Chronic exudate contains proteases: enzymes that can lead to a breakdown of healthy peri-wound skin. Skin can soften appearing white, soggy, and wrinkly (maceration) and can become infected with bacteria or fungi. This is worsened by infrequent dressing changes. A lack of skin cleansing can lead to a build-up of bacteria and an increased risk of cellulitis and wound bed infection. Xerosis (dry skin) leads to itch and then trauma from scratching. This again, can result in skin infection and a deterioration in the wound. Hyperkeratosis (dry, crusty plaques) on the skin is a symptom of venous disease. This must be removed as if left, it harbours bacteria/ fungi and can cause cellulitis.	  	**Oedema** The use of therapeutic compression (dependant on lower limb/ doppler assessment) will help reduce oedema and restore health to the skin. **Varicose eczema** Refer to the Varicose Eczema Pathway (Balneum Cream). **Xerosis (Dry skin)** Refer to the emollient section of the formulary (Oilatum Cream, Epimax Ointment, Imuderm Cream, Balneum Cream). **Hyperkeratosis & skin cleansing** Regular bowl washing, using an emollient (Epimax Ointment) as a soap substitute and a clean flannel with gentle circular motions will generally remove the hyperkeratosis. It is essential to also use a leave on emollient (Epimax Ointment, Imuderm Cream, Balneum Cream, Hydromol Intensive Cream) after washing to help soften the plaques. **Excoriation & maceration** Consider increasing absorbency of dressings and frequency of dressing changes (refer to exudate pathway). Protect peri-wound skin (Epimax Ointment, Medi Derma-S barrier film foam applicators. Refer to Skin Barrier Pathway).

Symbols explained:

Step down

This will show what options on the formulary are available to step down to.

Step up

This will show what options are available to step up to on the formulary if your current product is not clinically effective.

Cautions

This shows you issues that may occur when using this product.

Points to consider

Hints and tips about how to use the products.

DRESSINGS AVAILABLE FROM HALO - FIRST LINE WOUND MANAGEMENT PRODUCTS

Dressing packs

Dressing packs provide a sterile field for new dressings to be opened on to and include the items required for optimising asepsis.

Non-sterile gloves should be used to remove old dressings and for washing and creaming legs. If additional gauze is required, do not open a new dressing pack but use gauze from the list below.

DressIT Sterile Dressing Pack - Sterile pack containing: 1 pair of disposable latex-free examination gloves, large plastic apron, a sealable disposable bag, a paper towel, an absorbent swab, a sterile field, and 4 x 4 ply swabs.

Product	Size	Pip code	E-procurement
DressIT Sterile Dressing packs - pack of 10	S/M	324-3961	EVH038
DressIT Sterile Dressing packs - pack of 10	M/L	301-0675	EVH039
CliniMed Non-woven swabs, 10cm x 10cm, Non-sterile, 4 ply	Pack of 100	N/A	

Contact Layer

Atrauman.

Store Atrauman horizontally to prevent oils from migrating down to bottom of dressing.

ActivHeal silicone contact layer. (see patient specific via HALO section).

These dressings have no absorbency of their own and are designed to be used with a secondary dressing depending on the level of absorbency required. They are designed for use under compression bandaging or as the first line contact layer for many uncomplicated wounds.

Atrauman is a non-medicated ointment coated tulle which prevents granulation tissue from penetrating the dressing, minimising pain and trauma on removal.

Product	Size	Pip code	E-procurement
Atrauman	5cm x 5cm	281-3012	EKA024
Atrauman	7.5cm x 10cm	281-3038	EKA032
Atrauman	10cm x 20cm	281-3046	EKA036

Inadine

Atrauman.

Honey or Cadexomer Iodine.

Not suitable for wounds with an active wound bed infection, either covert or overt (Refer to AMBL2 tool) as it does not actively treat a wound infection. Honey or Cadexomer Iodine dressings are required to treat a wound bed infection - see Antimicrobial Formulary section.

Not to be used as a general prophylaxis in all wounds to prevent infection.

Not suitable for use on skin tears (see Skin Tear Pathway).

Contraindicated for use in:

- Pregnancy or when breastfeeding.
- Children under 6 months.

Suitable for use:

- In minor injuries where there is a risk of infection e.g. cut from a dirty implement, dirty graze from a fall outside.
- As a first aid dressing to an infected wound until Honey or Cadexomer Iodine obtained.
- To necrotic wounds on a leg or foot in the presence of arterial disease, where the priority is to keep the necrosis clean & dry.
- In those with thyroid dysfunction.

Inadine is a knitted viscose mesh with 1.0% Povidone iodine solution which is applied directly to the wound bed. Povidone iodine has a broad-spectrum antimicrobial effect including against MRSA. In the presence of exudate, the release of iodine can be over a relatively short period of time and once the dressing has lost its 'colour' the antiseptic effect has been lost and the dressing should be changed (see below image). This may be up to 2 x day or 1-3 x week.

Product	Size	Pip code	E-procurement
Inadine	5cm x 5cm	037-1195	EKB501
Inadine	9.5cm x 9.5cm	037-1229	EKB502

Perforated dressing with adherent border

Contact layer dressing with more absorbent pad.

These are adhesive island dressings suitable for low exuding wounds. Softpore is showerproof but if a waterproof alternative is required consider Hydrofilm plus (film with pad).

Caution on fragile skin due to adhesive borders, and for this reason is not suitable for use on legs.

Hydrofilm Plus is not available via E-procurement. For those obtaining dressings via E-procurement, please use Rocialle Vapour Permeable Dressing with Adhesive Pad instead.

Product	Size	Pip code	E-procurement
Softpore	6cm x 7cm	304-0920	EIJ023
Softpore	10cm x 10cm	304-0938	EIJ013
Softpore	10cm x 20cm	304-0953	EIJ024
Hydrofilm Plus	5cm x 7.2cm	342-4322	N/A - see below
Hydrofilm Plus	9cm x 10cm	342-4330	N/A - see below
Hydrofilm Plus	10cm x 20cm	342-4355	N/A - see below
Hydrofilm Plus	10cm x 30cm	342-4371	N/A - see below
Rocialle Vapour Permeable Dressing With Adhesive Pad	5cm x 7cm	N/A	ELW1079
Rocialle Vapour Permeable Dressing With Adhesive Pad	10cm x 10cm	N/A	ELW1077
Rocialle Vapour Permeable Dressing With Adhesive Pad	10cm x 20cm	N/A	ELW1066
Rocialle Vapour Permeable Dressing With Adhesive Pad	10cm x 30cm	N/A	ELW1076

Kliniderm Foam Silicone Border

Contact layer and absorbent pad.

This is a foam island dressing with a silicone adhesive border. It is specifically for use on skin tears and on low to moderate exudate leg wounds under compression hosiery. Please refer to the Skin Tear Pathway and Leg Wound Pathway for further guidance.

