

NHS Greater Glasgow and Clyde Wound Formulary

Primary Care and Adult Acute Joint Formulary

Wound care formulary, product data and prescribing guidance developed by the Wound Formulary and Implementation group. Wound formulary to be monitored by the Therapeutics subgroup of the Area Drugs and Therapeutics Committee.

Important: Only the version of this document available from www.ggcprescribing.org.uk is maintained. Any printed copies should be viewed as 'uncontrolled' and may not necessarily contain the latest updates

Reviewed: April 2017 (amended February 2018, June 2018, and December 2018)

Foreword

This formulary and the accompanying wound management data sheets have been developed as a guide to aid Healthcare Professionals in selecting the most appropriate dressings/products to use in practice.

Implementing a wound formulary provides assurance that the dressings/products being used in practice have been assessed as suitable for use, effective both clinically and in terms of cost, and acceptable to patients/clinicians.

Practitioners should aim to use a product included in the Formulary in most cases and only use a non-formulary product when there is a good clinical reason for doing so. If prescribing a non-formulary product or if clinicians wish to have a new/different product considered for inclusion on the formulary (or to provide feedback on current products) a non-formulary/product evaluation form must be completed.

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NHS Greater Glasgow and Clyde Wound Formulary
Primary Care and Acute Joint Formulary

Contents:

Prescribing Guidance	Page 1
NHSGGC Primary Care Wound Formulary	Pages 2,3
NHSGGC Acute Care Wound Formulary	Page 4
Primary Care Equivalents of Acute Only Wound Formulary Products	Page 5
Data sheets	Pages 6 - 61
Appendices	
Exudate Guidance	Page 62
Debridement Guidance	Page 63
Links	Page 64

Prescribing Guidance

- When using the formulary prescribers should follow the principles of mindful prescribing, taking into account the volume and duration of products prescribed and maintaining a two week challenge/review/reassessment of wounds where appropriate.
- Basic wound dressings should be considered for non complex wounds or for use as secondary dressings.
- Dressing price can rise significantly with increasing size, so the smallest size dressing that is appropriate to the wound (allowing for any necessary overlap onto healthy skin) should be selected.
- Wound dressings containing an antimicrobial should only be used on the small number of patients who need them – the Health Technology Assessment Report 13 (Dec 2015) on the use of antimicrobial wound dressings for chronic wounds highlighted the lack of evidence for their routine use.
- When an advanced wound dressing is selected the following prescribing points should be considered:
 - Most advanced wound dressings are designed to control the environment for wound healing and regulate the amount of fluid in the wound bed
 - Wear time varies between products, and will also depend on the both patient and wound related factors
 - Silicone and foam dressings are generally indicated for granulating and epithelialising wounds and should not be used for sloughy or necrotic wounds
 - Foam and silicone dressings are not usually suitable for heavily bleeding wounds as blood clots can cause the dressing to adhere to the wound surface
 - If a silicone contact layer dressing is being used, depending on the level of exudate of the wound, a secondary absorbent dressing may be needed e.g. Zetuvit
 - If changing a silicone contact dressing more than once a week change to Atrauman or equivalent
 - If a more costly, longer wear time product is being used in circumstances where frequent dressing changes are indicated, consider changing dressing type to a less costly alternative

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
- Disclaimer – seek further information on products from manufacturer's instruction leaflet enclosed in pack

NHSGGC Primary Care Wound Formulary

- When prescribing dressings, specify the number of individual dressings required **NOT** the number of boxes
- Basic wound dressings should be considered for non complex wounds or for use as secondary dressings
- See Prescribing Guidance, above, for points to consider when selecting an advanced wound dressing
- See appendices for exudate and debridement guidance

Dressing size in cm and cost per dressing (Drug Tariff November 2018)					
(1 st) denotes those dressings that are included on Primary Care First Line Dressings List					
Basic wound contact layer: low adherence dressings					
N-A Ultra	9.5 x 9.5 (34p)	9.5 x 19 (64p)			
Atrauman (1 st)	5 x 5 (34p)	7.5 x 10 (35p)	10 x 20 (80p)	20 x 30 (£2.20)	
Jelonet	10 x 10 (42p)				
Absorbent dressings: light exudate with adhesive border					
Premierpore (1 st)	5 x 7 (5p)	10 x 10 (12p)	10 x 15 (18p)	10 x 20 (32p)	10 x 25 (36p)
	10 x 30 (45p)	10 x 35 (52p)			
Absorbent perforated plastic film faced dressing: low exudate					
Telfa (1 st)	7.5 x 5 (12p)	10 x 7.5 (16p)	15 x 7.5 (18p)	20 x 7.5 (29p)	
Absopad	5 x 5 (7p)	10 x 10 (13p)	20 x 10 (28p)		
Absorbent dressings non adhesive moderate to heavy exudate					
Celludress	10 x 10 (19p)	10 x 15 (20p)	10 x 20 (22p)	15 x 20 (30p)	20 x 25 (40p)
	20 x 30 (85p)				
Zetuvit sterile (1 st)	10 x 10 (22p)	10 x 20 (25p)	20 x 30 (40p)	20 x 40 (£1.12)	
Zetuvit E non sterile (1 st)	10 x 10 (7p)	10 x 20 (9p)	20 x 20 (15p)	20 x 40 (28p)	
Advanced wound dressings: absorbent dressings non adhesive heavy exudate					
Kliniderm super absorbent (1 st)	10 x 10 (49p)	10 x 15 (69p)	20 x 20 (99p)	20 x 30 (£1.49)	20 x 40 (£1.99)
Zetuvit Plus	10 x 10 (83p)	10 x 20 (£1.15)	15 x 20 (£1.32)	20 x 25 (£1.80)	20 x 40 (£2.79)
Hydrogel dressings					
ActivHeal Hydrogel (1 st)	15g (£1.41)				
ActiFormCool	5 x 6.5 (£1.83)	10 x 10 (£2.71)	20 x 20 (£8.14)	10 x 15 (£3.89)	
Vapour permeable film dressing					
Hydrofilm (1 st)	6 x 7 (23p)	10 x 12.5 (43p)	10 x 15 (54p)	10 x 25 (83p)	12 x 25 (88p)
	15 x 20 (99p)	20 x 30 (£1.63)			
Hydrofilm Plus (1 st)	7.2 x 5 (18p)	9 x 10 (28p)	9 x 15 (31p)	10 x 20 (47p)	10 x 25 (61p)
	10 x 30 (70p)				
Soft polymer and Foam dressings					
Adaptic Touch	5 x 7.6 (£1.13)	7.6 x 11 (£2.25)	12.7 x 15 (£4.65)	20 x 32 (£12.50)	
ActivHeal Silicone Foam Borderless (1 st)	5 x 5 (83p)	7.5 x 7.5 (97p)	10 x 10 (£1.43)	10 x 20 (£2.66)	15 x 15 (£2.64)
	20 x 20 (£4.24)				
ActivHeal Foam Adhesive (1 st)	7.5 x 7.5 (£1.18)	10 x 10 (£1.63)	12.5 x 12.5 (£1.68)	15 x 15 (£2.15)	20 x 20 (£4.50)
Allevyn Gentle Border	7.5 x 7.5 (£1.53)	10 x 10 (£2.23)	12.5 x 12.5 (£2.73)	15 x 15 (£4.08)	17.5 x 17.5 (£5.43)
	10 x 20 (£3.62)				
Allevyn Life	10.3 x 10.3 (£1.74)	12.9 x 12.9 (£2.55)	15.4 x 15.4 (£3.12)	21 x 21 (£6.14)	
Aquacel Foam Non-adhesive	5 x 5 (£1.37)	10 x 10 (£2.60)	15 x 15 (£4.37)	10 x 20 (£3.59)	15 x 20 (£5.97)
	20 x 20 (£7.12)				
Aquacel Foam Adhesive	8 x 8 (£1.42)	8 x 13 (£2.27)	10 x 10 (£2.20)	12.5 x 12.5 (£2.72)	17.5 x 17.5 (£5.45)
	21 x 21 (£7.97)	10 x 20 (£2.65)	10 x 30 (£5.08)	25 x 30 (£10.32)	19.8 x 14 (£5.57)
	20 x 16.9 (£5.00)	24 x 21.5 (£5.59)			
Kliniderm Foam Silicone Border (1 st)	7.5 x 7.5 (£1.18)	10 x 10 (£1.63)	12.5 x 12.5 (£2.33)	15 x 15 (£3.95)	10 x 20 (£3.20)
	10 x 30 (£4.80)	15 x 20 (£5.00)			
Vliwasorb Pro (formerly Flivasorb)	12.5 x 12.5 (89p)	12.5 x 22.5 (£1.05)	22 x 22 (£1.88)	22 x 32 (£2.37)	
Polymem	10 x 61 (£13.20)				

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Hydrocolloid					
Duoderm Extra Thin (1 st)	7.5 x 7.5 (82p) 9 x 25 (£2.90)	5 x 10 (78p) 9 x 35 (£4.05)	10 x 10 (£1.36)	15 x 15 (£2.93)	9 x 15 (£1.81)
Aquacel Extra (1 st)	5 x 5 (£1.02) 4 x 30 (£2.95)	10 x 10 (£2.42)	15 x 15 (£4.56)	4 x 10 (£1.32)	4 x 20 (£1.96)
Aquacel Ribbon (1 st)	1 x 45 (£1.88)	2 x 45 (£2.52)			
Kerracel	5 x 5 (60p)	10 x 10 (£1.44)	15 x 15 (£2.71)	2.5 x 45 (£1.91)	
Alginate dressings					
Kaltostat (1 st)	5x5 (97p)	7.5x12 (£2.13)	10x20 (£4.19)	15x25 (£7.20)	2g x3 pieces (£3.93)
Odour absorbent dressings					
CarboFLEX	10 x 10 (£3.27)	8 x 15 (£3.92)	15 x 20 (£7.44)		
Clinisorb	10 x 10 (£1.94)	10 x 20 (£2.58)	15 x 25 (£4.15)		
Antimicrobial dressings					
Honey					
Activon Tulle	5 x 5 (£2.25)	10 x 10 (£3.71)			
Activon tube	25g (£2.77)				
Actilite	5 x 5 (71p) 30 x 60 (£19.15)	10 x 10 (£1.23)	10 x 20 (£2.38)	20 x 30 (£6.70)	30 x 30 (£11.08)
Iodine					
Inadine*	5x5 (33p)		9.5x9.5 (49p)		
Iodoflex (paste)	5g (£4.19)	10g (£8.37)	17g (£13.25)		
Iodosorb (ointment)	10g (£4.62)				
Silver					
Aquacel Ag+ Extra	5 x 5 (£1.98) 4 x 30 (£5.60)	10 x 10 (£4.71)	15 x 15 (£8.88)	4 x 10 (£2.87)	4 x 20 (£3.74)
Aquacel Ag+ Ribbon	1 x 45 (£3.10)	2 x 45 (£4.74)			
Silvercel Non-adherent	5 x 5 (£1.62)	11 x 11 (£3.89)	10 x 20 (£7.25)	2.5 x 30.5 (£3.49)	
Other antimicrobials					
Flaminal Forte gel	15g (£7.79)				
Prontosan wound gel	30ml (£6.50)				
Prontosan solution	350ml (£4.86)				
Cutimed Sorbact Gauze (swabs)	4 x 6 (£1.68)	7 x 9 (£2.80)	3cm round swabs x 5 (£3.36)	2 x 50 (£4.11)	5 x 200 (£8.10)
Debridement					
Debrisoft physical debridement pad	10 x 10 (£6.55)				
Wound irrigation solutions (NaCl 0.9%)					
Irripod Pods	20ml x 25 (£5.84)				
Stericlens Aerosol	100ml (£2.07)	240ml (£3.15)			
Wound care accessories: retention bandages and adhesive tape					
Comfast tubular bandage (1 st)	3.5cm x 1m – red line (56p)	5cm x 1m – green line (58p)	7.5cm x 1m – blue line (77p)	10.75cm x 1m – yellow line (£1.20)	17.5cm x 1m – beige line (£1.83)
Knit band (1 st)	5cm x 4m (10p)	7cm x 4m (15p)	10cm x 4m (17p)	15cm x 4m (31p)	
K soft (1 st)	10cm x 3.5m (46p)	10cm x 4.5m (58p)			
Clinipore adhesive tape (1 st)	1.25cm x 5m (35p)	2.5cm x 5m (59p)	5cm x 5m (£1.00)		
Primafix permeable adhesive tape (x10m) (1 st)	5cm (£1.63)	10cm (£2.40)	15cm (£3.54)	20cm (£4.36)	
Dressing procedure packs					
Nurse It	Pack (55p)				
Dress It (1 st)	Pack (60p)				

*Inadine replaces Povitulle (Povitulle not available from manufacturer until further notice)

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NHSGGC Adult Acute Care Wound Formulary

- Scottish Drug Tariff prices are included for information for primary care practitioners
- PECOS codes included for acute care practitioners only
- For information on Acute Care Paediatric wound products, see [here](#)
- See appendices for exudate and debridement guidance

Dressing size in cm, PECOS codes (P), manufacturer's code (M) and cost per dressing (Drug Tariff November 2018)						
Basic wound contact layer: low adherence dressings						
N-A Ultra	9.5 x 9.5 (34p)	025374 (P)	MNA095 (M)	9.5 x 19 (64p)	025367 (P)	MNA190 (M)
Atrauman	7.5 x 10 (35p)	052295 (P)	499513 (M)	10 x 20 (80p)	052301 (P)	499536 (M)
Absorbent dressings						
Premierpore	5 x 7 (5p) 118151 (P) 5101 (M)	10 x 10 (12p) 118168 (P) 5102 (M)	10 x 20 (32p) 118182 (P) 5104 (M)	10 x 35 (52p) 12441 (P) 5107 (M)		
Eclipse Border	15x15 (£4.99) CR4296 (M)	20x30 (£7.86) CR4297 (M)	10x20 (oval) (£4.38) CR4300 (M)	15x20 (oval) (£5.79) CR4299 (M)	20x30 (oval) (£7.86) CR4298 (M)	
Zetuvit sterile	10 x 10 (22p)	10 x 20 (25p)	20 x 30 (40p)	20 x 40 (£1.12)		
Zetuvit E non sterile	10 x 10 (7p)	10 x 20 (9p)	20 x 20 (15p)	20 x 40 (28p)		
Zetuvit Plus	10 x 10 (83p)	10 x 20 (£1.15)	15 x 20 (£1.32)	20 x 25 (£1.80)	20 x 40 (£2.79)	
Hydrogel Dressings						
Intrasite gel	15g (£2.48)	21007 (P)	7311 (M)			
Hydrosorb	5x7.5 (£1.60) 214914 (P) 900853 (M)	10x10 (£2.29) 214471 (P) 900854 (M)	20x20 (£6.87) 214976 (P) 900855 (M)			
Vapour permeable film dressing						
Tegaderm	6 x 7 (39p)	12 x 12 (£1.11)	15 x 20 (£2.41)			
Tegaderm (with pad)	9 x 10 (65p) 117826 (P) 3586 (M)	9 x 15 (96p) 117840 (P) 3589 (M)	9 x 20 (£1.41) 117857 (P) 3590 (M)	9 x 25 (£1.58) 047451 (P) 3591 (M)	9 x 35 (£2.62) 117819 (P) 3593 (M)	
Soft polymer and Foam dressings						
Permafoam (borderless)	15x15 (£4.12)	164905 (P)	409405 (M)			
Urgotul Absorb Borderless	6x6 (£1.21) 214402 (P) 551736 (M)	10x10 (£2.38) 211746 (P) 551331 (M)	15x20 (£4.20) 2117531 (P) 551738 (M)			
Urgotul Absorb Border	8x8 (£1.38) 211739 (P) 550866 (M)	10x10 (£1.98) 211722 (P) 551014 (M)	10x25 (£3.67) 214815 (P) 551433 (M)	15x20 (£3.98) 213412 (P) 550868 (M)	20x20 (sacrum) (£4.35) 214426 (P) 550869 (M)	
Hydrocolloid Dressings						
Duoderm Extra Thin	7.5 x 7.5 (82p) 034840 (P) S160 (M)	9 x 25 (£2.90) 165452 (P) S172 (M)	9 x 35 (£4.05) 165469 (P) S173 (M)			
UrgoClean Pad	6x6 (97p) 506444 (M)	10x10 (£2.16) 506446 (M)	20x15 (£4.06) 506447 (M)			
UrgoClean rope	2.5x40 (£2.43) 550181 (M)					
Alginate dressings						
Algisite M	5x5 (95p) 66000519 (M)	10x10 (£1.96) 66000520 (M)	15x20 (£5.27)	2g (rope) (£3.56) 66000522 (M)		
Odour absorbent dressings						
CarboFLEX	8 x 15 (£3.92)	049646 (P)	S7661 (M)	15 x 20 (£7.44)	034871 (P)	S7662 (M)
Clinisorb	10 x 20 (£2.58)	024728 (P)	2305 (M)	15 x 25 (£4.15)	024735 (P)	2310 (M)
Antimicrobial dressings						
Honey						
MediHoney	20g (£3.99)	210060 (P)	398 (M)			
MediHoney Tulle	10x10 (£3.42)	210053 (P)	796 (M)			
Iodine						
Inadine	5x5 (33p)	039654 (P)	P01481 (M)	9.5x9.5 (49p)	061662 (P)	P01512 (M)
Iodoflex (paste)	5g (£4.19)	10g (£8.37)	17g (£13.25)			
Silver						
Silvercel Non-adherent	5 x 5 (£1.62)	11 x 11 (£3.89)	10 x 20 (£7.25)	2.5 x 30.5 (£3.49)		
Other antimicrobials						
Flaminal Forte gel	15g (£7.79)	138067 (P)	324-2963 (M)			
Prontosan wound gel	30ml (£6.50)	169603 (P)	400505 (M)			
Prontosan solution	350ml (£4.86)	133895 (P)	400403 (M)	40ml (24 ampoules - £14.45)	176694 (P)	400484 (M)
Cutimed Sorbact Gauze (swabs)	4 x 6 (£1.68) 178988 (P) 72164-01 (M)	7 x 9 (£2.80) 178995 (P) 72165-01 (M)	2 x 50 (£4.11) 178964 (P) 72166-00 (M)			
Debridement						
UCS Debridement Cloth	(£3.25)	217106 (P)	DT500 (M)			

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Primary Care Equivalents of Acute Only Wound Formulary Products

There are some wound products that are included only on the Acute Wound Formulary (see list below). Please be aware that for patients discharged from hospital with these dressings, any discharge supply of dressings should be used up before reassessment. If further dressings are required then the patient should be switched to the Primary Care Formulary alternative.

Acute Only Wound Product					Primary Care Equivalent							
Absorbent dressings												
Eclipse Border					Allewyn Life							
15x15 (£4.99)	20x30 (£7.86)	10x20 (oval) (£4.38)	15x20 (oval) (£5.79)	20x30 (oval) (£7.86)	10.3 x 10.3 (£1.74)	12.9 x 12.9 (£2.55)	15.4 x 15.4 (£3.12)	21 x 21 (£6.14)				
Hydrogel dressings												
Intrasite Gel					ActivHeal Hydrogel							
15g (£2.48)					15g (£1.41)							
Hydrosorb					ActiForm Cool							
5x7.5 (£1.60)	10x10 (£2.29)		20x20 (£6.87)		5 x 6.5 (£1.83)	10 x 10 (£2.71)	20 x 20 (£8.14)		10 x 15 (£3.89)			
Vapour permeable film dressing												
Tegaderm	6 x 7 (39p)		12 x 12 (£1.11)	15 x 20 (£2.41)	Hydrofilm	6 x 7(23p)	10 x 12.5 (43p)	10 x 15 (54p)	10 x 25 (83p)	12 x 25 (88p)	15 x 20 (99p)	20 x 30 (£1.63)
Tegaderm (with pad)	5 x 7 (26p)	9 x 10 (65p)	9 x 15 (96p)	9 x 20 (£1.41)	9 x 25 (£1.57)	Hydrofilm Plus	7.2 x 5 (18p)	9 x 10 (28p)	9 x 15 (31p)	10 x 20 (47p)	10 x 25 (61p)	10 x 30 (70p)
Soft polymer and Foam dressings												
Permafoam					ActivHeal Silicone Foam Borderless							
15x15 (£4.12)					5 x 5 (83p)	10 x 10 (£1.43)	10 x 20 (£2.66)		15 x 15 (£2.64)	20 x 20 (£4.24)		
Urgotul Absorb Borderless					ActivHeal Silicone Foam Borderless							
6x6 (£1.21)		10x10 (£2.38)		15x20 (£4.20)		5 x 5 (83p)	10 x 10 (£1.43)	10 x 20 (£2.66)		15 x 15 (£2.64)	20 x 20 (£4.24)	
Urgotul Absorb Border					Kliniderm Foam Silicone Border							
8x8 (£1.38)	10x10 (£1.98)	10x25 (£3.67)	15x20 (£3.98)	20x20 (sacrum) (£4.35)		7.5 x 7.5 (£1.18)	10 x 10 (£1.63)	12.5 x 12.5 (£2.33)		15 x 15 (£3.95)	10 x 20 (£3.20)	
Hydrocolloid dressings												
UrgoClean Rope					Aquacel Ribbon							
2.5x40 (£2.43)					1 x 45 (£1.88)		2 x 45 (£2.52)					
Alginate dressings												
Algisite M					Kaltostat							
5x5 (95p)	10x10 (£1.96)	15x20 (£5.27)	2g (rope) (£3.56)		5x5 (97p)	7.5x12 (£2.13)	10x20 (£4.19)		15x25 (£7.20)	2g x3 pieces (£3.93)		
Antimicrobial dressings												
MediHoney Tulle					Activon Tulle							
10x10 (£3.42)					5 x 5 (£2.25)		10 x 10 (£3.71)					
MediHoney					Activon Tube							
20g (£3.99)					25g (£2.77)							

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Atrauman (Hartmann)
N-A Ultra (Systagenix)
Jelonet (Smith & Nephew)

Low adherence dressings

Description:

N-A Ultra Primary wound contact layer consisting of a knitted viscose rayon sheet with a silicone coating.
Atrauman (Petrolatum free) Non-adherent, polyester mesh wound contact layer (1mm pore size and impregnation of neutral triglycerides prevent penetration of granulation tissue into dressing). **Jelonet** Knitted polyester primary dressing impregnated with neutral triglycerides, conforms to wound bed.

Atrauman sizes (PECOS codes*)	N-A Ultra sizes (PECOS codes*)	Jelonet sizes
5 x 5cm	9.5 x 9.5cm (025374)	10 x 10cm
7.5 x 10cm (052295)	9.5 x 19cm (025367)	
10 x 20 cm (052301)		
20 x 30cm		

* PECOS codes included for acute care practitioners only

Indications for use	<p>Provides a contact layer directly onto the wound surface. Basic wound dressing for non-complex wounds:</p> <ul style="list-style-type: none"> • minor burns • abrasions • superficial wounds • as a leg ulcer contact layer under compression bandage on leg ulcers <p>A cost effective alternative to silicone contact layer products when dressings are changed more than once a week.</p>
Contraindications/cautions	<ul style="list-style-type: none"> • Can be used under compression; however risk of adherence to wound bed if minimal exudate present. • Use with caution on chronic low exuding wounds with viscous exudate which may result in pooling and restricted drainage through dressing pores. <p>N-A Ultra Do not use if allergic to silicone.</p>
How to apply/remove	<p>Apply: Place flat onto the wound surface with 2.5cm border May be applied in multiple layers “fluffed” up to reduce risk of adherence and frequency of dressing changes. Can be cut or folded to size.</p> <p>Removal: Raise corner and peel back off wound. Should lift off wound with no adherence.</p>
Frequency of dressing changes	<ul style="list-style-type: none"> • Dependent on the nature of the wound, can be left in place for up to 7 days; however may require more frequent changes if there is a risk of desiccation or unexpected increase in exudate with need to review dressing regimen and/or more frequent changes. • If secondary dressing allows strike through e.g. bandages or dry dressings there is a risk of bacterial ingress with requirement for review of dressing regimen or more frequent changes. <p>Refer to exudate and debridement management guidance (appendix 1 & 2)</p>
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • Usually used for low exuding wounds <p>Atrauman is a cost effective alternative to silicone contact layer dressings, if greater than once a week dressing changes are required.</p>

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Premierpore (Shermond)									
Absorbent dressings									
Description: An absorbent perforated dressing with adhesive border.									
<table border="1"> <thead> <tr> <th>Sizes (pad size in brackets) (PECOS*)</th> </tr> </thead> <tbody> <tr> <td>5 x 7cm (3 x 4cm) (118151)</td> </tr> <tr> <td>10 x 10cm (6 x 5cm) (118168)</td> </tr> <tr> <td>10 x 15cm (5 x 10cm)</td> </tr> <tr> <td>10 x 20cm (5 x 15cm) (118182)</td> </tr> <tr> <td>10 x 25cm (5 x 20cm)</td> </tr> <tr> <td>10 x 30cm (5 x 25cm)</td> </tr> <tr> <td>10 x 35cm (5 x 30cm) (12441)</td> </tr> </tbody> </table>		Sizes (pad size in brackets) (PECOS*)	5 x 7cm (3 x 4cm) (118151)	10 x 10cm (6 x 5cm) (118168)	10 x 15cm (5 x 10cm)	10 x 20cm (5 x 15cm) (118182)	10 x 25cm (5 x 20cm)	10 x 30cm (5 x 25cm)	10 x 35cm (5 x 30cm) (12441)
Sizes (pad size in brackets) (PECOS*)									
5 x 7cm (3 x 4cm) (118151)									
10 x 10cm (6 x 5cm) (118168)									
10 x 15cm (5 x 10cm)									
10 x 20cm (5 x 15cm) (118182)									
10 x 25cm (5 x 20cm)									
10 x 30cm (5 x 25cm)									
10 x 35cm (5 x 30cm) (12441)									
* PECOS codes included for acute care practitioners only									
Indications for use	<ul style="list-style-type: none"> • post operative incision sites • lightly exuding wounds 								
Contraindications	Any known sensitivity to adhesives								
How to apply/remove	Place directly over wound ensuring the absorbent pad covers the wound and/or suture line Removal: Lift one corner and peel back gently.								
Frequency of dressing changes	<ul style="list-style-type: none"> • post operative dressings should be removed 48 hours post op or as per surgeons instructions • remove and inspect wound if a large amount of exudate is visible on the outer dressing Refer to exudate and debridement management guidance (appendix 1 & 2)								
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • care must be taken on removal to prevent skin stripping • do not use as primary dressing on wounds with moderate to heavy levels of exudate; this will result in strike through, increased risk of bacterial contamination and increased frequency of dressing changes 								

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack

Telfa pad (Aria Medical)
Absopad (Medicareplus Int)

Absorbent perforated plastic film faced dressing

Description: low adherence contact layer dressing consisting of three layers: perforated film polyester film wound contact layer, absorbent cotton pad and hydrophobic backing

Sizes:	Telfa sterile	Absopad
	5 cm x 7.5 cm	10 x 10cm
	10 cm x 7.5 cm	20 x 10 cm
	7.5 cm x 15 cm	
	7.5 cm x 20 cm	
	Telfa non sterile	
	20 cm x 7.5 cm	
	25 cm x 20 cm	

Indications for use	<ul style="list-style-type: none"> • Superficial wounds • Abrasions • Post op wounds • Lightly exuding wounds • Lower depth of these products may be of value in difficult to dress areas e.g. toe nail avulsion
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Contraindications/ cautions	Use with caution on chronic wounds which produce copious or viscous exudate. Under these circumstances, the exudate may become trapped under the dressing, leading to maceration and inflammation of the surrounding skin.
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How to apply/remove	Telfa can be applied any side down Absopad film surface direct to wound bed
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Secondary layer	Retention bandage or secure with tape
------------------------	---------------------------------------

Frequency of dressing changes	As exudate dictates – for low or minimal exudate. Patient may prefer to change their own dressing when carrying out general social hygiene and to promote independence.
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Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • Volume of dressings required for treatment • Sterile dressings are individually wrapped • Telfa is also available in non sterile form, if required in bulk
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**Zetuvit sterile and Zetuvit E non sterile (Hartmann)
Celludress (Medicareplus International)**

Absorbent dressings

Description: Absorbent cellulose pad with fluid repellent backing for moderate to heavy exudate.