It is only suitable for low to moderately exuding wounds as there is no super absorbent core to wick exudate away. It is not suitable for medium to highly exuding wounds as this will result in maceration to the margins and skin. Also, not suitable for high friction areas such as the sacrum, as the raised border will result in the dressing rucking up.

Product	Size	Pip code	E-procurement
Kliniderm Foam Silicone Border	7.5cm x 7.5cm	394-7231	ELA741
Kliniderm Foam Silicone Border	10cm x 10cm	394-7249	ELA742
Kliniderm Foam Silicone Border	12.5cm x 12.5cm	394-7256	ELA743
Kliniderm Foam Silicone Border	15cm x 15cm	394-7264	ELA744
Kliniderm Foam Silicone Border	10cm x 20cm	394-7272	ELA745

Absorbent dressings

Please refer to the Wound Exudate Management Pathway for advice on selection of the appropriate absorbent dressing.

Zetuvit non-sterile pads - first line choice when used for chronic wounds e.g. leg ulcers.

Xupad sterile - should only be used on post op wounds up to 48 hours and on patients who are immunosuppressed and high risk of infection e.g., diabetic foot.

Biatain Super Adhesive - has an adhesive border for high friction areas like the sacrum - **do not use under bandages**. This dressing has a super absorbent pad within a hydrocolloid border. It can be used as a primary dressing and is showerproof. It is most suitable for use on moderately exuding wounds which anatomically cannot easily be secured with bandages. Examples include: pressure ulcers on the sacrum, hips or ischial tuberosities, non-infected diabetic/foot ulcers and surgical wounds. The recommended wear time is up to 7 days dependent on exudate levels. Change when clinically indicated, usually when exudate reaches 1 to 2cm from the edge of the pad, which is clearly visible on the outer layer.

Kliniderm Superabsorbent - is a super absorbent dressing capable of holding moderate to high levels of exudate whilst at the same time wicking moisture away from the skin. In the majority of cases, it can be used as a primary dressing. The outer sleeve is larger than the inner absorbent core to allow for expansion with the exudate.

Zetuvit non-sterile Pads - Kliniderm Superabsorbent, Biatain Super Adhesive.

Sorbion Sachet Extra (available only from Tissue Viability).

Do not cut Kliniderm Superabsorbent, Biatain Super Adhesive or Sorbion Sachet Extra.

To assist Kliniderm Superabsorbent or Sorbion Sachet Extra conform around an ankle, use 2 smaller dressings placed at an angle rather than one large dressing (XL or 20cm x 40cm).

Ensure size is correct, you only need a 3cm border around the wound and do not layer.

If using tape or film to secure only apply at the borders. Do not totally occlude with film.

Biatain Super Adhesive - Do not use on fragile skin, under compression bandaging or on lightly exuding wounds. To remove, gently take the corner and stretch the dressing horizontally, which will break down the adhesive making it kinder to remove.

Product	Size	Pip code	E-procurement
Zetuvit Non-sterile	10cm x 10cm	322-7618	HT413860
Zetuvit Non-sterile	10cm x 20cm	322-7584	HT413861
Zetuvit Non-sterile	20cm x 20cm	322-7592	HT413864
Zetuvit Non-sterile	20cm x 40cm	322-7600	N/A
Xupad Sterile	10cm x 12cm	360-9401	EJA092
Xupad Sterile	10cm x 20cm	329-1671	EJA093
Xupad Sterile	20cm x 20cm	329-1663	EJA094
Biatain Super Adhesive	10cm x 10cm	290-2054	ELY103
Biatain Super Adhesive	12.5cm x 12.5cm	290-1999	ELY104
Biatain Super Adhesive	12cm x 20cm	3029592	ELM085
Biatain Super Adhesive	15cm x 15cm	290-2021	ELY105
Biatain Super Adhesive	20cm x 20cm	294-1029	ELY144
Kliniderm Superabsorbent	7.5cm x 7.5cm	N/A	EKH071
Kliniderm Superabsorbent	10cm x 10cm	394-7132	EJE228
Kliniderm Superabsorbent	10cm x 20cm	410-0087	EJE229
Kliniderm Superabsorbent	20cm x 20cm	394-7157	EJE227
Kliniderm Superabsorbent	20cm x 30cm	394-7165	EJE230
Kliniderm Superabsorbent	20cm x 40cm	404-9508	EME129

Debridement

Hydrocolloid for assisting debridement of dry to moist wounds.

Urgoclean for assisting debridement of moist wounds.

Aquafiber Extra for assisting debridement of wetter wounds.

Do not debride lower limb wounds until arterial status has been established.

Actiform Cool - cut to wound size to prevent per-wound maceration. Change regularly to ensure dressing does not dry out and adhere to wound bed.

Hydrocolloids - risk of skin stripping on removal. Use stretching technique to remove the dressing. They create odour which can be mistaken for infection. Clean wound and use AMBL2 to assess for infection.

Urgoclean Pad - for low (not dry) to moderately exuding wounds.

Gelling Fiber dressing - Aquafiber Extra - can be used to help manage high levels of exudate (particularly in cavity wounds) or for assisting soft debridement. They have replaced Alginate dressings on this formulary. They are more absorbent than Alginate dressings and sequester exudate within them which reduces the bioburden within a wound. They can be removed in one piece and so are safe to lightly pack into sinuses.

Use Actifrom cool to debride dry and necrotic wounds (or Honey - see antimicrobial section).

Do not debride lower limb wounds until arterial status has been established.

Actiform Cool - cut to wound size to prevent peri-wound maceration. Change regularly to ensure dressing does not dry out and adhere to wound bed.

Hydrocolloids - risk of skin stripping on removal. Use stretching technique to remove the dressing. They create odour which can be mistaken for infection. Clean wound and use AMBL2 to assess for infection.

Urgoclean - should not be used on dry/necrotic tissue or heavily exuding wounds. Ensure correct size. You only need 2cm border around the wound.

Aquafiber Extra - not to be used on dry or necrotic tissue. Gelling fibre dressings require a secondary dressing.

Debridement can be complex. If you are not achieving your objectives contact Tissue Viability for advice.

Product	Size	Pip code	E-procurement
Actiform Cool	5cm x 6.5cm	315-5553	ELE083
Actiform Cool	10cm x 10cm	304-8352	ELE055
Hydrocoll	5cm x 5cm	285-9650	ELM065
Hydrocoll	7.5cm x 7.5cm	246-2885	ELM231
Hydrocoll	10cm x 10cm	246-2893	ELM046
Hydrocoll	15cm x 15cm	246-2901	ELM232
Urgoclean Pad	6cm x 6cm	367-8877	ELZ404
Urgoclean Pad	10cm x 10cm	367-8885	ELZ405
Urgoclean Pad	15cm x 20cm	367-8893	ELZ406
ActivHeal Aquafiber Extra	5cm x 5cm	407-5339	ELY 795
ActivHeal Aquafiber Extra	10cm x 10cm	407-5347	ELY 796
ActivHeal Aquafiber Extra	15cm x 15cm	407-5628	ELY 797
ActivHeal Aquafiber Extra Ribbon	2cm x 46cm	407-5610	ELY 800

Films

These are thin semipermeable sheets of polyurethane which allow gaseous diffusion but are impermeable to bacteria and wound exudate.