Sizes:

Zetuvit sterile and Zetuvit E non sterile	Celludress
10 x 10cm	10 x 10cm
10 x 20cm	10 x 15cm
20 x 30cm	10 x 20cm
20 x 40cm	15 x 20cm
	20 x 25cm
	20 x 30cm

Indications for use	<ul style="list-style-type: none"> • basic wound pad • use as primary or secondary dressing for moderate to heavily exuding wounds • Under compression therapy for increased fluid handling capability
Contraindications	None listed
How to apply/remove	Apply blue backing uppermost, facing away from the wound
Secondary dressing	Bandage or tape
Frequency of dressing changes	<ul style="list-style-type: none"> • As exudate dictates (see appendix 1&2) • If strike through occurs review frequency of change requirement or consider e.g. Zetuvit Plus, Kliniderm Superabsorbent • If exudate increases review treatment regimen to establish underlying cause
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • alternative to secondary foam or silicone dressing • volume to be prescribed for treatment period to avoid waste

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Zetuvit Plus (Hartmann) Kliniderm Super Absorber (Aria Medical)													
Absorbent dressings													
Description: Superabsorbent polymer/cellulose dressing with fluid repellent backing.													
	<table border="1"> <thead> <tr> <th>Zetuvit Plus</th> <th>Kliniderm Super Absorber</th> </tr> </thead> <tbody> <tr> <td>10 x 10cm</td> <td>10 x 10cm</td> </tr> <tr> <td>10 x 20cm</td> <td>10 x 15cm</td> </tr> <tr> <td>15 x 20cm</td> <td>20 x 20cm</td> </tr> <tr> <td>20 x 25cm</td> <td>20 x 30cm</td> </tr> <tr> <td>20 x 40cm</td> <td>20 x 40cm</td> </tr> </tbody> </table>	Zetuvit Plus	Kliniderm Super Absorber	10 x 10cm	10 x 10cm	10 x 20cm	10 x 15cm	15 x 20cm	20 x 20cm	20 x 25cm	20 x 30cm	20 x 40cm	20 x 40cm
Zetuvit Plus	Kliniderm Super Absorber												
10 x 10cm	10 x 10cm												
10 x 20cm	10 x 15cm												
15 x 20cm	20 x 20cm												
20 x 25cm	20 x 30cm												
20 x 40cm	20 x 40cm												
Indications for use	<ul style="list-style-type: none"> • basic wound pad • use as primary or secondary dressing for heavily exuding wounds • as a leg ulcer contact layer under compression bandage on leg ulcers • to provide excess exudate management for oedematous legs due to chronic venous insufficiency • Kliniderm Super Absorber is low profile and can be used when less bulk is required 												
Contraindications/cautions	<ul style="list-style-type: none"> • Low level of exudate as wound contact layer if risk of adherence • Do not use with larvae therapy. Outer waterproof layer will suffocate larvae 												
How to apply/remove	Direct to wound bed, or as secondary dressing over primary dressing.												
Secondary dressing	Bandage or tape												
Frequency of dressing changes	As exudate dictates – refer to exudate and debridement management guidance (appendix 1&2)												
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • Cost effective alternative to foam or silicone dressings when used as secondary dressings 												

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ActivHeal Hydrogel (Advanced Medical Solutions)			
Hydrogel application			
Description: Gel (composed of guar gum and propylene glycol) containing 85% water. No animal derived ingredients.			
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>15g</td> </tr> </tbody> </table>		Sizes	15g
Sizes			
15g			
Indications for use	<ul style="list-style-type: none"> • necrotic and sloughy wounds with nil to low exudate 		
Contraindications	<ul style="list-style-type: none"> • surgical implantations • full thickness burns 		
How to apply/remove	Direct to wound bed, half fill cavity to reduce risk of maceration to surrounding skin and number of dressing changes required.		
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2)		
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • seek specialist advice in diabetic foot conditions and arterial insufficiency • reduces the need for secondary foam or silicone dressing 		

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ActiFormCool (Activa)						
Hydrogel dressings						
Description: Ionic non adherent hydrogel sheet to debride devitalised tissue						
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>5 x 6.5cm</td> </tr> <tr> <td>10 x 10cm</td> </tr> <tr> <td>10 x 15cm</td> </tr> <tr> <td>20 x 20cm</td> </tr> </table>		Sizes	5 x 6.5cm	10 x 10cm	10 x 15cm	20 x 20cm
Sizes						
5 x 6.5cm						
10 x 10cm						
10 x 15cm						
20 x 20cm						
Indications for use	<ul style="list-style-type: none"> • dry eschar or slough • painful wounds • burns • radiation burns • fungating wounds • under compression for light to moderate exuding wounds 					
Contraindications	<ul style="list-style-type: none"> • deep cavity wounds • narrow cavity wounds • sinus wounds • bleeding wounds • infected wounds • poorly perfused wounds 					
How to apply/remove	Position on wound bed and smooth into place Removal: Lift one corner and gently peel off dressing If dressing has dried out, soak with water or saline to rehydrate and peel off.					
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2) Dressing should be changed when dressing becomes discoloured or opaque.					
Prescribing guidance						

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Hydrofilm (Hartmann)											
Vapour permeable film dressing (Semi-permeable Adhesive Dressing)											
Description: Conformable adhesive waterproof film dressing with high moisture vapour transmission rate.											
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>6 x 7cm</td> <td>12 x 25cm</td> </tr> <tr> <td>10 x 12.5cm</td> <td>15 x 20cm</td> </tr> <tr> <td>10 x 15cm</td> <td>20 x 30cm</td> </tr> <tr> <td>10 x 25cm</td> <td></td> </tr> </tbody> </table>		Sizes		6 x 7cm	12 x 25cm	10 x 12.5cm	15 x 20cm	10 x 15cm	20 x 30cm	10 x 25cm	
Sizes											
6 x 7cm	12 x 25cm										
10 x 12.5cm	15 x 20cm										
10 x 15cm	20 x 30cm										
10 x 25cm											
Indications for use	<ul style="list-style-type: none"> • Superficial wounds with minimal exudate • Abrasions • Provide showerproof bacterial barrier wound contact layer on post op incisions 										
Contraindications/cautions	<ul style="list-style-type: none"> • Heavily exuding wounds • Fragile skin if risk of skin tears • Known sensitivities to excipients 										
How to apply/remove	<p>To apply:</p> <ul style="list-style-type: none"> • Remove film backing paper • Apply direct to wound surface with approximately 2.5 cm border • Peel off frame and smooth edges. The frame prevent stretching the dressing to apply and reduces risk of discomfort and skin tears <p>For removal: Gently lift corner and pull backwards towards centre of wound and stretch off</p> <p>For further advice refer to manufacturers instructions</p>										
Frequency of dressing changes	<ul style="list-style-type: none"> • May be left in situ up to seven days. • Transparency of dressing will allow assessment of wound bed without removal, to inform frequency of changes 										
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <p>Volume of dressings required based on number of wound care interventions required</p>										

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Hydrofilm Plus (Hartmann)									
Vapour permeable adhesive film dressing with absorbent pad									
Description: Conformable adhesive waterproof film dressing with high moisture vapour transmission rate and adsorbent island pad									
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>7.2 x 5cm</td> <td>10 x 20cm</td> </tr> <tr> <td>9 x 10cm</td> <td>10 x 25cm</td> </tr> <tr> <td>9 x 15cm</td> <td>10 x 30cm</td> </tr> </tbody> </table>		Sizes		7.2 x 5cm	10 x 20cm	9 x 10cm	10 x 25cm	9 x 15cm	10 x 30cm
Sizes									
7.2 x 5cm	10 x 20cm								
9 x 10cm	10 x 25cm								
9 x 15cm	10 x 30cm								
Indications for use	<ul style="list-style-type: none"> • Low exuding wounds • Provide showerproof bacterial barrier wound contact layer • Minor traumatic wounds such as grazes, abrasions and lacerations • Post operative surgical wounds • Superficial burns • Can be used as a secondary dressing 								
Contraindications/ cautions	<ul style="list-style-type: none"> • Hydrofilm should not be used as a primary dressing on clinically infected, bleeding or heavily secreting wounds • Known sensitivities 								
How to apply/remove	<p>Apply:</p> <ul style="list-style-type: none"> • Remove film backing • Apply to wound ensuring absorbent pad is covering wound bed or incision line • Peel off frame following application to prevent stretching skin and risking epidermal blistering and smooth edges <p>Removal:</p> <ul style="list-style-type: none"> • When absorbent lift corner and pull backwards towards centre of wound <p>For further advice refer to manufacturers instructions</p>								
Frequency of dressing changes	<ul style="list-style-type: none"> • When absorbent pad is 80% discoloured change dressing or earlier if wound assessment dictates • If exudate level results in greater than 2-3 times per week changes, or exudate becomes more discoloured or viscous reassess treatment regimen 								
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • Film allows inspection of wound and surrounding skin when used as a primary dressing • Low absorbency capacity 								

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Adaptic Touch (Systagenix)						
Soft polymer dressings						
Description: Non adherent wound contact layer coated with soft silicone on both sides.						
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 7.6cm</td> </tr> <tr> <td>7.6 x 11cm</td> </tr> <tr> <td>12.7 x 15cm</td> </tr> <tr> <td>20 x 32cm</td> </tr> </tbody> </table>		Sizes	5 x 7.6cm	7.6 x 11cm	12.7 x 15cm	20 x 32cm
Sizes						
5 x 7.6cm						
7.6 x 11cm						
12.7 x 15cm						
20 x 32cm						
Indications for use	<p>For the management of wounds where adherence of a dressing to the underlying tissue represents a particular clinical problem.</p> <p>Typical applications include:</p> <ul style="list-style-type: none"> • skin tears or abrasions • surgical excisions • second-degree burns • blistering conditions such as epidermolysis bullosa • lacerations • partial and full thickness grafts • skin damage following radiotherapy or steroid therapy. 					
Contraindications	Known sensitivity to any of the components					
How to apply/remove	<ul style="list-style-type: none"> • Direct to wound bed • Dressing should overlap the wound margin by at least two centimetres. Can be cut to size or shape before removal of the protective films. • If more than one dressing is required, the dressings may be partially overlapped, ensuring that the pores are not blocked. Moistening gloves with sterile water or saline will help to stop the dressing sticking to the fingers and thus facilitate application. • Once in position the dressing should be smoothed into place, ensuring a good seal with the surrounding skin, and covered with an appropriate absorbent secondary dressing and a suitable fixation device or bandage 					
Frequency of dressing changes	<p>Depending on the nature and condition of the wound, may be left in place for up to 7-10 days, but the outer absorbent layer should be changed as frequently as required.</p> <p>As exudate dictates – refer to exudate management guidance (appendix 1)</p>					
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • This dressing should not be changed more than once a week • If more than once weekly consider product from basic wound dressing selection • Not to be used with other non-adherent or silicone base dressings 					

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ActivHeal Silicone Foam Borderless (Advanced Medical Solutions)									
Foam dressings									
Description: a polyurethane foam dressing with waterproof film backing and perforated wound contact layer (non-adhesive)									
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 5cm</td> <td>15 x 15cm</td> </tr> <tr> <td>7.5 x 7.5cm</td> <td>10 x 20cm</td> </tr> <tr> <td>10 x 10cm</td> <td>20 x 20cm</td> </tr> </tbody> </table>		Sizes		5 x 5cm	15 x 15cm	7.5 x 7.5cm	10 x 20cm	10 x 10cm	20 x 20cm
Sizes									
5 x 5cm	15 x 15cm								
7.5 x 7.5cm	10 x 20cm								
10 x 10cm	20 x 20cm								
Indications for use	<ul style="list-style-type: none"> • Suitable for moderate to heavily exuding chronic and acute wounds • Can be used under compression 								
Contraindications	Third-degree burns. Do not use with oxidising agents such as hypochlorite solutions or hydrogen peroxide as these can break down the absorbent polyurethane component of the dressing.								
How to apply/remove	<ul style="list-style-type: none"> • Select a dressing large enough to overlap the wound edges by 2cm • Dressing can be cut to shape 								
Secondary dressing	Bandage or tape								
Frequency of dressing changes	Depending on the nature and condition of the wound, may be left in place for up to 7 days. As exudate dictates – refer to exudate management guidance (appendix 1)								
Prescribing guidance	Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate.								

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ActivHeal_Foam Adhesive (Advanced Medical Solutions)

Foam dressings

Description: A polyurethane foam pad with a waterproof, high moisture vapour transmission rate film backing and adhesive border.

Sizes (pad size in brackets)
7.5 x 7.5cm (5 x 5cm)
10 x 10cm (6.25 x 6.25cm)
12.5 x 12.5cm (7.5 x 7.5cm)
15 x 15cm (11 x 11cm)
20 x 20 cm (13.5 x 13.5cm)

Indications for use	<ul style="list-style-type: none"> • moderate to heavily exuding wounds
Contraindications	<ul style="list-style-type: none"> • any known sensitivities • third degree burns • surgical implantation • Do not use with oxidising agents such as hypochlorite solutions or hydrogen peroxide as these can break down the absorbent polyurethane component of the dressing.
How to apply/remove	<p>Select a dressing large enough so that the pad overlaps the wound edges by 2cm. Centre the dressing on the wound and apply it gently to wound bed.</p>
Frequency of dressing changes	<p>Depending on the nature and condition of the wound, may be left in place for up to 7 days. As exudate dictates – refer to exudate management guidance (appendix 1)</p>
Prescribing guidance	<p>Consideration should be given to the following when prescribing: Do not use a foam dressing unless exudate levels and wound conditions indicate it is appropriate</p>

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Allevyn Gentle Border (Smith and Nephew)

Soft polymer dressings with absorbent pad with ADHESIVE BORDER

Description: Absorbent foam dressing with a soft silicone wound contact layer and adhesive border plus a film backing.

|Sizes:

Allevyn Gentle Border
7.5 x 7.5cm
10 x 10cm
10 x 20cm
12.5 x 12.5cm
15 x 15cm
17.5 x 17.5cm

Indications for use	Suitable for a wide range of exuding chronic and acute wounds as well as secondary healing wounds.
Contraindications	Do not use if allergic to silicone.
How to apply/remove	<ul style="list-style-type: none"> • peel back film dressing and apply directly to wound bed ensuring the dressing overlaps the wound margins by 2cm. • do not stretch. • on dressing removal gently lift one corner and slowly peel back the dressing.
Frequency of dressing changes	<ul style="list-style-type: none"> • change dressing when there is 80% discolouration on outer surface of dressing, this indicates that it has reached its full absorption capacity • The interval between changes will normally be determined by the amount of exudate produced by the wound, but the dressing may be left in place for several days on clean non-infected wounds for up to seven days. • Refer to exudate and debridement management guidance (appendices 1 & 2)
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • only to be used in patients with fragile skin or intolerance to other dressings • do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate <p>The presence of clinical infection does not preclude use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds dressed may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.</p>

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Allevyn Life (Smith and Nephew)						
Soft polymer dressings						
Description: a soft silicone wound contact layer, mesh screen, and polyurethane foam film backing and adhesive border.						
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>10.3 x 10.3cm</td> </tr> <tr> <td>12.9 x 12.9cm</td> </tr> <tr> <td>15.4 x 15.4cm</td> </tr> <tr> <td>21 x 21cm</td> </tr> </tbody> </table>		Sizes	10.3 x 10.3cm	12.9 x 12.9cm	15.4 x 15.4cm	21 x 21cm
Sizes						
10.3 x 10.3cm						
12.9 x 12.9cm						
15.4 x 15.4cm						
21 x 21cm						
Indications for use	<ul style="list-style-type: none"> • Granulating wounds • Chronic and acute exuding wounds 					
Contraindications	Do not use if allergic to silicone. Do not use with oxidising agents such as hypochlorite solutions or hydrogen peroxide as these can break down the absorbent polyurethane component of the dressing					
How to apply/remove	<ul style="list-style-type: none"> • peel back film dressing and apply directly to wound bed ensuring the dressing overlaps the wound margins by 2cm. • do not stretch the dressing • remove dressing by gently lifting one corner and slowly peeling back the dressing 					
Frequency of dressing changes	<ul style="list-style-type: none"> • The interval between changes will normally be determined by the amount of exudate produced by the wound, but the dressing may be left in place on clean non-infected wounds for up to seven days. • Refer to exudate and debridement management guidance (appendices 1 & 2) 					
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • only to be used in patients with fragile skin or intolerance to other dressings • do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate 					

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Aquacel Foam (Convatec)

Hydrocolloid-fibrous dressings with ADHESIVE BORDER Hydrocolloid-fibrous dressing BORDERLESS

Description: Absorbent polyurethane foam dressing with a non-woven wound contact layer of sodium carboxymethylcellulose and a waterproof polyurethane film backing. The bordered dressing has a silicone adhesive border.

WITH BORDER	WITHOUT BORDER
Sizes	
8 x 8cm	5 x 5cm
10 x 10 cm	10 x 10cm
12.5 x 12.5 cm	15 x 15cm
17.5 x 17.5 cm	10 x 20cm
19.8 x 14 cm	15 x 20cm
20 x 16.9 cm	20 x 20cm
21 x 21 cm	
25 x 30 cm	

Indications for use	Primary or secondary dressing Moderately to heavily exuding wounds Acute or chronic wounds
Contraindications	Allergy to silicone/sensitivity to any of the components
How to apply/remove	<ul style="list-style-type: none">• Remove release layer and place directly over wound ensuring the central absorbent pad overlaps the wound margins by at least 1cm• Remove release layer and place directly over wound ensuring the central absorbent pad overlaps the wound margins by at least 1cm• To remove dressing, press down gently on skin and gently remove one corner – continue until all edges free and carefully lift away dressing• Cannot be cut to size
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2). May be left in place for up to 7 days.
Prescribing guidance	Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected. Consideration should be given to the following when prescribing: <ul style="list-style-type: none">• do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate

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Kliniderm Foam Silicone Border (Aria Medical)

Soft polymer dressings with absorbent pad with ADHESIVE BORDER

Description: Absorbent foam dressing with a soft silicone wound contact layer (non-adherent) and adhesive border plus a waterproof vapour-permeable polyurethane (film) backing.

Sizes
7.5 x 7.5cm
10 x 10cm
12.5 x 12.5cm
15 x 15cm
10 x 20cm
15 x 20cm

Indications for use	Suitable for exuding chronic and acute wounds
Contraindications	Do not use if allergic to silicone or any other components of the dressing
How to apply/remove	Apply directly to wound bed ensuring the dressing overlaps the wound margins by at least 2cm. Remove dressing by gently lifting one corner and slowly peel back the dressing.
Frequency of Dressing changes	May be left in place for up to 7 days depending on wound exudates. Refer to exudate and debridement management guidance (appendices 1 & 2).
Prescribing guidance	Do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate. Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. Do not use with oxidising solutions such as hypochlorite or hydrogen peroxide

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Vliwasorb Pro (formerly Flivasorb) (Lohmann & Rauscher)						
Soft polymer dressings						
Description: Superabsorbent wound dressing with non-adherent wound contact layer and outer clothing protection layer. Contains sodium polyacrylate super absorber particles and cellulose that form a gel on contact with fluid.						
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>12.5 x 12.5cm</td> </tr> <tr> <td>12.5 x 22.5cm</td> </tr> <tr> <td>22 x 22cm</td> </tr> <tr> <td>22 x 32cm</td> </tr> </tbody> </table>		Sizes	12.5 x 12.5cm	12.5 x 22.5cm	22 x 22cm	22 x 32cm
Sizes						
12.5 x 12.5cm						
12.5 x 22.5cm						
22 x 22cm						
22 x 32cm						
Indications for use	<ul style="list-style-type: none"> • primary dressing for the management of heavily exuding and sloughy wounds • secondary dressing for deep heavily exuding wounds • can be used under compression bandaging 					
Contraindications	<ul style="list-style-type: none"> • Known sensitivity to any components of the dressing • Lightly/non-exuding wounds • Cavity wounds 					
How to apply/remove	Direct to wound bed					
Secondary dressing	Bandage or tape					
Frequency of dressing changes	As exudate dictates – refer to exudate and debridement management guidance (appendix 1 & 2)					
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • reduces the need for secondary foam or silicone dressing • dressing must not be cut or torn 					

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PolyMem_(Non-adhesive) (Aspen Medical)			
Foam dressings, Polyurethane Foam film dressing without adhesive border			
<p>Description: Non-adherent thin polyurethane foam dressing with a vapour permeable film backing. Dressing structure contains a wound cleansing agent and glycerol.</p> <table border="1" data-bbox="347 398 944 497"> <thead> <tr> <th>Size</th> </tr> </thead> <tbody> <tr> <td>10 x 61cm</td> </tr> </tbody> </table>		Size	10 x 61cm
Size			
10 x 61cm			
Indications for use	<p>Low to moderately exuding wounds including:</p> <ul style="list-style-type: none"> • skin tears • burns • donor and graft sites • and radiotherapy induced skin reactions 		
Contraindications	<p>Not suitable for full thickness burns. Do not use in conjunction with solutions containing hypochlorite.</p>		
How to apply/remove	<p>Apply directly to wound bed, grid side showing, secure with bandage or tape at edges.</p>		
Frequency of dressing changes	<p>As exudate dictates – refer to exudate management guidance (attached)</p>		
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • seek specialist guidance before use • do not use a foam dressing unless exudate levels and wound conditions indicate appropriate • no need to cleanse wound bed as dressing contains cleanser • a dramatic increase in fluid may be observed in first few days which should resolve in this time; if not reassess wound. <p>DO NOT USE WITH ANY OTHER WOUND CARE PRODUCT, THIS IS A PRIMARY DRESSING AND DOES NOT REQUIRE A SECONDARY DRESSING</p>		

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Duoderm Extra Thin (Convatec)											
Polyurethane matrix dressing without adhesive border											
<p>Description: Semi-permeable conformable low absorbency hydrocolloid adherent occlusive dressing.</p> <table border="1" data-bbox="491 360 1142 539"> <thead> <tr> <th colspan="2">Sizes (PECOS* codes in brackets)</th> </tr> </thead> <tbody> <tr> <td>5 x 10cm</td> <td>9 x 15cm</td> </tr> <tr> <td>7.5 x 7.5cm (034840)</td> <td>9 x 25cm (165452)</td> </tr> <tr> <td>10 x 10cm</td> <td>9 x 35cm (165469)</td> </tr> <tr> <td>15 x 15cm</td> <td></td> </tr> </tbody> </table> <p>* PECOS codes included for acute care practitioners only</p>		Sizes (PECOS* codes in brackets)		5 x 10cm	9 x 15cm	7.5 x 7.5cm (034840)	9 x 25cm (165452)	10 x 10cm	9 x 35cm (165469)	15 x 15cm	
Sizes (PECOS* codes in brackets)											
5 x 10cm	9 x 15cm										
7.5 x 7.5cm (034840)	9 x 25cm (165452)										
10 x 10cm	9 x 35cm (165469)										
15 x 15cm											
Indications for use	<ul style="list-style-type: none"> • Superficial low exuding wounds • To debride low levels of slough by autolysis • Primary dressing on clean granulating/epithelialising wound • Secondary dressing over Aquacel Extra (Jubilee technique) on post operative incisions in highly exuding wounds • Secondary dressing to provide showerproof, bacterial barrier • To protect peri-wound margins when using NPWT or Larvae therapy 										
Contraindications/ cautions	<ul style="list-style-type: none"> • Known sensitivities to carboxymethylcellulose, gelatin, pectin • Heavily exuding wounds when used direct to wound bed • Known wound infection • Should not be applied to exposed muscle or bone 										
How to apply/remove	<p>Apply: dry surrounding peri wound skin Peel backing layer and place directly on wound bed, allowing a 3cm border around wound bed.</p> <p>Can be cut to size</p> <p>Removal: Press down gently on skin and lift corner of dressing stretching each edge until free.</p>										
Frequency of dressing changes	<ul style="list-style-type: none"> • Semi transparent qualities and will allow for viewing of wound bed. • Change when gelling of 80% of dressing has taken place or if wound assessment is required. • If Jubilee technique is used, change when underlying Aquacel Extra has fully gelled or if wound assessment is required. 										
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • Frequency of dressing change when prescribing volume 										

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Aquacel Extra (Convatec) Aquacel Ribbon													
Hydrocolloid dressings													
Description: Primary hydrofibre wound contact layer composed of hydrocolloid fibre (sodium carboxymethylcellulose). High absorbency. Converts to gel on contact with moisture (i.e. wound exudate).													
<table border="1"> <tr> <td colspan="2">Sizes Aquacel Extra</td> </tr> <tr> <td>5 x 5cm</td> <td>4 x 10cm</td> </tr> <tr> <td>10 x 10cm</td> <td>4 x 20cm</td> </tr> <tr> <td>15 x 15cm</td> <td>4 x 30cm</td> </tr> <tr> <td colspan="2">Sizes Aquacel Ribbon</td> </tr> <tr> <td>1 x 45cm</td> <td>2 x 45cm</td> </tr> </table>		Sizes Aquacel Extra		5 x 5cm	4 x 10cm	10 x 10cm	4 x 20cm	15 x 15cm	4 x 30cm	Sizes Aquacel Ribbon		1 x 45cm	2 x 45cm
Sizes Aquacel Extra													
5 x 5cm	4 x 10cm												
10 x 10cm	4 x 20cm												
15 x 15cm	4 x 30cm												
Sizes Aquacel Ribbon													
1 x 45cm	2 x 45cm												
Indications for use	<ul style="list-style-type: none"> • moderate to heavily exuding wounds • debridement of moist slough • critically colonised wounds 												
Contraindications	Any known sensitivities												
How to apply/remove	Sheet: Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site. <ol style="list-style-type: none"> 1. Apply to wound bed leaving small overhang around the entire wound edge 2. Ensure maximum contact with wound bed 3. Lay loosely into cavity wounds filling no more than 80% to allow for product swelling 4. Overlap surrounding periwound skin Ribbon: <ol style="list-style-type: none"> 1. Loosely pack into cavity to approximately 80% of depth to allow for product swelling 2. Ribbon can be cut lengthwise. Use 4 x 20cm sheet and cut to size if using on narrow cavity Removal: Lift carefully from wound bed using area of overhang Irrigate to facilitate moisture and ease of removal if adherence to wound bed												
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)												
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • mechanically lifts slough and bacteria from wound bed • reduces risk of maceration and excoriation of peri-wound and surrounding tissues • avoid in dry or low exuding wounds as it can dry out and adhere to wound bed • in deep cavities requiring multiple dressings consider alternative • can be used as secondary dressing with honey or surfactants in tracking wounds 												

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Kerracel (Crawford Healthcare)							
Hydrocolloid dressings							
Description: Primary hydrofibre wound contact layer composed of hydrocolloid fibre (carboxymethylcellulose). High absorbency. Converts to gel on contact with moisture (i.e. wound exudate).							
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 5cm</td> </tr> <tr> <td>10 x 10cm</td> </tr> <tr> <td>15 x 15cm</td> </tr> <tr> <th>Sizes Ribbon</th> </tr> <tr> <td>2 x 45cm</td> </tr> </tbody> </table>		Sizes	5 x 5cm	10 x 10cm	15 x 15cm	Sizes Ribbon	2 x 45cm
Sizes							
5 x 5cm							
10 x 10cm							
15 x 15cm							
Sizes Ribbon							
2 x 45cm							
Indications for use	<ul style="list-style-type: none"> Moderate to heavy exuding wounds Can be used under compression bandaging 						
Contraindications	<ul style="list-style-type: none"> Any known sensitivities to carboxymethylcellulose Should not be used for surgical implantation or to control heavy bleeding 						
How to apply/remove	<p>Sheet: Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.</p> <ol style="list-style-type: none"> Apply to wound bed leaving small overhang around the entire wound edge Ensure maximum contact with wound bed Lay loosely into cavity wounds filling no more than 80% to allow for product swelling <p>Ribbon:</p> <ol style="list-style-type: none"> Loosely pack into cavity to approximately 80% of depth to allow for product swelling (leave at least 2.5cm outside cavity to allow easy removal) <p>Removal: Lift carefully from wound bed using area of overhang. If dressing adheres to wound bed, irrigate to facilitate moisture and ease of removal.</p>						
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)						
Secondary dressing	Secondary dressing required						
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> avoid in dry or low exuding wounds as it can dry out and adhere to wound bed in deep cavities requiring multiple dressings consider alternative can be used as secondary dressing with honey or surfactants in tracking wounds 						

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**Kaltostat (Convatec)
Algisite M (Smith and Nephew) (ACUTE USE ONLY)**

Alginate dressings

Description: Kaltostat - Sterile non-woven calcium-sodium alginate fibre dressing.
Algisite M - Sterile non-woven calcium alginate fibre dressing.
Alginate dressings form a soft gel on contact with wound exudate and promote haemostasis on contact with a bleeding wound.

Sizes Kaltostat	Sizes Algisite M
5 x 5cm	5 x 5cm
7.5 x 12cm	10 x 10cm
10 x 20cm	15 x 20cm
15 x 25cm	30cm/2g rope cavity dressing
2g rope cavity dressing	

Indications for use	<ul style="list-style-type: none"> • local management of bleeding wounds, please note Kaltostat or Algisite M are not intended to control heavy bleeding • in wound management Kaltostat or Algisite M can manage moderate to heavy exudate
Contraindications	Any known allergies to alginates
How to apply/remove	<ul style="list-style-type: none"> • for haemostasis, apply directly to bleeding area and remove when bleeding has stopped • trim/fold to the exact size of the wound • for heavily exuding wounds, apply dry onto the wound (dressing gels in moisture) • when using rope dressing in cavity wounds, 2.5cm of dressing should be left outside to facilitate easy retrieval of dressing <p>Removal: can be assisted by saturating the dressing with normal saline (not water)</p>
Frequency of dressing changes	As exudate dictates refer to exudate and debridement management guidance.(appendix 1&2)
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • not indicated for third-degree burns or use as a surgical sponge. • not indicated for heavily bleeding wounds (seek specialist advice).