They may be used on epithelialising wounds.

They are sometimes used to protect the skin from shear and friction.

Care is required on removal as they are liable to cause trauma, especially on elderly patients or those with delicate skin. This can be minimised by stretching the dressing horizontally when removing.

Hydrofilm is not available via E-procurement. For those obtaining dressings via E-procurement, please use Leukomed-T instead.

Product	Size	Pip code	E-procurement
Hydrofilm	6cm x 7cm	342-6665	N/A - See below
Hydrofilm	10cm x 15cm	266-7350	N/A - See below
Hydrofilm	10cm x 25cm	342-6236	N/A - See below
Hydrofilm	15cm x 20cm	342-6244	N/A - See below
Luekomed-T	8cm x 10cm	N/A	ELW1046
Luekomed-T	11cm x 14cm	N/A	ELW1054
Luekomed-T	10cm x 25cm	N/A	ELW1053
Luekomed-T	15cm x 25cm	N/A	ELW1051

Surgical Tape

Clinipore paper tape is to be used on padding and bandages.

Consider other fixative methods such as films/bandages/tubular stocking.

Omnifix is a synthetic rubber adhesive non-woven tape. Permeable to the air and water. Can be in direct contact with the skin.

Clinipore is not suitable for applying directly onto skin.

Do not apply Clinipore circumferentially to lower limb when securing bandaging or absorbent pads as this will cause a tourniquet effect and cut off blood supply if swelling occurs. Use 2-3cm strips of tape to secure bandaging or a cuff off K-Soft circumferentially around absorbent pads.

Omnifix risks causing trauma to skin upon removal. Use adhesive remover to aid non-traumatic removal if necessary.

Product	Size	Pip code	E-procurement
Clinipore	2.5cm x 5m	299-0109	EHU027
Omnifix	10cm x 10m	285-9650	EHR102

Sub-Bandage Wadding

Comprises of viscose and polyester. Latex-free. This is used to shape and protect the limb prior to application of compression bandaging.

Apply a circumferential cuff to the malleoli and a lengthways strip to the tibial crest to provide padding and prevent pressure damage over bony prominences, even if the leg does not require re-shaping.

Product	Size	Pip code	E-procurement
K-soft	10cm x 3.5m	266-8374	EPA028

Retention Bandages

K-Lite – a lightweight knitted bandage consisting of viscose, nylon and elastomeric yarn. Latex free. Provides very light support.

Tubular retention bandages.

If used on lower limbs always bandage toe to knee and use a 10cm width bandage (even if the skin remains intact). Always used with padding underneath i.e. K-soft.

This is not to be considered as a compression bandage. If compression is required, refer to compression bandage section of the formulary.

Product	Size	Pip code	E-procurement
K-Band	10cm x 4m	034-4358	EDB039
K-Lite	10cm x 4.5m	239-3635	ECA100

Tubular Bandages

Compression - full holistic lower limb assessment is required prior to use.

Actifast is an elasticated cotton tubular bandage with 2-way stretch.

Actifast should not be used in conjunction with compression therapy (either under or over bandages). If a liner needs to be applied under k-soft either because the patient has eczema or a known sensitivity, then please use Comfinette. This is much more conformable than blue/yellow line.

Comfinette is only available via HALO or E-procurement and cannot be obtained on FP10.

Elasticated tubular bandages are not graduated so can cause foot oedema. Layering should be used with caution.

Product	Size	Pip code	E-procurement
Actifast	Red - 3.5cm x 1m	285-6490	EGP079
Actifast	Blue - 7.5cm x 5m	285-6573	EGP086
Actifast	Yellow - 10.75cm x 5m	285-6623	EGP089
Actifast	Beige - 17.5cm x 1m	292-4298	EGP090
Comfinette	56 x 20m	N/A	EGJ043
Comfinette	78 x 20m	N/A	EGJ044
Tubigrip	D - 7.5cm x 1m	029-3472	N/A
	D - 7.5cm x 10m	N/A	EGA017
Tubigrip	E - 8.75cm x 1m	048-9971	N/A
	E - 8.75cm x 10m	N/A	EGA019
Tubigrip	F - 10cm x 1m	029-3480	N/A
	F - 10cm x 10m	N/A	EGA021
Tubigrip	G - 12cm x 1m	029-3498	N/A
	G - 12cm x 10m	N/A	EGA023

Compression Bandages

Reduced 20mmHg compression i.e. use Ko-Flex or UrgoKTwo Reduced.

For an ankle circumference after application of K-soft of:

- 18cm to 25cm - use Ko-flex.
- 25cm to 32cm - use K-Two Reduced 25 to 32cm.

For alternative forms of compression please refer to Oxfordshire Hosiery & Wrap Formulary, the Chronic Oedema Pathway, and see Coban 2 Bandaging in the Red section of this formulary, or discuss with Tissue Viability.

Full 40mmHg compression (i.e. Actico or UrgoKTwo) should not be applied until a full lower limb assessment and doppler have been carried out. This should be performed within 2 weeks by a competent clinician who has received training in leg ulcer management. For further information refer to local guidelines.

Follow the company product guidance for the correct application technique and Oxfordshire Lower Limb Wound Pathway to aid in product selection.

Actico is a short stretch bandage which can be used for venous leg ulcers or chronic oedema management. UrgoKTwo is a 2-layer bandage system combining short and long stretch elements. Although both can be used for mobile and less mobile people, UrgoKTwo is more suitable for people with no calf muscle pump activity.

Standard lower leg bandages for venous leg ulceration are 10cm width. Different width bandages are available and generally linked with chronic oedema/ Lymphoedema treatment. Contact Tissue Viability for support.

For a latex free short stretch bandage use Rosidal K. This is a washable bandage. UrgoKTwo is also available in a latex free version.

For alternative forms of compression please refer to Oxfordshire Hosiery & Wrap Formulary and see Coban 2 Bandaging in the Red section of this formulary.