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CarboFLEX (Convatec)					
Odour absorbant dressings					
Description: Primary contact non-adherent wound dressing in 5 layers: wound facing absorbent layer containing hydrocolloid and alginate; water resistant second layer; third layer containing activated charcoal; non-woven absorbent fourth layer; water resistant backing layer.					
<table border="1"> <thead> <tr> <th>Sizes (PECOS* in brackets)</th> </tr> </thead> <tbody> <tr> <td>10 x 10cm</td> </tr> <tr> <td>8 x 15cm oval (049646)</td> </tr> <tr> <td>15 x 20cm (034871)</td> </tr> </tbody> </table>		Sizes (PECOS* in brackets)	10 x 10cm	8 x 15cm oval (049646)	15 x 20cm (034871)
Sizes (PECOS* in brackets)					
10 x 10cm					
8 x 15cm oval (049646)					
15 x 20cm (034871)					
* PECOS codes included for acute care practitioners only					
Indications for use	<ul style="list-style-type: none"> • discharging, malodorous, sloughy, and moderate to heavily exuding wounds • hydrocolloid and alginate layer will gel where moisture present and sequester exudate, proteases and bacteria into dressing facilitating debridement • water resistant layer reduces rate of charcoal becoming wet and ineffective, whilst outer layer reduces risk of strikethrough • the underlying cause of wound odour should be identified and any infection treated appropriately with antibacterials if required • CarboFlex dressing may be used as a primary dressing for shallow wounds or with deeper wounds as a secondary dressing over a wound filler. 				
Contraindications	<ul style="list-style-type: none"> • not suitable for dry wounds, as requires moisture to activate gelling process • any known sensitivity to the dressing or its components 				
How to apply/remove	Select dressing size large enough to overlap the wound edge by 3cm.				
Secondary Dressing	Bandage or tape.				
Frequency of dressing changes and removal	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1&2)				
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • useful in palliative and fungating wounds, as conforms to shape of wound • cannot be cut to size • suitable for surface and shallow wounds • if large cavity or tracking wound, can be used additionally with Aquacel Extra primary dressing to pack cavity 				

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CliniSorb (CliniMed)					
Odour absorbent dressings					
Description: A non-adherent activated charcoal cloth enclosed in viscose rayon with outer polyamide coating.					
<table border="1"> <tr> <td>Sizes (PECOS* in brackets)</td> </tr> <tr> <td>10 x 10cm</td> </tr> <tr> <td>10 x 20cm (024728)</td> </tr> <tr> <td>15 x 25cm (024735)</td> </tr> </table>		Sizes (PECOS* in brackets)	10 x 10cm	10 x 20cm (024728)	15 x 25cm (024735)
Sizes (PECOS* in brackets)					
10 x 10cm					
10 x 20cm (024728)					
15 x 25cm (024735)					
* PECOS codes included for acute care practitioners only					
Indications for use	<ul style="list-style-type: none"> • apply as a primary or secondary dressing. • management of malodorous wounds whilst underlying cause is being addressed (e.g. debridement, management of infection) 				
Contraindications	None listed				
How to apply/remove	Place directly on wound bed or over primary dressing. Can be cut to size.				
Frequency of dressing changes	Can be left in place for up to 7 days, as exudate and slough dictates. Refer to exudate and debridement management guidance (appendices 1&2).				
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • can be cut to size • for use in low to moderate exuding wounds • inactivated when wet 				

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Activon Tulle (Advancis)			
Antimicrobial Dressings, Honey sheet dressing			
Description: Knitted viscose impregnated with medical grade honey.			
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>10 x 10cm</td> </tr> </table>		Sizes	10 x 10cm
Sizes			
10 x 10cm			
Indications for use	<ul style="list-style-type: none"> • debridement • helps control odours • provides a moist wound healing environment for all types of acute and chronic wounds including; <ul style="list-style-type: none"> ○ pressure ulcers ○ burns ○ graft sites ○ fungating tumours • has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected 		
Contraindications	<ul style="list-style-type: none"> • <u>DO NOT</u> use if the patient has a known allergy to bee venom. • <u>Not recommended on leg ulcers (SIGN 120)</u> 		
How to apply/remove	Apply directly to wound bed (can be opened out to cover larger surface area). Can be cut to size if necessary.		
Frequency of dressing changes	As exudate dictates refer to exudate and debridement management guidance (appendix 1&2) <i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i>		
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • can make wound bed very moist and may lead to maceration if exudate not managed adequately • a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues/cannot be tolerated discontinue use and irrigate with saline solution • dressing hardens when cold, can be softened in warm environment, needs to be softened prior to use • Activon contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes • seek specialist advice in diabetic foot conditions and arterial insufficiency 		

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Activon Tube (Advancis)			
Antimicrobial Dressings, Honey-based topical application			
Description: 100% medical grade manuka honey ointment.			
<table border="1"> <tr> <td>Sizes</td> </tr> <tr> <td>25g tube</td> </tr> </table>		Sizes	25g tube
Sizes			
25g tube			
Indications for use	<ul style="list-style-type: none"> • debridement • helps control odours • provides a moist wound healing environment for all types of acute and chronic wounds including; <ul style="list-style-type: none"> ○ pressure ulcers ○ burns ○ graft sites ○ fungating tumours • has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected • can be used in cavities 		
Contraindications	<ul style="list-style-type: none"> • <u>DO NOT</u> use if the patient has a known allergy to bee venom • <u>Not recommended on leg ulcers (SIGN 120)</u> 		
How to apply/remove	Apply directly to wound bed or insert into cavity. Refer to wound cleansing guidelines (see links)		
Frequency of dressing changes	<i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i>		
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • can make wound bed very moist and may lead to maceration if exudate not managed adequately • a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues / cannot be tolerated discontinue use and irrigate with saline solution • Activon contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes • seek specialist advice in diabetic foot conditions and arterial insufficiency • tube can be used for up to 90 days after opening (single patient use only) 		

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Actilite (Advancis Medical)									
Antimicrobial Dressings, Honey sheet dressing									
Description: Medical grade manuka honey 99% and manuka oil 1% knitted viscose sheet dressing 99% manuka honey and 1% manuka									
<table border="1"> <thead> <tr> <th colspan="2">Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 5cm</td> <td>20 x 30cm</td> </tr> <tr> <td>10 x 10cm</td> <td>30 x 30cm</td> </tr> <tr> <td>10 x 20cm</td> <td>30 x 60cm</td> </tr> </tbody> </table>		Sizes		5 x 5cm	20 x 30cm	10 x 10cm	30 x 30cm	10 x 20cm	30 x 60cm
Sizes									
5 x 5cm	20 x 30cm								
10 x 10cm	30 x 30cm								
10 x 20cm	30 x 60cm								
Indications for use	<ul style="list-style-type: none"> • Reduce bacterial burden in superficial low exuding wounds with signs of local infection • Actilite may be used for patients whom iodine based products are contraindicated or alternative honey and iodine based products are not tolerated by patient • Can be used under compression 								
Contraindications/cautions	<ul style="list-style-type: none"> • Any known sensitivities to bee venom • NB for full list of cautions/contraindications refer to product literature and BNF 								
How to apply/remove	<p>Apply: “Bumpy” side should be in contact with wound bed Products can be cut to size Centre the dressing on the wound and apply directly onto wound bed.</p> <p>Removal: lift corner of dressing and peel back from wound</p>								
Frequency of dressing changes	Can be left in place up to one week; however if antimicrobial dressing is required more frequent assessment may be required								
Prescribing guidance	<p>Volume of products prescribed should reflect short term use e.g. two week supply in first instance and review treatment plan.</p> <p>Antimicrobials should only be used on the small number of patients who need them and educate those who don't.</p> <p>Recent Health Technology Assessment Report 13 (Dec 2015) on the use of antimicrobial wound dressings for chronic wounds highlighted the lack of evidence for their routine use.</p>								

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Inadine (Systagenix)				
Antimicrobial dressings, Iodine				
Description: Low adherent rayon dressing impregnated with 10% povidone-iodine.				
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Sizes (PECOS*)</td> </tr> <tr> <td>5 x 5 cm (039654)</td> </tr> <tr> <td>9.5 x 9.5 cm (061662)</td> </tr> </table>		Sizes (PECOS*)	5 x 5 cm (039654)	9.5 x 9.5 cm (061662)
Sizes (PECOS*)				
5 x 5 cm (039654)				
9.5 x 9.5 cm (061662)				
* PECOS codes included for acute care practitioners only				
Indications for use	<ul style="list-style-type: none"> Reduce bacterial burden in superficial low exuding wounds with signs of local infection Can be used under compression 			
Contraindications/cautions	<ul style="list-style-type: none"> renal/thyroid impairment lithium therapy <p>NB for full list of cautions/contraindications refer to product literature and BNF</p>			
How to apply/remove	<p>Apply:</p> <ul style="list-style-type: none"> iodine based products can stain or irritate surrounding skin therefore ensure products do not have large border outwith wound bed. “Bumpy” side should be in contact with wound bed Products can be cut to size Centre the dressing on the wound and apply directly onto wound bed. <p>Removal:</p> <ul style="list-style-type: none"> lift corner of dressing and peel back from wound Irrigate with sterile saline to facilitate moisture and ease of removal if adherence to wound bed 			
Frequency of dressing changes	<ul style="list-style-type: none"> 1-7 days depending upon exudate levels pale colour of rayon indicates uptake of iodine <p>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</p>			
Prescribing guidance	<ul style="list-style-type: none"> Volume of products prescribed should reflect short term use e.g. two week supply in first instance and review treatment plan. Antimicrobials should only be used on the small number of patients who need them and educate those who don't. Recent Health Technology Assessment Report 13 (Dec 2015) on the use of antimicrobial wound dressings for chronic wounds highlighted the lack of evidence for their routine use. Dressings have little absorbcency capacity 			

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
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- Disclaimer – seek further information on products from manufacturer's instruction leaflet enclosed in pack

Iodoflex (Smith and Nephew)					
Antimicrobials, Iodine					
<p>Description: A paste basis containing iodine 0.9% as cadexomer-iodine with a gauze backing that releases free iodine on exposure to wound exudate.</p>					
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5g</td> </tr> <tr> <td>10g</td> </tr> <tr> <td>17g</td> </tr> </tbody> </table>		Sizes	5g	10g	17g
Sizes					
5g					
10g					
17g					
<p>Indications for use</p>	<ul style="list-style-type: none"> • treatment of wound infection and debridement of moist, superficial slough in chronic wounds • maximum single application of 50g; • maximum weekly application of 150g; • maximum duration up to 3 months in any single course of treatment 				
<p>Contraindications</p>	<p>Should not be used on:</p> <ul style="list-style-type: none"> • dry, necrotic tissue • known sensitivity to any of its ingredients • children • pregnant or lactating women • people with thyroid disorders or renal impairment • patients prescribed lithium • if bone or tendon visible 				
<p>How to apply/remove</p>	<ol style="list-style-type: none"> 1. Peel back gauze backing 2. Remove suitable amount and mould to wound surface area, ensuring in full contact with wound bed <p>Removal:</p> <ul style="list-style-type: none"> • by irrigation with saline or water 				
<p>Frequency of dressing changes</p>	<p>Regularly monitor for reduction in exudate to ensure wound bed does not dry out. Refer to exudate and debridement management guidance (appendices 1&2)</p> <p>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</p>				
<p>Prescribing guidance</p>	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • Iodine may be absorbed, particularly from large wounds or during prolonged use • suitable for smaller wound surface areas. • not suitable for large surface areas. • some patients may find pain on application; if pain in wound continues/cannot be tolerated discontinue use and irrigate • seek specialist advice in diabetic foot conditions and arterial insufficiency 				

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Iodosorb (Smith and Nephew)			
Antimicrobials, Iodine			
<p>Description: ointment containing 0.9% iodine as cadexomer-iodine. Free iodine is released from ointment on exposure to wound exudate.</p> <table border="1" data-bbox="248 398 568 470"> <tr> <th>Ointment Size</th> </tr> <tr> <td>10g</td> </tr> </table>		Ointment Size	10g
Ointment Size			
10g			
Indications for use	<ul style="list-style-type: none"> • treatment of wound infection and debridement of moist, superficial slough in chronic wounds • maximum single application of 50g • maximum weekly application of 150g • maximum duration up to 3 months in any single course of treatment 		
Contraindications	<p>Should not be used for:</p> <ul style="list-style-type: none"> • dry, necrotic tissue • known sensitivity to any of its ingredients • children • pregnant or lactating women • people with thyroid disorders or renal impairment • patients taking lithium • if bone or tendon exposed 		
How to apply/remove	<ul style="list-style-type: none"> • ensure in full contact with wound surface area <p>Removal:</p> <ul style="list-style-type: none"> • by irrigation with saline or water 		
Frequency of dressing changes	<p><i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i></p>		
Prescribing Guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • Iodine may be absorbed, particularly from large wounds or during prolonged use • less likely to dry wound bed out when slough removed and bacterial burden reduced due to ointment preparation • not suitable for large surface areas • some patients may find pain on application; if pain in wound continues/cannot be tolerated discontinue use and irrigate • seek specialist advice in diabetic foot conditions and arterial insufficiency 		

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Aquacel Ag+ Extra and Aquacel Ag+ Ribbon (Convatec)

Antimicrobial Dressings / Hydrocolloid dressings

Description: Primary hydrofibre wound contact layer composed of hydrocolloid fibre (sodium carboxymethylcellulose) impregnated with silver and surfactant. High absorbency. Converts to gel on contact with moisture (i.e. wound exudate).

Sizes Aquacel Ag+ Extra	
5 x 5cm	4 x 10cm
10 x 10cm	4 x 20cm
15 x 15cm	4 x 30cm
Sizes Aquacel Ag+ Ribbon	
1 x 45cm	2 x 45cm

Indications for use	<ul style="list-style-type: none"> antimicrobial dressings containing silver should only be used when infection is suspected as a result of clinical signs or symptoms moderate to heavily exuding wounds debridement of moist slough
Contraindications	<ul style="list-style-type: none"> do not use on patients with a known sensitivity to silver or other dressing components do not use where the presence of metals is contraindicated e.g. patients receiving radiotherapy or having MRI pregnant or breast feeding women
How to apply/remove	<p>Sheet: Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.</p> <ol style="list-style-type: none"> Apply to wound bed leaving small overhang around the entire wound edge Ensure maximum contact with wound bed Lay loosely into cavity wounds filling no more than 80% to allow for product swelling Overlap surrounding periwound skin <p>Ribbon:</p> <ol style="list-style-type: none"> Loosely pack into cavity to approximately 80% of depth to allow for product swelling Ribbon can be cut lengthwise. Use 4 x 20cm sheet and cut to size if using on narrow cavity <p>Removal: Lift carefully from wound bed using area of overhang. Irrigate to facilitate moisture and ease of removal if adherence to wound bed.</p> <p>Re-assessment of wound to determine if silver containing dressing to continue should be undertaken at least two weekly</p>
Frequency of dressing changes	Can be left in place for up to 7 days. As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)

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Prescribing guidance	<p>silver-impregnated dressings should not be used routinely for the management of uncomplicated wounds</p> <p>Consideration should also be given to the following when prescribing:</p> <ul style="list-style-type: none"> • mechanically lifts slough and bacteria from wound bed • do not use with enzymatic debriders (eg Flaminal Forte) • reduces risk of maceration and excoriation of peri-wound and surrounding tissues • avoid in dry or low exuding wounds as it can dry out and adhere to wound bed • in deep cavities requiring multiple dressings consider alternative • can be used as secondary dressing with honey in tracking wounds
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Silvercel Non-Adherent (Systagenix)						
Antimicrobial dressing, silver, alginate dressing						
Description: A non-adherent alginate and carboxymethylcellulose dressing impregnated with silver.						
<table border="1"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>5 x 5cm</td> </tr> <tr> <td>11 x 11cm</td> </tr> <tr> <td>10 x 20cm</td> </tr> <tr> <td>2.5 x 30.5cm</td> </tr> </tbody> </table>		Sizes	5 x 5cm	11 x 11cm	10 x 20cm	2.5 x 30.5cm
Sizes						
5 x 5cm						
11 x 11cm						
10 x 20cm						
2.5 x 30.5cm						
Indications for use	Antimicrobial dressings containing silver should be used only when infection is suspected as a result of clinical signs or symptoms.					
Contraindications	<ul style="list-style-type: none"> • do not use on patients with a known sensitivity to alginates, ethylene or silver • do not use where the presence of metals is contraindicated e.g. patients receiving radiotherapy or having MRI • pregnant or breast feeding women • third degree burns 					
How to apply/remove	Apply as a primary dressing. Fold or cut to the size of the wound and apply directly to wound bed following wound debridement. Secure in position with a non-occlusive secondary dressing. <i>Re-assessment of wound to determine if silver containing dressing to continue should be undertaken at least two weekly.</i>					
Frequency of dressing Changes	Provides a sustained release of silver ions for up to 7 days, dressing changes therefore dependent on holistic clinical assessment. As exudate, slough and infection dictates – refer to exudate and debridement management guidance. (appendices 1&2)					
Prescribing Guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • silver-impregnated dressings should not be used routinely for the management of uncomplicated wounds 					

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Flaminal Forte (Crawford Healthcare)			
Other antimicrobials, Antimicrobial Alginate Gel			
Description: Hydroactive alginate gel containing dual enzymes (glucose oxidase and lactoperoxidase) to reduce bioburden and debride devitalised tissue			
<table border="1"> <tr> <td>Size (PECOS*)</td> </tr> <tr> <td>15g (138067)</td> </tr> </table>		Size (PECOS*)	15g (138067)
Size (PECOS*)			
15g (138067)			
* PECOS codes included for acute care practitioners only			
Indications for use	<ul style="list-style-type: none"> • moderate to heavily exuding, critically colonised or infected wounds • sloughy critically colonised or infected wounds • critically colonised or infected cavity wounds 		
Contraindications	<ul style="list-style-type: none"> • dry or low exuding wounds • clean wounds with no signs or risks of clinical infection • known sensitivities 		
How to apply/remove	<ol style="list-style-type: none"> 1. Apply directly to wound bed ensuring protection of surrounding skin 2. A syringe may be used to insert into cavity wounds Removal: By gentle irrigation with sterile water or saline		
Frequency of dressing Changes	1 - 4 days depending upon exudate levels. Requires changing when gel structure disappears Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.		
Prescribing Guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • no fibre shed in cavities should only be used for two week periods		

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Prontosan wound gel (B Braun)			
Other antimicrobials			
Description: A hydrogel wound gel containing betaine surfactant (disrupts biofilm) and polihexanide (an antiseptic).			
<table border="1"> <tr> <th>Size (PECOS* in brackets)</th> </tr> <tr> <td>30ml (169603)</td> </tr> </table>		Size (PECOS* in brackets)	30ml (169603)
Size (PECOS* in brackets)			
30ml (169603)			
* PECOS codes included for acute care practitioners only			
Indications for use	Biofilm disruption, cleansing, decontamination and moisturising of: <ul style="list-style-type: none"> • acute wounds • chronic wounds • first and second degree burns 		
Contraindications	If known sensitivity to any of the gel's ingredients. NB In very rare cases there may be a mild burning sensation after application of Prontosan wound gel but this should disappear after a few minutes.		
How to apply/remove	<ul style="list-style-type: none"> • apply directly to wound bed 		
Frequency of dressing Changes	N/A		
Prescribing Guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • use only if indicated by wound cleansing guidance (See links) • wound cleansing product for use in wounds showing signs of critical colonisation or for removal of biofilm • has a shelf life of 28 days after opening - no refrigeration required <p>apply every dressing change as per wound cleansing guidance</p>		

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Prontosan solution (B Braun)				
Other antimicrobials				
<p>Description: An aqueous wound irrigation solution containing betaine surfactant (disrupts biofilm) and polihexanide (an antiseptic).</p> <table border="1" data-bbox="248 398 767 539"> <thead> <tr> <th>Size (PECOS* in brackets)</th> </tr> </thead> <tbody> <tr> <td>350ml (133895)</td> </tr> <tr> <td>40ml (176694- 24x40ml) ACUTE ONLY</td> </tr> </tbody> </table> <p>* PECOS codes included for acute care practitioners only</p>		Size (PECOS* in brackets)	350ml (133895)	40ml (176694- 24x40ml) ACUTE ONLY
Size (PECOS* in brackets)				
350ml (133895)				
40ml (176694- 24x40ml) ACUTE ONLY				
Indications for use	Biofilm disruption, cleansing, decontamination and moisturising of: <ul style="list-style-type: none"> • acute wounds • chronic wounds • first and second degree burns 			
Contraindications	If known sensitivity to any of the solutions ingredients			
How to apply/remove	<ul style="list-style-type: none"> • apply as a soak for at least 10 minutes 			
Frequency of dressing changes	N/A			
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • use only if indicated by wound cleansing guidance (See links) and debridement guidance (appendix 2) • wound cleansing product for use in wounds showing signs of critical colonisation or for removal of biofilm • has a shelf life of 28 days after opening - no refrigeration required • one bottle should allow for approximately 8 dressing changes (based on average size 10 x 10 cm wound size) • apply as a soak at every dressing change as per wound cleansing guidance (See links) 			

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Cutimed Sorbact (BSN)							
Other Antimicrobials							
<p>Description: Low-adherence dressing made from fabric coated with dialkylcarbamoyl chloride, a hydrophobic substance is designed to bind microorganisms in the presence of moisture.</p>							
<table border="1"> <thead> <tr> <th>Sizes (PECOS* in brackets)</th> </tr> </thead> <tbody> <tr> <td>Swabs 4x6cm (178988)</td> </tr> <tr> <td>Swabs 7x9cm (178995)</td> </tr> <tr> <td>Ribbon 2x50cm (178964)</td> </tr> <tr> <td>Ribbon 5x200cm</td> </tr> <tr> <td>Round swabs 3cm</td> </tr> </tbody> </table>		Sizes (PECOS* in brackets)	Swabs 4x6cm (178988)	Swabs 7x9cm (178995)	Ribbon 2x50cm (178964)	Ribbon 5x200cm	Round swabs 3cm
Sizes (PECOS* in brackets)							
Swabs 4x6cm (178988)							
Swabs 7x9cm (178995)							
Ribbon 2x50cm (178964)							
Ribbon 5x200cm							
Round swabs 3cm							
<p>* PECOS codes included for acute care practitioners only</p>							
<p>Indications for use</p>	<ul style="list-style-type: none"> • chronic and acute wounds that are critically colonised • where an antimicrobial dressing is indicated in moderately to highly exuding wounds 						
<p>Contraindications</p>	<ul style="list-style-type: none"> • do not use in combination with ointments and creams as the binding effect is impaired 						
<p>How to apply/remove</p>	<ul style="list-style-type: none"> • place directly onto the wound surface • swabs can be used folded or unfolded and applied to achieve maximum contact with the wound bed 						
<p>Frequency of dressing changes</p>	<p>As exudate dictates – refer to exudate management guidance, can be left in place for up to 7 days</p> <p>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</p>						
<p>Prescribing guidance</p>	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • requires a moist wound condition to be effective • ribbon should not be cut due to shedding 						

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Debrisoft (Activa)			
Physical debridement pads			
<p>Description: Debrisoft is a polyacrylate coated pad made up of polyester fibres with bound edges.</p> <p>NB: this is a debridement pad and NOT a wound dressing</p> <table border="1" data-bbox="237 468 788 539"> <tr> <td>Sizes</td> </tr> <tr> <td>10cm x 10cm</td> </tr> </table>		Sizes	10cm x 10cm
Sizes			
10cm x 10cm			
Indications for use	<ul style="list-style-type: none"> • to debride loose superficial slough and debris to reveal underlying granulating wound bed • removal of softened loose hyperkeratotic skin from peri wound margins 		
Contraindications	<ul style="list-style-type: none"> • wound bed with granulating base • dry slough or necrosis • deep slough • pain despite analgesia 		
How to use	<ul style="list-style-type: none"> • Fully moisten pad with water before use and shake off excess – do not squeeze out • Apply rotational movements over wound bed and margins with pad, with fibre side contacting the wound bed to loosen and remove slough and debris. • Procedure may take a few minutes, as tolerated, to debride and expose granulating wound bed. • During procedure if less hydrated slough is exposed, further hydration with wound dressings is required to soften and liquefy slough to be removed at following dressing change with Debrisoft. • Check pad at end of intervention – if pad is clean this may be due to technique in using pad (seek further advice on correct use) 		
Frequency/ Prescribing guidance	<ul style="list-style-type: none"> • May only require a “one off” treatment or follow up depending on chronicity of wound • At follow up dressing change if slough which was removed is apparent again, this may indicate poor perfusion with vascular referral required; or biofilm formation requiring cleansing with surfactant <p>(For further information on range of debridement techniques refer to appendix 2)</p>		

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Irripods (CD Medical) Stericlens (CD Medical)						
Irrigation solutions (NaCl 0.9%)						
Description: A thin hydropolymer foam with non-adherent wound contact layer.						
Sizes:						
<table border="1"> <tr> <th>Irripods</th> <th>Stericlens</th> </tr> <tr> <td>25ml x 10 pods</td> <td>100mls</td> </tr> <tr> <td></td> <td>240 mls</td> </tr> </table>	Irripods	Stericlens	25ml x 10 pods	100mls		240 mls
Irripods	Stericlens					
25ml x 10 pods	100mls					
	240 mls					
Indications for use	<ul style="list-style-type: none"> For topical irrigation of wounds to remove loose slough, debris and chronic wound fluid from wound bed Social cleansing of peri wound margins 					
Contraindications/ Cautions	<ul style="list-style-type: none"> Do not mix with other fluids for irrigation unless directed Do not use for injection Aerosol is pressurised container and should not be exposed to high temperatures, punctured or burnt. Local disposal regulations and requirements apply. 					
How to apply	<p>Apply: Pods. Twist off nozzle to break seal. Squeeze pod in a downward direction and apply to area requiring irrigation.</p> <p>Aerosol: Direct nozzle to area requiring irrigation and spray approx 10cm from wound surface to reduce risk of spray back and allow maximum coverage of wound bed.</p> <p>Can be used through 360 degrees or upside down for awkward to irrigate areas</p> <p>Replace cap after use and store in clean area</p> <p>Refer to manufacturers instructions for further details if required</p>					
Frequency of use	At each wound intervention.					
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> Aerosol design allows all saline to be used with no waste. Consider number of interventions and volume required at each dressing change to reduce waste Clean granulating wounds do not require routine cleansing Patient may irrigate wound in shower, which can negate need for saline irrigation 					

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Comfifast (Synergy Health plc)**Tubular bandages and garments (elasticated)**

Description: Conformable elasticated viscose stockinette tubular bandage. 92% viscose, 5% elastane, 3% polyamide

Sizes:

colour code	sizes width and length available	Application
red line	3.5 cm x 1m	small limb (8-15cm)
green line	5.0cm x 1m, 3m, 5m	small/medium limb (10 – 25cm)
blue line	7.5 cm x 1m, 3m, 5m	large limb (20 – 45 cm)
yellow line	10.75cm x 1m, 3m, 5m	extra large limb, head, children trunk (35-65cm)
beige line	17.5 cm x 1 m	adult trunk (50 – 120cm)

Indications for use

- To hold primary dressing in place
- holds wound dressing in place without need for pins or tape
- Can be used following application of dermatology products to reduce staining to clothing
- Is not intended as compression therapy

Contraindications/cautions

- Ensure Comfifast is correct size is applied by competent practitioner to prevent tourniquet effect, slippage or damage to skin integrity

How to apply/remove

Apply: measure area for correct size choice
Removal: roll off like a stocking.