Product	Size	Pip code	E-procurement
REDUCED COMPRESSION 20 mmHg			
Ko-Flex	10cm x 6m	266-8366	ECD018
UrgoKTwo Reduced (20 mmHg) kit	25cm x 32cm ankle, 10cm wide bandage	360-2877	ECA206
FULL COMPRESSION 40 mmHg			
UrgoKTwo (40 mmHg) kit	18cm x 25cm ankle 10cm wide bandage	327-4685	ECA152
UrgoKTwo (40 mmHg) kit	25cm x 32cm ankle, 10cm wide bandage	333-8480	ECA164
Actico	8cm x 6m	314-0886	EBA032
Actico	10cm x 6m	271-5431	EBA016
Actico	12cm x 6m	314-0894	EBA033
LATEX FREE			
UrgoKTwo (40 mmHg) Latex Free kit	18cm x 25cm ankle 10cm wide bandage	372-5231	ECA236
UrgoKTwo (40 mmHg) Latex Free kit	25cm x 32cm ankle, 10cm wide bandage	372-5249	ECA237
Rosidal K	8cm x 5m	214-5910	EBA058
Rosidal K	10cm x 5m	214-5902	EBA040
Rosidal K	12cm x 5m	214-5894	EBA059
TOE BANDAGING			
Mollelast Bandage	4cm x 4m	344-3983	EBA064

DRESSINGS AVAILABLE VIA HALO FOR PATIENT SPECIFIC USE - SUPPLY NHS NUMBER & RATIONALE FOR REQUEST

The following dressings are available via HALO only, with the provision of the patient's NHS number and rationale for use and should be single patient use only. Only order the number of dressings required for a two-week period, based on frequency of dressing changes.

Silicone Wound Contact Layer

Atrauman

Silicone on both sides. Used when dressing adherence is a problem. Can be used on nil to heavily exuding wounds (with an effective absorbent secondary dressing), very fragile skin, malignant/ fungating lesions or burns. Also, suitable if required for lining VAC therapy dressings. Can be cut.

Can be left in place for up to 7 days if appropriate for the wound.

Product	Size	Pip code	E-procurement
ActivHeal Silicone Wound Contact Layer	5cm x 7.5cm	399-7459	ELA 849
ActivHeal Silicone Wound Contact Layer	10cm x 10cm	399-7442	ELA 833
ActivHeal Silicone Wound Contact Layer	15cm x 15cm	399-7475	ELA 837
ActivHeal Silicone Wound Contact Layer	10cm x 20cm	399-7487	ELA 836

Cleansing

Wound cleansing is defined as actively removing surface contaminants, loose debris, unattached, non-viable tissue, microorganisms and/or remnants of previous dressings from the wound surface and its surrounding skin. Wounds that are healing in an orderly and timely manner require only minimal, gentle cleansing to avoid disrupting granulation and reepithelialisation. Conversely, chronic or hard-to-heal wounds with devitalised tissue or suspected biofilm require vigorous therapeutic cleansing to dislodge loose devitalised tissue, microorganisms, or debris from the wound bed.

Wound cleansing options include:

- sterile saline/water
- potable tap water
- a wound irrigation solution with both surfactant and antiseptic properties.

Sterile normal saline or sterile water are used in clinical situations requiring a sterile solution. There is no evidence to suggest that using saline is any more effective than tap water in cleansing acute or chronic wounds. Studies have shown that using tap water does not increase the risk of infection.

(Fernandez R, Griffiths R. (2012) Water for wound cleansing. Cochrane Database of Systematic Reviews)

Sterile saline is not available from HALO.

Octenilin Wound Irrigation Solution

For use only as part of the Biofilm Wound Care Pathway (BWCP).

Tap water.

This is a wound cleansing solution with both surfactant and antiseptic properties. Surfactants are cleansing agents that contain a substance which lowers the surface tension between the wound bed and the fluid, or between two liquids. Surfactants assist separation of loose, non-viable tissue by breaking bonds between non-viable tissue/debris and the wound bed. Topical antiseptic agents are manufactured in combination with a surfactant to capitalise on these properties and increase penetration of the antimicrobial agents across the wound bed.

Use in combination with either gauze or Alprep pad to vigorously clean the wound bed and/or peri-wound skin as part of the Biofilm Wound Care Pathway.

Once opened the bottle can be re-capped and re-used as long aseptic non-touch technique has been used.

Do not use in wounds with exposed bone, cartilage or tendon. Should not be used on the eyes, ears, nose, urinary bladder and in the abdominal cavity.

Use within 8 weeks of the opening date.

To prevent the introduction of bacteria when using Octenilin wound irrigation solution, ensure that the tip does not come into contact with the wound or any other surface.

Protect the product against exposure to direct sunlight.

You do not need to soak the wound for 10 minutes or remove the solution after application.

Product	Size	Pip code	E-procurement
Octenilin Wound Irrigation Solution	350ml	438-9069	MRB443

Mechanical debridement - Alprep Pad

Autolytic debridement with dressings e.g., hydrocolloids or Urgoclean.

Can cause bleeding in friable wound beds.

Not to be used for the removal of hyperkeratosis on legs where bowl washing with a clean flannel and an emollient is advised.

Sharp debridement.

This product is used for mechanical debridement of devitalised tissue in wound beds and in the management of wound biofilms as part of the Biofilm Wound Care Pathway (BWCP). Please refer to AMBL2 tool and the BWCP.

The open structure of the dark grey foam is for loosening. The light grey softer foam is for absorbing and capturing.

If used as part of Biofilm Wound Care Pathway, use in conjunction with Octenilin Wound Irrigation Solution. Use circular motions for a minimum of 2 minutes followed by application of a primary topical antimicrobial dressing as per the Biofilm Wound Care Pathway.

Further information on how to use this product can be found on Oxfordshire Alprep web page.

Product	Size	Pip code	E-procurement
Alpred Pad	7cm x 9cm x 3.2cm	417-1146	ELZ1202

Adhesive remover

Tap water.

To aid in the removal of adhesive dressings which are otherwise painful to remove or risk causing skin damage.

When using on Softpore or Omnifix, spray directly on top of the dressing and allow to soak in before removing the dressing.

Product	Size	Pip code	E-procurement
Lifteez Adhesive Remover	50ml Aerosol	389-7147	EXC041

Antimicrobial formulary

This section of the formulary refers to the topical management of local wound bed infection. Treatment should be commenced following the diagnosis of local wound bed infection. Please refer to the Assessment and Management of Bacterial Loading (AMBL2) Tool to assist with identification of wound bed infection.

The standard time an antimicrobial dressing should be used is two weeks, during which the wound should be reassessed regularly. If there is still evidence of local infection following two weeks of topical antimicrobial treatment, or the wound infection recurs, please refer to the Biofilm Wound Care Pathway and/or seek advice from the Community Tissue Viability Team.

Dressing	Indications for Use
Medical grade honey	First-line antimicrobial choice.
Cadeoxmer Iodine	Second-line antimicrobial choice. A step-up from medical grade honey. First-line antimicrobial choice on the Biofilm Pathway.
Zorflex	Third-line antimicrobial choice. Particularly suited for moderate to heavily exuding wounds such as limbs with lymphorrhoea or wet toes, or for non-invasive treatment on colonised/infected/ischaemic/arterial wounds where there is clinical contraindication for the use of Honey, Iodine or moisture-donating antimicrobial dressings.
Flaminal	Third-line antimicrobial choice. Particularly suited and reserved for, inserting into cavities, or a sinus where the wound bed cannot be seen. It is also suitable for the debridement of necrotic pressure ulcers.