Frequency of dressing changes

When dressing changes or treatment required

Prescribing guidance

- May be washed and reused when appropriate
- For irregular shaped limbs Comfifast Multi Stretch may be considered
- Comfifast sizes are colour coded to inform correct prescription

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
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Knit Band (Clinisupplies)						
Lightweight conforming bandages						
<p>Description: Lightweight knitted polyamide and cellulose contour retention bandage competent</p> <table border="1" data-bbox="632 394 999 577"> <thead> <tr> <th>Sizes:</th> </tr> </thead> <tbody> <tr> <td>5cm x 4m</td> </tr> <tr> <td>7cm x 4m</td> </tr> <tr> <td>10cm x 4m</td> </tr> <tr> <td>15cm x 4m</td> </tr> </tbody> </table>		Sizes:	5cm x 4m	7cm x 4m	10cm x 4m	15cm x 4m
Sizes:						
5cm x 4m						
7cm x 4m						
10cm x 4m						
15cm x 4m						
Indications for use	<ul style="list-style-type: none"> • Dressing retention 					
Contraindications /cautions	<ul style="list-style-type: none"> • Bandage should be applied by practitioner to prevent tourniquet effect, slippage or damage to skin integrity • Allow for swelling following application of product between changes to ensure there is no constriction 					
How to apply/remove	<p>Apply:</p> <p>Bandaging is a basic procedure but if carried out incorrectly it has the potential to cause considerable harm, for example by restricting movement or blood flow.</p> <p>Bandages can be used to fix or retain a primary dressing product. In some instances, the bandage is simply wrapped around the affected area and secured with tape</p> <p>Removal: unwind bandage.</p> <p>To avoid trauma, particularly if bandage is in direct contact with skin, do not remove using scissors, loosen and unwind dressing.</p>					
Frequency of dressing changes	When wound dressing change dictates					
Prescribing guidance	Volume of bandages should be in line with number of dressing changes					

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack

KSoft (Urgo)				
Sub compression wadding bandage				
Description: soft absorbent padding layer <table border="1" data-bbox="678 398 952 506" style="margin-left: auto; margin-right: auto;"> <tr> <td>Sizes</td> </tr> <tr> <td>10 cm x 3.5m</td> </tr> <tr> <td>10 cm x 4.5m</td> </tr> </table>		Sizes	10 cm x 3.5m	10 cm x 4.5m
Sizes				
10 cm x 3.5m				
10 cm x 4.5m				
Indications for use	<ul style="list-style-type: none"> • Normally used as sub compression wadding layer for shaping and protecting bony prominences under compression bandages • May also be used for padding, protecting bony prominences and extra absorbency on limbs under retention bandages 			
Contraindications/ cautions	None listed			
How to apply/remove	Apply: as directed dependent on purpose			
Secondary Dressing	Retention bandage			
Frequency of dressing changes and removal	As wound dressing or exudate dictates			
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • Purpose of product, absorbent pads may also be used if extra absorbency required 			

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Clinipore (Clinisupplies) Primafix (Smith & Nephew)											
Surgical adhesive tape											
<p>Description: Clinipore: Permeable non woven synthetic adhesive tape Primafix: Permeable apertured non woven synthetic adhesive tape</p> <p>Sizes:</p> <table border="1"> <thead> <tr> <th>Clinipore</th> <th>Primafix</th> </tr> </thead> <tbody> <tr> <td>1.25cm x 5m</td> <td>5cm</td> </tr> <tr> <td>2.5cm x 5m</td> <td>10cm</td> </tr> <tr> <td>5cm x 5m</td> <td>15cm</td> </tr> <tr> <td></td> <td>20 cm</td> </tr> </tbody> </table>		Clinipore	Primafix	1.25cm x 5m	5cm	2.5cm x 5m	10cm	5cm x 5m	15cm		20 cm
Clinipore	Primafix										
1.25cm x 5m	5cm										
2.5cm x 5m	10cm										
5cm x 5m	15cm										
	20 cm										
Indications for use	<ul style="list-style-type: none"> Retention of dressings and bandages Fixing ostomy appliances Fastening lightweight tubing When repeat usage is required 										
Contraindications/cautions	Any known sensitivity to adhesive Do not apply to broken skin										
How to apply/remove	<p>Apply: direct to required area, avoid large adhesive margins to ensure patient comfort and minimise risk of discomfort on removal</p> <p>Removal: loosen corner of tape and peel back For very fragile skin adhesive remover may be required, which is applied over surface of adhesive border (refer to Therapeutic Stoma Prescribing Guidance for preferred choice)</p>										
Secondary Dressing	NA										
Frequency of dressing changes and removal	As wound dressing regimen dictates										
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> Consider the use of basic adhesive dressings when appropriate to negate need for tape 										

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**Nurse-It (Medicareplus International)
Dress-It (Richardson)**

Dressing packs

Description: Procedure dressing pack for use in primary care, to provide a sterile working surface with contents to support aseptic technique when carrying out wound management.

Sizes of gloves: Small/medium and medium/large gloves available
NB variation in contents of packs

Nurse-It	Dress-It
<ul style="list-style-type: none"> • Latex Free, Powder Free, Nitrile Gloves x one pair • Non-Woven Swabs x 7 • Laminated Paper Sterile Fields x 2 • Paper Towel x 1 • Large Apron x 1 • White Polythene Disposable Bag x 1 • Compartment Tray x 1 • Disposable Forceps x 1 • Laminated Paper Sterile Field x1 • Paper Measuring Tape x 1 	<ul style="list-style-type: none"> • Vitrex gloves x one pair • Softswabs 4 ply x 4 • Absorbent pad x 1 • Sterile field x 1 • Paper towel x 1 • Large apron x 1 • Disposable bag

Indications for use	<ul style="list-style-type: none"> • Dressing pack for patients to support aseptic wound management in domiciliary setting.
Contraindications/ cautions	<ul style="list-style-type: none"> • None noted
Prescribing guidance	<ul style="list-style-type: none"> • Consideration should be given to the following when prescribing: • Pack size 10; take this into account when prescribing to avoid waste dependent on number of dressing changes

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- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
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Eclipse Border (Advancis) (ACUTE USE ONLY)

Absorbent dressings

Description: Absorbent cellulose dressing (absorbent layer gels on contact with exudate) with silicone contact layer, fluid repellent backing and adhesive border.

Sizes
15 x 15cm
20 x 30cm
10 x 20cm (oval)
15 x 20cm (oval)
20 x 30cm (oval)

Indications for use

Moderate to heavily exuding wounds:

- leg ulcers
- pressure ulcers
- sloughy or granulating wounds
- post-operative or dehisced wounds
- fungating wounds
- donor site management
- can be used under compression therapy

Contraindications

Do not use on arterial bleeds or heavily bleeding wounds

How to apply/remove

Place white face down on wound surface with beige backing uppermost and at least a 2cm border overlap around the wound area. Do not cut dressings.

Secondary dressing

Dressing has adhesive border but bandage or tape may be needed for extra support.

Frequency of dressing changes

- Dependant on nature of wound bed and exudate level, can be left in place for up to 7 days. Refer to exudate and debridement management guidance (appendix 1&2)

Prescribing guidance

Can dry out wounds with lower exudate levels.

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
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Intrasite Gel (Smith and Nephew) (ACUTE USE ONLY)			
Hydrogel application			
Description: Gel (composed of modified carmellose polymer and propylene glycol).			
<table border="1"> <tr> <td>Size</td> </tr> <tr> <td>15g</td> </tr> </table>		Size	15g
Size			
15g			
Indications for use	<ul style="list-style-type: none"> • necrotic and sloughy wounds with nil to low exudate 		
Contraindications	<ul style="list-style-type: none"> • surgical implantations • full thickness burns 		
How to apply/remove	Direct to wound bed, half fill cavity to reduce risk of maceration to surrounding skin and number of dressing changes required. Remove by irrigation with normal saline.		
Secondary dressing			
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2)		
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • seek specialist advice in diabetic foot conditions and arterial insufficiency • reduces the need for secondary foam or silicone dressing 		

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Hydrosorb (Hartmann) (ACUTE USE ONLY)

Hydrogel dressings

Description: Absorbent, non-adherent transparent hydrogel sheet containing polyurethane polymers covered with a gas-permeable film (impermeable to liquids and bacteria) used to debride devitalised tissue.

Sizes (PECOS* codes in brackets)
5 x 7.5cm (214914)
10 x 10cm (214471)
20 x 20cm (214976)

* PECOS codes included for acute care practitioners only

Indications for use	<ul style="list-style-type: none"> • dry eschar or slough • painful wounds • burns (but not third-degree burns) • radiation burns • fungating wounds
Contraindications	<ul style="list-style-type: none"> • deep cavity wounds • narrow cavity wounds • sinus wounds • bleeding wounds • infected wounds • poorly perfused wounds • sensitivity to propylene glycol
How to apply/remove	<p>Position on wound bed (dressing should overlap wound margins by 1-2cm) and smooth into place.</p> <p>Removal: Lift one corner and gently peel off dressing. If dressing has dried out, soak with water or saline to rehydrate and peel off.</p>
Secondary Dressing	Adhesive tape or bandage
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendix 1 & 2). Absorption of exudate shows as clouding and/or blistering of the dressing – change dressing when this area reaches the size of the wound.
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • adds or absorbs moisture depending upon wound bed • can be used under compression therapy • may dry out rapidly and adhere to wound • seek specialist advice in diabetic foot conditions and arterial insufficiency • NB contains propylene glycol

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- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack

Tegaderm (3M) (ACUTE USE ONLY)					
Vapour permeable films and membranes					
Description: Thin polyurethane film coated with acrylic adhesive					
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Sizes</th> </tr> </thead> <tbody> <tr> <td>6 x 7cm</td> </tr> <tr> <td>12 x 12cm</td> </tr> <tr> <td>15 x 20cm</td> </tr> </tbody> </table>		Sizes	6 x 7cm	12 x 12cm	15 x 20cm
Sizes					
6 x 7cm					
12 x 12cm					
15 x 20cm					
Indications for use	<ul style="list-style-type: none"> • dry or low exuding wounds • minor traumatic wounds such as grazes, abrasions and lacerations • post operative surgical wounds • superficial burns 				
Contraindications	<ul style="list-style-type: none"> • moderate to heavily exuding wounds • known sensitivities 				
How to apply/remove	<ol style="list-style-type: none"> 1. Gently peel perforated centre cut out and discard 2. Remove printed liner to reveal wound contact layer 3. Apply to wound bed leaving 2-3cm margin 4. Peel off frame surrounding film and smooth edges <p>Removal: Gently lift corner and pull backwards towards centre of wound</p>				
Frequency of dressing changes	As exudate dictates – refer to exudate and debridement management guidance (appendix 1 & 2)				
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • film allows inspection of wound and surrounding skin when used as a primary dressing • no absorbcency capacity • risk of blistering if skin is stretched during application 				

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Tegaderm + pad (3M) (ACUTE USE ONLY)							
Vapour permeable films and membranes							
Description: Thin polyurethane film coated with acrylic adhesive with absorbent pad							
<table border="1"> <thead> <tr> <th>Sizes (pad size in brackets) (PECOS*)</th> </tr> </thead> <tbody> <tr> <td>9 x 10cm (4.5 x 6cm) (117826)</td> </tr> <tr> <td>9 x 15cm (4.5 x 10cm) (117840)</td> </tr> <tr> <td>9 x 20cm (4.5 x 15cm) (117857)</td> </tr> <tr> <td>9 x 25cm (4.5 x 20cm) (047451)</td> </tr> <tr> <td>9 x 35cm (4.5 x 30cm) (117819)</td> </tr> </tbody> </table>		Sizes (pad size in brackets) (PECOS*)	9 x 10cm (4.5 x 6cm) (117826)	9 x 15cm (4.5 x 10cm) (117840)	9 x 20cm (4.5 x 15cm) (117857)	9 x 25cm (4.5 x 20cm) (047451)	9 x 35cm (4.5 x 30cm) (117819)
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9 x 25cm (4.5 x 20cm) (047451)							
9 x 35cm (4.5 x 30cm) (117819)							
* PECOS codes included for acute care practitioners only							
Indications for use	<ul style="list-style-type: none"> • dry or low exuding wounds • minor traumatic wounds such as grazes, abrasions and lacerations • post operative surgical wounds • superficial burns • secondary dressing for use with hydrogel and antimicrobial dressings 						
Contraindications	<ul style="list-style-type: none"> • heavily exuding wounds • known sensitivities 						
How to apply/remove	<ol style="list-style-type: none"> 1. Remove film backing 2. Apply to wound ensuring absorbent pad is covering wound bed or incision line 3. Peel off frame and smooth edges <p>Removal: Gently lift corner and pull backwards towards centre of wound</p>						
Frequency of dressing changes	As exudate and dictates – refer to exudate and debridement management guidance (appendix 1)						
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • film allows inspection of wound and surrounding skin when used as a primary dressing • low absorbency capacity • risk of blistering if skin is stretched during application 						

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PermaFoam Non-adhesive foam dressing (Hartmann) (ACUTE USE ONLY)			
Foam dressings			
Description: A non adherent absorbent foam dressing with polyurethane backing.			
<table border="1"> <tr> <td>Size (PECOS* code)</td> </tr> <tr> <td>15cm x 15cm (164905)</td> </tr> </table>		Size (PECOS* code)	15cm x 15cm (164905)
Size (PECOS* code)			
15cm x 15cm (164905)			
* PECOS codes included for acute care practitioners only			
Indications for use	<ul style="list-style-type: none"> • moderately exuding chronic and acute wounds • Can be used under compression 		
Contraindications	<ul style="list-style-type: none"> • any known sensitivities 		
How to apply/remove	<ul style="list-style-type: none"> • Select a dressing larger than the wound area. • Centre the dressing on the wound and apply directly onto wound bed. 		
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1&2)		
Prescribing guidance	Consideration should be given to the following when prescribing: Do not use a foam dressing unless exudate levels and wound conditions indicate it is appropriate		

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UrgoTul Absorb (Urgo) (ACUTE USE ONLY)					
Soft polymer dressing with absorbent pad WITHOUT BORDER					
Description: Absorbent foam with soft silicone contact layer and film backing.					
<table border="1"> <thead> <tr> <th>Sizes (PECOS*)</th> </tr> </thead> <tbody> <tr> <td>6 x 6cm (214402)</td> </tr> <tr> <td>10 x 10cm (211746)</td> </tr> <tr> <td>15 x 20cm (2117531)</td> </tr> </tbody> </table>		Sizes (PECOS*)	6 x 6cm (214402)	10 x 10cm (211746)	15 x 20cm (2117531)
Sizes (PECOS*)					
6 x 6cm (214402)					
10 x 10cm (211746)					
15 x 20cm (2117531)					
* PECOS codes included for acute care practitioners only					
Indications for use	<ul style="list-style-type: none"> Moderate to heavily exuding wounds including pressure ulcers traumatic wounds resulting in skin loss 				
Contraindications	None noted				
How to apply/remove	<ul style="list-style-type: none"> The wound contact surface of the dressing is protected by a divided plastic film that must be removed before use. Soft silicone contact layer adheres to latex gloves: moisten with saline before handling/use tweezers. Dressing should overlap the wound margin by at least two centimetres. Can be cut to size or shape before removal of the protective film. Once in position the dressing may be held in place with a bandage or other suitable retention aid. 				
Frequency of dressing changes	<ul style="list-style-type: none"> change every 2 to 4 days; may be left in place for up to 7 days on clean granulating wounds - refer to exudate and debridement management guidance (appendices 1 & 2) 				
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> only to be used in patients with fragile skin or intolerance to other dressings do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate The presence of clinical infection does not preclude the use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.				