First line option: medical grade honey

Atrauman, Urgoclean, Aquafiber Extra.

Honey is a broad-spectrum topical antimicrobial with several therapeutic properties:

- Through osmosis, water is drawn from microorganisms damaging their infrastructure.
- Honey produces hydrogen peroxide which decomposes bacteria and renders them ineffective.
- Reduces wound bed PH which inhibits the proliferation of microorganisms
- Creates an environment which aids autolytic debridement of devitalised tissue.

There are several dressings available and dressing choice should be based on wound type & levels of exudate:

- **Algivon Plus** - for moderate to high exuding wounds. A reinforced, soft alginate dressing impregnated with 100% manuka honey. The reinforced alginate fibers enable a sustained, slow release of honey, whilst maintaining the integrity of the dressing.
- **Algivon Plus Ribbon** - The ribbon is conformable meaning wounds can be packed easily. Safe to use in sinuses/cavities as it maintains its integrity. A reinforced flexible probe is supplied with the product to aid application. It is advisable to measure and clearly document the wound cavity depth and/or sinus length using the wound probe, as well as the length of ribbon inserted into the wound.
- **MediHoney HCS** - Manuka honey combined with a hydrogel colloidal sheet containing absorbent polymers. Best suited for low to moderately exuding wounds. Aids and supports autolytic debridement and a moist healing environment.

Cadexomer Iodine.

NOTE: Clinicians must take care to assess the risk of retained dressing products when packing sinus or cavity wounds and take steps to prevent this.

- It is advisable to measure and clinically document the wound cavity depth and/or sinus length by use of a wound probe.
- Any dressings inserted must hold their integrity upon removal. They should be 'counted in' and then 'counted out' and numbers recorded.
- Activon Tube Honey is 100% Manuka Honey and so does not need irrigation to remove it - particularly suitable for narrow sinuses.
- Packing is not advocated If the wound bed is not fully visible (blind) or the length/direction of sinus tracking is unobtainable. Patients should be investigated further to determine underlying structure involvement or deep-seated infection prior to treatment. Please seek advice from tissue viability if concerned.

Due to the osmotic effect of honey, moisture levels at the wound bed can temporarily increase during treatment. This has the potential to cause skin maceration. Consider upgrading the absorbent pad used to aid maintaining an effective moisture balance and using an emollient or barrier product to protect the peri-wound skin.

Most of the honey-based products (Algivon Plus, Algivon Plus Ribbon & Activon Tube) should not be in contact with peri-wound skin and should be cut to the shape and size of the wound. MediHoney HCS however, as long as exudate levels are managed within the dressing, does not need to be cut to the dimensions of the wound.

- **Activon Tube** - 100% medical grade manuka honey. Best suited for: cavities/sinuses where the wound bed is not visible, ideal for debriding necrotic tissue, leg ulcers, exit/entry site infections. **To use** - twist off cap, apply liberally to the wound bed (surface or cavity) and cover with an appropriate secondary dressing. As honey is a natural product any remaining honey will not have any adverse effects. Activon Tube is a single patient use only product, once opened use within 90 days.

The duration of time honey can be left in situ is for up to 5 days. However, we would recommend dressing changes are in line with clinical judgement and treatment objectives. Ideally, dressings should be left in situ for at least 3 days to allow the product to be effective, whilst monitoring changing wound needs closely.

MediHoney HCS must not be used on full thickness burns or to control heavy bleeding.

Practitioners should be cautious in implementing honey-based products in those patients with known allergy to bee-related products. There is limited clinical evidence to suggest honey can cause erratic blood sugars in those patients with diabetes.

Although rare, transient discomfort can be experienced when honey is initially applied. Depending on the sensitivity of the wound it may be necessary to consider an appropriate level of analgesia. An educational leaflet to support patients during this treatment is available on the tissue viability website: www.oxfordhealth.nhs.uk/tissue-viability

Store honey at room temperature. Due to the nature of honey, it can harden in cold temperatures or become more liquid at warm temperatures. Depending on consistency the products can be warmed between hands to soften or placed in the fridge for a few minutes to stiffen.

Shop bought honey must not be used on wounds as there is a risk of introducing foreign microorganisms and environmental debris.

Product	Size	Pip code	E-procurement
Algivon Plus	5cm x 5cm	374-9496	ELS549
Algivon Plus	10cm x 10cm	374-9512	ELS550
Algivon Plus Ribbon	2.5cm x 20cm	374-4653	ELS551
Activon Tube	20g	419-7646	ELY864
MediHoney HCS Non-Adhesive	6cm x 6cm	382-2491	ELM200
MediHoney HCS Non-Adhesive	11cm x 11cm	382-2525	ELM201
MediHoney HCS Non-Adhesive	20cm x 20cm	401-5988	EKB089
MediHoney HCS Adhesive Border	7.2cm x 7.2cm (11cm x 11cm with border)	382-2509	ELM198
MediHoney HCS Adhesive Border	11.5cm x 11.5cm (15cm x 15cm with border)	382-2517	ELM199

Second line option: Cadexomer Iodine dressings

Honey.

Cadexomer iodine is a slow-release product and is only appropriate for use on locally infected wounds with moderate to high exudate levels.

Iodosorb ointment and Iodoflex sachet dressings both contain cadexomer iodine. They consist of microspheres of chemically modified starch which contains 9% of elemental iodine. The release of iodine is activated by bacteria and wound exudate. Exudate is taken up and held in the absorbent molecules within the dressing. Both Iodosorb & Iodoflex absorb excess exudate and debride slough from the wound bed and therefore reduce bacteria at the wound surface.

Please take special note of dosing guidance, contraindications, and length of treatment.

Indications:

- To treat clinically diagnosed localised wound bed infection.
- To debride heavily colonised, sloughy wound beds whilst addressing increasing bacterial loading.

Contraindications:

The product should not be used on dry necrotic wound beds.

Do not use in those patients with known sensitivities to Iodine-based products or components.

Do not use in those patients with thyroid disorders, renal impairment, lactating and/or pregnant women or children.

Note:

A single application of Iodoflex or Iodosorb should not exceed 50g (equivalent to 5 x 10g sachets/tubes) in a single application, and not more than 150g in one week.

The product should be changed when they become saturated with wound exudate and all the iodine has been released. This is indicated by loss of colour.

Generally, these products should be changed every 2 to 3 days (maximum 5 days). In highly exuding wounds it might be necessary to change daily.

These products are not absorbed by the body. Irrigation of the wound bed using body warm tap water is required to reduce dressing residue. Not suitable for undermined, sinus or tracking wounds.

- **Iodosorb Ointment**

A dark brown paste which is available in 10g and 20g tubes.

Best suited to superficial wounds such as leg ulcers or within an open cavity where the wound bed is visible.

- **Iodoflex Dressing**

A dark brown paste dressing with a gauze backing on both sides available in a variety of sizes. This dressing can be cut or moulded to fit the wound bed. Best suited to superficial or cavity wounds such as pressure ulcers in challenging anatomical areas or leg ulceration.

Product	Size	Pip code	E-procurement
Iodosorb Ointment	10g tube	036-6658	EKB012
Iodosorb Ointment	20g tube	033-3906	EKB018
Iodoflex dressing	5g (4cm x 6cm)	073-1547	EKB007
Iodoflex dressing	10g (6cm x 8cm)	014-9617	EKB008

Third line option dry carbon dressing: Zorflex

Zorflex is a dry antimicrobial contact layer dressing constructed of 100% activated charcoal. Microorganisms from the wound are attracted to the activated carbon cloth, bound to the surface, and destroyed.

Best suited to moderate to heavily exuding wounds with a suitable secondary absorbent dressing.

Cut the dressing to shape, covering the peri-wound if maceration is evident. Can be applied either side up.

Medical grade honey or Cadexomer Iodine.

Not for use on dry wounds as this may cause the dressing to adhere to the wound.

The dressing may require soaking off if it sticks. If this is required, it is best done by submerging the wound and dressing in a bucket of water for 5 minutes.

Product	Size	Pip code	E-procurement
Zorflex	10cm x 10cm	400-9809	ELVO24
Zorflex	10cm x 20cm	400-9817	ELVO28
Zorflex	15cm x 25cm	400-9825	ELVO29

Skin Care

Emollients

The objective of emollient therapy is to correct some of the factors that contribute to dry skin, to restore the skin barrier and thereby reduce the likelihood of skin problems, such as eczema, infection, skin tears and moisture lesions.

Emollients work by applying a greasy layer over the skin to reduce transepidermal water loss (TEWL). They need reapplying regularly (ointments less frequent than creams) for effect. Emollients containing urea have an additional mode of action. Urea is particularly important for older skin as natural moisturising factors are lost with age. The urea enables cells in the top layer of the Epidermis to absorb fluid. This keeps them well hydrated (like a grape instead of a sultana). The cells become more closely knitted together repairing the natural barrier function of the skin which reduces TEWL.

These emollient choices and guidelines are specific to Tissue Viability and for the suggestive use on lower limbs and peri-wound skin only. This section does not address management of dry skin to other areas of the body, dermatological conditions, or protecting skin from moisture.

Separate guidance is available for these areas:

- For dry skin please refer to Oxfordshire CCG Emollient Prescribing Guidelines and Formulary
- For dermatological guidance please refer to your GP or specialist service
- To protect skin from moisture please follow the Skin Barrier Management Pathway

Emollients are not available on HALO or E-procurement and need to be prescribed as patient specific on FP10. The choice of an appropriate emollient will depend on the severity of the condition, patient preference, and the site of application.

Product	Rationale
Epimax ointment	First line choice for use on lower limbs and peri-wound skin and as a soap substitute.
Oilatum cream	Can be used if ointment is too occlusive and under hosiery. Needs frequent application for effect.
Imuderm cream	Step up cream containing 5% urea and 5% glycerin.
Balneum cream	Step up cream containing 5% urea and 0.1% ceramide for those with varicose eczema or hyperkeratosis.
Hydromol intensive	10% urea cream to re-hydrate hard hyperkeratosis.

Epimax ointment

A first line emollient therapy for dry skin conditions containing 30% yellow soft paraffin, 40% liquid paraffin and 30% emulsifying wax. It works by providing a layer of lipid on the skin to prevent water evaporation. It can be used as a soap substitute as well as a leave on emollient, on broken skin or moisture lesions, for protection of peri-wound skin and for hyperkeratosis as it softens plaques. When used as a soap substitute it aids in the removal of plaques by gentle washing with a flannel. It is the emollient of choice for use under compression bandaging but is too greasy to be used under compression hosiery. Apply up to twice a day.

Oilatum cream

May be more acceptable to patients if Epimax ointment is too thick and greasy or occlusive. It is also more suitable under compression hosiery. Contains light liquid paraffin 6.0% and white soft paraffin 15% in a cream base which forms an occlusive film, although less thick than an ointment, which reduces transepidermal water loss. Requires more frequent application - up to 4 times a day.

Also contains Cetostearyl alcohol and potassium sorbate which may cause local skin reactions.

Imuderm cream

A step-up emollient if Epimax ointment and Oilatum cream are inadequate, or alternatives are unacceptable to the patient. It contains urea 5% and Glycerine 5% which help to replace natural moisturising factors in the skin barrier which decline with age. Apply twice daily. Not to be used on broken skin, as the urea can sting.

Balneum cream

Balneum Cream contains 5% urea but also 0.1% ceramide. Ceramide is a lipid lamella mimicking agent which, along with the urea, helps repair the skin's own natural barrier function. It is particularly indicated for aging, dry, problem skin including varicose eczema and hyperkeratosis. It can be applied daily. Not to be used on broken skin, as the urea can sting.

Hydromol intensive

Useful as a step-up emollient for very problematic dry skin conditions such as hard, stubborn keratotic plaques. It contains 10% urea which is a keratin softener, and white soft paraffin, which forms an occlusive layer over the skin preventing the evaporation of water. It has a powdery texture and due to the urea content, it can sting. Apply thinly twice daily. Can take between two and four weeks to take effect.

Application of emollients

- Dot on generously to limbs (or apply onto gloved hands) and then apply in long downward strokes in the direction of hair growth and allow to soak in. Do not rub it in.
- To use as a soap substitute - apply emollient to entire limb/foot before placing in water. Allow the ointment or cream to soak off by gently stroking the limb with a gloved hand and long downward strokes. To remove plaques, use a clean flannel and gentle circular motions.
- If topical steroids are also being used for treating areas of varicose eczema, a gap should be left between applying the emollient and the topical steroid (use ointments rather than creams) ideally for half an hour. If this is not possible in practice, identify whether dryness or irritation of the skin is the predominant concern. If the skin is very red and sore apply the steroid ointment first, wait 10 minutes, then apply the emollient. If the skin is very dry apply the emollient first then wait 10 minutes and apply the steroid ointment.

Precautions

- Preparations contained in tubs should be removed with a spoon or spatula to reduce bacterial contamination of the emollient.
- Not suitable for use alongside adhesive dressings.
- Prior to using an emollient for the 1st time apply a test application to the inside of the forearm for 24 hours to check the sensitivity.

If you suspect a reaction to the emollient, discontinue its use. Document the circumstances, photograph the reaction, and discuss with Tissue Viability. Consider referral to Dermatology for patch testing and complete a yellow card if confirmed as a reaction to the emollient.

Fire hazard with paraffin-based emollients

Warning: Paraffin-based emollients are flammable. Dressings and clothing that have contact with paraffin-based products are easily ignited by a naked flame. Patients treated with large quantities of paraffin-based products (100g or more per application) should be warned of the potential fire risk associated with smoking or being near smokers, and about regularly changing clothing or bedding impregnated with paraffin-based products (Preferably on a daily basis). There is no suggestion that use of paraffin-based products should be stopped or limited. https://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk.

Aqueous cream

Aqueous cream carries a higher risk of causing skin irritation, possibly due to its sodium lauryl sulphate (SLS) content. Its use is therefore no longer recommended either as a leave on emollient or as a washing product. Recent studies have shown that the application of aqueous cream BP weakens the epidermal barrier and increases trans epidermal water loss. Thus, rather than restoring the skin barrier, it appears to cause more damage. Aqueous cream should not be prescribed (Oxfordshire CCG Emollient Prescribing Guidelines and Formulary, February 2020).

Barrier preparations

For correct use of barrier products please refer to the Skin Barrier Management Pathway

Comprehensive emollient therapy should be used before stepping up to the use of barrier creams and films.

Barrier cream (for intact skin) or film (for broken skin) or Medi Derma PRO for severe skin damage or where Medi Derma-S is not effective.

Creams should not be used for peri-wound skin where film foam applicators should be used.

When requesting a prescription, be sure to be clear on the full name of the product to avoid confusion and supply of the wrong product.

DO NOT Mix barrier creams and ointments as they interact with each other and will cause further breakdown and maceration of the skin.

All products should only be used for a short period of 2 to 3 weeks. If the skin has not recovered in this time, please contact Tissue Viability for advice.

Skin protectors are used to create a barrier to protect skin from maceration and excoriation, caused by moisture from incontinence or exudate from wounds. The use of modern dressings should reduce the need for skin barriers in most wounds.

Barrier Film: Aerosol-only to be used on moisture lesions with a large surface area where a non-touch technique is required. This should not be used for peri-wound skin as it may contaminate the wound bed. In this instance use the foam applicator.

Please prescribe the correct size for the surface area to be treated:

- 1ml covers the size of an A5 sheet paper
- 3ml covers the size of an A3 sheet paper

MediHoney Barrier Cream: suitable for use on moderate to severe skin damage associated with fungal or bacterial infection. For example, from faecal contamination.

Medi Derma PRO: Consists of 2 products used together. The ointment which is the barrier product and contains silicone, and a spray which is a cleanser required to remove the ointment as water is ineffective. Both products will need to be prescribed.

May be suitable to use on category 2 pressure ulcers in combination with moisture from urinary or faecal incontinence, when the use of dressings is either contraindicated or not feasible. Please discuss suitability with Tissue Viability first.

Product	Size	Pip code	E-procurement
Medi Derma-S Barrier cream			
Sachets	2g	341-3317	ELY536
Tube	90g	341-3325	ELY538
Medi Derma-S Barrier film			
Foam applicator	1ml	362-8716	ELY532
Foam applicator	3ml	362-8724	ELY533
Aerosol Spray	50ml	389-7139	ELY561
MediHoney Barrier cream			
Sachet	2g	369-1276	ELY374
Tube	50g	338-7644	ELY289
Medi Derma-PRO			
Medi Derma PRO Skin Protectant Ointment	115g	399-6931	ELY607
Medi Derma PRO Foam & Spray Skin Cleanser	250ml	399-6923	ELY608

RESTRICTED USE PRODUCTS - AVAILABLE ON FP10 ONLY WITH WRITTEN AUTHORISATION BY TISSUE VIABILITY

Dressings in this section require written authorisation by Tissue Viability in the form of a signed dressings request form which TV will supply. This should be presented to the prescriber to prescribe on FP10.

Third line antimicrobial dressing option: Flaminal

Flaminal is a broad-spectrum topical antimicrobial gel containing alginate. Enzymes within the gel produce reactive oxygen radicals that destroy the cell wall of bacteria, and alginate content assists with absorption of exudate. As a gel it also facilitates autolytic debridement.

Although suitable for a variety of wounds it is particularly suitable for inserting into cavities, or a sinus where the wound bed cannot be seen. It is also suitable for the debridement of necrotic pressure ulcers.

Flaminal comes in two formats: Hydro & Forte and selection is based on exudate levels:

- Flaminal Hydro has 3.5% Alginate and is suitable for low to moderately exuding wounds.
- Flaminal Forte has 5.5% alginate and is suitable for moderate to highly exuding wounds.
- Apply a thick layer (5mm) to the wound bed. A 15g tube covers approximately 40cm^2 and the 50g approximately 130cm^2.
- Use in conjunction with a suitable secondary dressing. For wetter wounds, apply directly on to the secondary dressing first. Remnants from previous applications should be removed by cleansing prior to application.
- Nozzles are available from the Flen Health representative or sterile syringes can be used to help with a more precise application or insertion into cavity wounds.
- Flaminal can be left in situ for 1-4 days dependent on the exudate levels.
- Store at room temperature.

The standard time an antimicrobial dressing should be used is two weeks, during which the wound should be reassessed regularly. If there is still evidence of local infection following two weeks of topical antimicrobial treatment, or the wound infection recurs, please refer to the Biofilm Wound Care Pathway and/or seek advice from the Community Tissue Viability Team.

Do not use on the eyes or eyelids. Do not use if there are any known allergies to the components of Flaminal.

Flaminal is a single patient use only product, once opened use within 30 days.

Wound exudate levels	Hydro or Forte	Time to dressing change
Light	Flaminal Hydro	3-4 days
Moderate	Flaminal Hydro	2-3 days
High	Flaminal Forte	1-2 days initially


Directly from the tube


Directly on to the dressing


With a spatula


With a nozzle


By syringe

Product	Size	Pip code	E-procurement
Flaminal Hydro	15g tube	324-2971	ELG021
Flaminal Hydro	50g tube	344-9600	ELG025
Flaminal Forte	15g tube	324-2963	ELG022
Flaminal Forte	50g tube	344-9592	ELG023

Odour Control Carbon Dressing - CliniSorb

CliniSorb is a sterile activated charcoal cloth which is sandwiched between layers of viscose rayon and coated with polyamide. It absorbs the toxins produced by bacterial metabolism which cause odour.

Can be used to manage odour on a variety of wounds such as leg ulcers, pressure ulcers or fungating wounds, as a primary dressing, or if necessary, with a non-adherent contact layer underneath.

Suitable for light to moderately exuding wounds.

Can be cut and used either side down.

Odour is usually associated with infection. Topical Antimicrobial treatment should be 1st line management, along with exudate management, before CliniSorb is considered.

Should not be used until all other options have been considered.

Effectiveness can be reduced when used with heavily exuding wounds.

Product	Size	Pip code	E-procurement
CliniSorb	10cm x 10cm	018-2667	ELV051
CliniSorb	10cm x 20cm	018-2857	ELV053
CliniSorb	15cm x 25cm	018-2873	ELV055

Urgostart Contact

Atrauman.

This is a protease inhibitor, effective in the management of chronic wounds were elevated proteases (enzymes) may be contributing to delayed healing.

Use with a secondary absorbent dressing for exuding wounds. It can be left in situ for up to 7 days according to the condition of the wound bed and exudate levels.

Not to be used on infected wounds or wound beds with necrosis or more than 30% slough.

All other causes of delayed healing should be ruled out and treated before considering this product, including infection, ischaemia, diabetes, anaemia, chronic oedema, and unmanaged venous disease. Consequently, this dressing requires a referral to Tissue Viability for authorisation of its use.

When requesting a prescription please ensure that this is for Urgostart CONTACT and NOT Urgostart or Urgostart Plus.

If there is no reduction in wound surface area within 8 weeks or the wound begins to show signs of infection, refer to Tissue Viability.

Product	Size	Pip code	E-procurement
Urgostart Contact	5cm x 7cm	339-8971	339-8971
Urgostart Contact	10cm x 10cm	386-1390	386-1390
Urgostart Contact	15cm x 20cm	386-1382	386-1382

Larval Therapy

Flaminal, Actiform Cool or Honey.

For rapid debridement of large areas of necrosis or thick slough, particularly where the risk of sepsis or osteomyelitis is high.

Do not use on load bearing areas unless the patient can be immobilised.

Can cause excoriation of the peri-wound skin if not protected.

Tissue Viability will assist in arranging the prescription with delivery to a local pharmacy and provide guidance and training on application.

Silicone Gel Sheet - Cica-care

For the reduction of hypertrophic scars.

Self-adhesive and should be washed and re-used.

Unable to use in some dermatological conditions.

Not to be used over open wounds, scabs, sutures or in conjunction with ointments or creams.

Compression Wrap Garments - see Oxfordshire Hosiery & Wrap Formulary

PRODUCTS ONLY AVAILABLE & SUPPLIED VIA TISSUE VIABILITY

Products on this section of the formulary not only require authorisation by Tissue Viability but are also obtained via Tissue Viability. They are not available via HALO and should not be requested on FP10.

Lymphoedema Bandages - Coban 2

Actico.

For use with severe chronic oedema where limbs have significant distortion and/or there is oedema to the knee/thigh requiring decongestion. Intended for short term use only to decongest a limb prior to moving into maintenance compression hosiery/wrap.

Please follow the Chronic Oedema Pathway and refer to Tissue Viability if you consider this to be the appropriate therapy for your patient.

Latex Free.

This should only be initiated by a Tissue Viability Nurse who will arrange supply of the bandages and training on bandaging technique. Application technique can be very bespoke.

You will need to use Bandaging scissors to remove this bandaging. Order via E-procurement.

Not suitable for long term use with highly exuding wounds.

Need changing as a minimum every 5 days.

Product	Size
Coban 2 Comfort Foam Layer #1	5cm x 1.2m
Coban 2 Comfort Foam Layer #1	10cm x 3.5m
Coban 2 Comfort Foam Layer #1	15cm x 3.5cm
Coban 2 Compression Layer #2	5cm x 2.7cm
Coban 2 Compression Layer #2	10cm x 4.5m
Coban 2 Compression Layer #2	15cm x 4.5m

Super Absorbent Dressing - Sorbion Sachet Extra

Kliniderm Superabsorbent Pad.
Biatain Super Adhesive.

Increase frequency of dressing changes.

Sorbion Sachet Extra is a super absorbent dressing capable of holding high to very high levels of exudate, whilst at the same time wicking moisture away from the skin. It can be used as a primary dressing and can be left on for up to 4 days. If Sorbion is sticking leave on longer or put an Atrauman underneath.

To request supply of Sorbion, please complete a Sorbion authorisation form and email to Tissueviability@oxfordhealth.nhs.uk. If authorised, Tissue Viability will order and arrange delivery to the clinician's base.

Only 2 weeks supply of dressing will be authorised during which time it is expected the cause of the high exudate levels will have been identified and management strategies to address it put in place (e.g., treat wound bed infection, application of compression or improved bandaging technique/limb shaping).

Ensure size is correct. You only need a 3cm border around the wound. Do not layer.

The pads can be stiff and do not conform well to curves of the leg and ankle. Instead of using an XL, consider using 2 smaller pads applied at an angle, to ensure the pads fit snugly against the limb. Gently scrunch to soften but do not over crush.

Product	Size
Sorbion Sachet Extra	7.5cm x 7.5cm
Sorbion Sachet Extra	10cm x 10cm
Sorbion Sachet Extra	10cm x 20cm
Sorbion Sachet Extra	20cm x 20cm
Sorbion Sachet Extra	20cm x 30cm
Sorbion Sachet Extra	XL
Sorbion Sachet S	Drainage (10 x 10 Keyhole, but can be cut in half)

Negative Pressure Wound Therapy - Vacuum Assisted Closure (VAC)

Negative Pressure Wound Therapy (NPWT) is an alternative method of wound management which stimulates granulation within wounds.
In Oxfordshire Community it is currently only funded for use on dehisced abdominal wounds or vascular foot ulcers.

Dressings should be changed 3 x week. Advise turning off the pump ½ hr before dressing changes to assist in release of the foam from the wound bed.

Patients discharged from the OUH should be sent with 2 weeks of dressing supplies. If they are discharged under consultant care, then the OUH should continue to supply the dressings after the initial 2 weeks. If the management of the VAC is discharged into Community Care, then Tissue Viability take over the overall management of the wound and supply of dressings.

Use strips of the film dressing supplied with the black foam (and not a thin hydrocolloid) to 'picture frame' the wound to prevent suction on the healthy skin.

Support on the dressing technique is available in District Nursing from TV ReN or ADNS; in community hospitals from TV Link Nurse or alternatively, the VAC Rep: Elaine Knight eknight@mmm.com

A 24 hr helpline is available for both patients and clinicians to use for any problems that may be encountered 08009 808880.

Further information is available on the Tissue Viability Website.

Conventional dressings.

A liner (Activheal Silicone Contact layer) is only necessary in the following situations:

- To slow granulation in one part of the wound.
- If the dressing sticks or is very painful to remove, even when the pump is turned off ½ hr before dressing changes.

The VAC pump is on hire from the company (KCI now 3M) and is paid for on a daily rate. It is vital therefore that Tissue Viability are informed the day the VAC is discontinued so they can cancel the hire and arrange collection of the pump.

VAC is contraindicated for use with actively bleeding wounds, untreated osteomyelitis, malignancy or if structures/organs are exposed. If the wound has more than 20% slough/ necrosis or a wound bed infection is suspected, please contact Tissue Viability for advice. The VAC may need to be paused for debridement/antimicrobial dressings.

Black foam should not be inserted into an area where the wound bed cannot be seen because of the risk of product retention. In these areas white foam should be used.

To avoid the risk of retaining any dressings please record the numbers of dressings inserted and removed on the VAC counting out and counting in form available on the Tissue Viability Website.

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