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UrgoTul Absorb Border (Urgo) (ACUTE USE ONLY)

Foam dressing

Description: Soft silicone wound contact dressing with polyurethane foam film backing and adhesive border.

Sizes (PECOS*)	
8 x 8cm (211739)	15 x 20cm (213412)
10 x 10 cm (211722)	20 x 20cm (sacrum) (214426)
10 x 25cm (214815)	

* PECOS codes included for acute care practitioners only

Indications for use	<ul style="list-style-type: none"> Moderate to heavily exuding wounds including pressure ulcers traumatic wounds resulting in skin loss
Contraindications	None noted
How to apply/remove	<ul style="list-style-type: none"> The wound contact surface of the dressing is protected by a divided plastic film that must be removed before use. Soft silicone contact layer adheres to latex gloves: moisten with saline before handling/use tweezers. Dressing should overlap the wound margin by at least two centimetres. Can be cut to size or shape before removal of the protective film. Once in position the dressing may be held in place with a bandage or other suitable retention aid.
Frequency of dressing changes	<ul style="list-style-type: none"> change every 2 to 4 days; may be left in place for up to 7 days on clean granulating wounds - refer to exudate and debridement management guidance (appendices 1 & 2)
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> only to be used in patients with fragile skin or intolerance to other dressings do not use a foam dressing unless exudate levels and wound condition indicate it is appropriate <p>The presence of clinical infection does not preclude the use provided that appropriate antimicrobial therapy is also provided. Sloughy wounds may initially appear to increase in size due to autolytic debridement promoted by the moist conditions produced beneath the dressing. This is normal and to be expected.</p>

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UrgoClean Pad (Urigo) UrgoClean Rope <div style="text-align: center;">(ACUTE USE ONLY)</div>									
Hydrocolloid dressings									
Description: Hydrocolloid fibre that converts to gel on contact with moisture (i.e. wound exudate). Pad has soft-adherent lipocolloidal contact layer.									
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Sizes: pad</th> <th>Sizes: rope</th> </tr> </thead> <tbody> <tr> <td>6 x 6cm</td> <td>2.5 x 40cm</td> </tr> <tr> <td>10 x 10cm</td> <td></td> </tr> <tr> <td>20 x 15cm</td> <td></td> </tr> </tbody> </table>		Sizes: pad	Sizes: rope	6 x 6cm	2.5 x 40cm	10 x 10cm		20 x 15cm	
Sizes: pad	Sizes: rope								
6 x 6cm	2.5 x 40cm								
10 x 10cm									
20 x 15cm									
Indications for use	<ul style="list-style-type: none"> • moderate to heavily exuding wounds • debridement of moist slough 								
Contraindications	Any known sensitivities								
How to apply/remove	<p>Pad: Select a dressing larger than the wound area. Centre the dressing on the wound and apply it gently to wound site.</p> <ol style="list-style-type: none"> 1. Apply to wound bed leaving small overhang around the entire wound edge 2. Ensure maximum contact with wound bed 3. Lay loosely into cavity wounds filling no more than 80% to allow for product swelling 4. Overlap surrounding periwound skin <p>Rope:</p> <ol style="list-style-type: none"> 1. Loosely pack into cavity to approximately 80% of depth to allow for product swelling 2. Rope can be cut lengthwise. <p>Removal: Lift carefully from wound bed using area of overhang Irrigate to facilitate moisture and ease of removal if adherence to wound bed</p>								
Frequency of dressing changes	As exudate and slough dictates – refer to exudate and debridement management guidance (appendices 1 & 2)								
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • mechanically lifts slough and bacteria from wound bed • reduces risk of maceration and excoriation of peri-wound and surrounding tissues • avoid in dry or low exuding wounds as it can dry out and adhere to wound bed • in deep cavities requiring multiple dressings consider alternative 								

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MediHoney Tulle (Derma) (ACUTE USE ONLY)			
Antimicrobial Dressings, Honey sheet dressing			
Description: Non-adherent woven fabric impregnated with medical grade manuka honey.			
<table border="1"> <tr> <td>Size (PECOS* in brackets)</td> </tr> <tr> <td>10 x 10cm (210053)</td> </tr> </table>		Size (PECOS* in brackets)	10 x 10cm (210053)
Size (PECOS* in brackets)			
10 x 10cm (210053)			
* PECOS codes included for acute care practitioners only			
Indications for use	<ul style="list-style-type: none"> • debridement • helps control odours • provides a moist wound healing environment for all types of acute and chronic wounds including; <ul style="list-style-type: none"> ○ pressure ulcers ○ burns ○ graft sites ○ fungating tumours • has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected 		
Contraindications	<ul style="list-style-type: none"> • <u>DO NOT</u> use if the patient has a known allergy to bee venom. • <u>Not recommended on leg ulcers (SIGN 120)</u> 		
How to apply/remove	Apply directly to wound bed (can be opened out to cover larger surface area). Can be cut to size if necessary.		
Secondary dressing			
Frequency of dressing changes	As exudate dictates refer to exudate and debridement management guidance (appendix 1&2) <i>Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.</i>		
Prescribing guidance	Consideration should be given to the following when prescribing: <ul style="list-style-type: none"> • can make wound bed very moist and may lead to maceration if exudate not managed adequately • a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues/cannot be tolerated discontinue use and irrigate with saline solution • dressing hardens when cold, can be softened in warm environment, needs to be softened prior to use • contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes • seek specialist advice in diabetic foot conditions and arterial insufficiency 		

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
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MediHoney (Derma) (ACUTE USE ONLY)			
Antimicrobial Dressings, Honey-based topical application			
Description: 100% medical grade manuka honey.			
<table border="1"> <tr> <th>Size (PECOS* in brackets)</th> </tr> <tr> <td>20g (210060)</td> </tr> </table>		Size (PECOS* in brackets)	20g (210060)
Size (PECOS* in brackets)			
20g (210060)			
* PECOS codes included for acute care practitioners only			
Indications for use	<ul style="list-style-type: none"> • debridement • helps control odours • provides a moist wound healing environment for all types of acute and chronic wounds including; <ul style="list-style-type: none"> ○ pressure ulcers ○ burns ○ graft sites ○ fungating tumours • has antimicrobial properties suitable for use on infected wounds or where bacterial resistance is suspected • can be used in cavities 		
Contraindications	<ul style="list-style-type: none"> • <u>DO NOT</u> use if the patient has a known allergy to bee venom • <u>Not recommended on leg ulcers (SIGN 120)</u> 		
How to apply/remove	Apply directly to wound bed or insert into cavity. Refer to wound cleansing guidelines (see links)		
Frequency of dressing changes	Re-assessment of wound to determine if antimicrobial dressing to continue should be undertaken at least two weekly.		
Prescribing guidance	<p>Consideration should be given to the following when prescribing:</p> <ul style="list-style-type: none"> • can make wound bed very moist and may lead to maceration if exudate not managed adequately • a short lived stinging sensation may be experienced when applying the honey, if pain in wound continues / cannot be tolerated discontinue use and irrigate with saline solution • MediHoney contains a high level of glucose, although no incidents of increased blood sugar levels due to use of honey in wounds has been reported, it is advisable to monitor blood sugar level in patients with diabetes • seek specialist advice in diabetic foot conditions and arterial insufficiency • sealable tube can be used for up to 4 months after opening (single patient use only) 		

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack

UCS Debridement (medi UK) (ACUTE USE ONLY)

Physical debridement cloth

Description: Sterile, pre-moistened soft debridement cloth for single use.

NB: this is a debridement cloth and **NOT** a wound dressing

Size (PECOS* code)

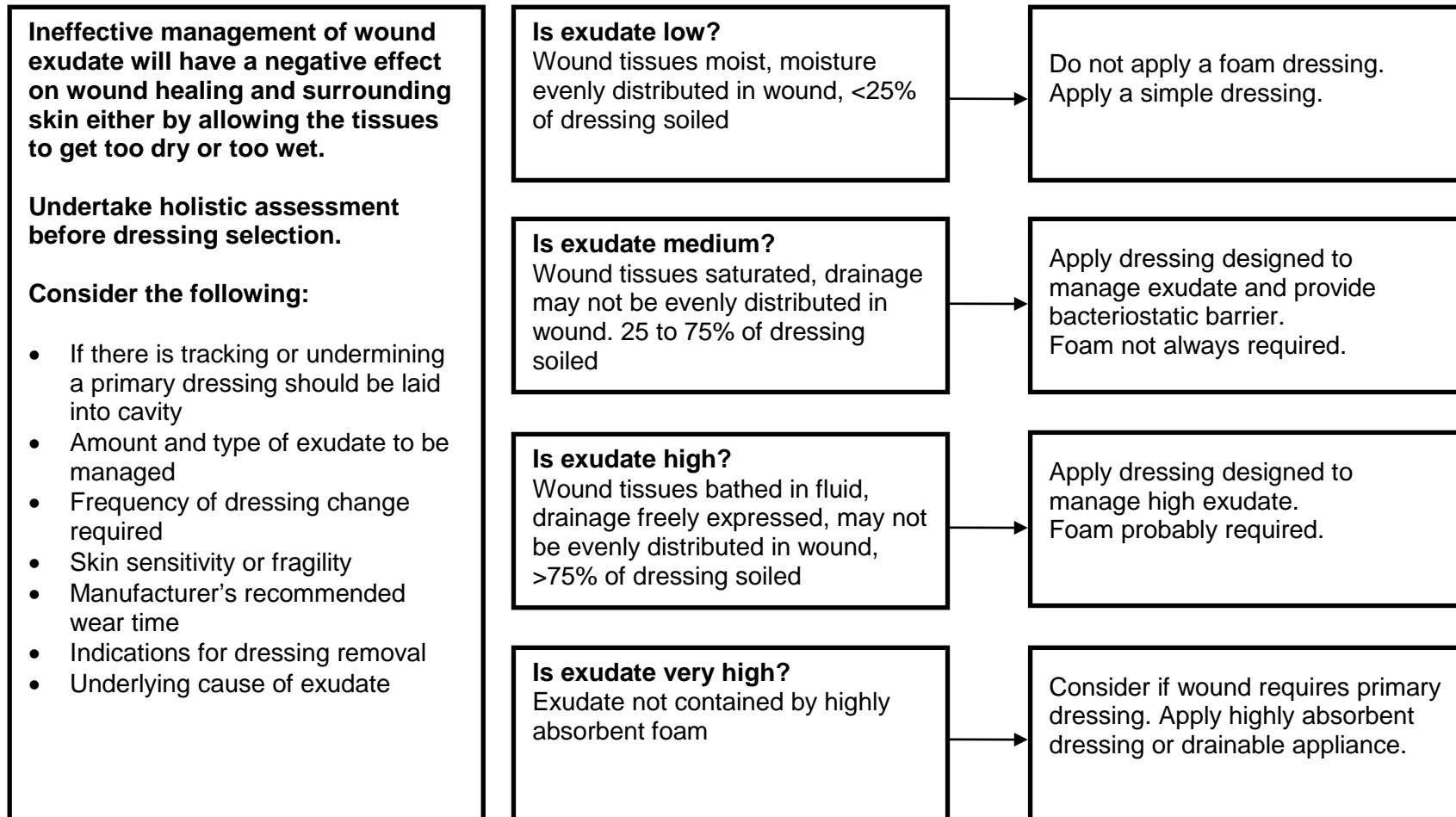
10 x 10cm (217106)

* PECOS codes included for acute care practitioners only

Indications for use	<ul style="list-style-type: none"> to debride loose superficial slough and debris to reveal underlying granulating wound bed removal of softened loose hyperkeratotic skin from peri wound margins
Contraindications	<ul style="list-style-type: none"> wound bed with granulating base dry slough or necrosis deep slough pain despite analgesia
How to use	<ul style="list-style-type: none"> Apply rotational movements over wound bed and margins with cloth to loosen and remove slough and debris. Procedure may take a few minutes, as tolerated, to debride and expose granulating wound bed. During procedure if less hydrated slough is exposed, further hydration with wound dressings is required to soften and liquefy slough to be removed at following dressing change with UCS cloth.
Frequency/ Prescribing guidance	<ul style="list-style-type: none"> May only require a “one off” treatment or follow up depending on chronicity of wound At follow up dressing change if slough which was removed is apparent again, this may indicate poor perfusion with vascular referral required; or biofilm formation requiring cleansing with surfactant <p>(For further information on range of debridement techniques refer to appendix 2)</p>

- See www.ggcprescribing.org.uk for links to all GGC formularies and prescribing information
- For up-to-date pricing information, please see the Dressings section of the Scottish Drug Tariff (<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>)
- Disclaimer – seek further information on products from manufacturer’s instruction leaflet enclosed in pack

Exudate management guidance notes



Appendix 2

Debridement Guidance

Definition: the removal of dead non-viable/devitalised tissue, infected or foreign material from the wound bed and surrounding skin

Non-viable tissue is detrimental to healing in the following ways:

- is a physical barrier to healing
- reduces the effectiveness of topical antimicrobials
- can mask or mimic signs of infection
- can delay wound healing by contributing to prolonged inflammatory response
- can be a barrier to comprehensive wound assessment
- can increase exudate and odour

Debridement is an important aspect of wound bed preparation and facilitates wound healing. Following structured holistic assessment, decision to debride and selection of method can be made (see Figure 1)

Types of Debridement

Autolytic: the naturally occurring process in which the body's own enzymes and moisture rehydrate, soften and liquefy devitalised tissue. Can be facilitated by dressings which promote debridement through donation of moisture-i.e. hydrogels or hydrofibre (Generalist)

Mechanical: using a moistened, soft mono filament pad to physically remove moist, loose slough (Generalist)

Larval (Bio-Surgical): Larvae from the green bottle fly ingest and secrete enzymes to breakdown devitalised tissue. Available loose or contained small bags for application to the wound bed (Generalist)

Ultrasonic: delivery of ultrasonic sound waves in combination with irrigation to remove devitalised tissue (Specialist)

Hydro surgical: delivery of high pressure saline jet to remove devitalised tissue (Specialist)

Sharp: using scissors, a scalpel and/or forceps above tissue level to remove devitalised tissue (competent practitioner)

Surgical: excision or wide resection of devitalised tissue in a theatre setting (Specialist)

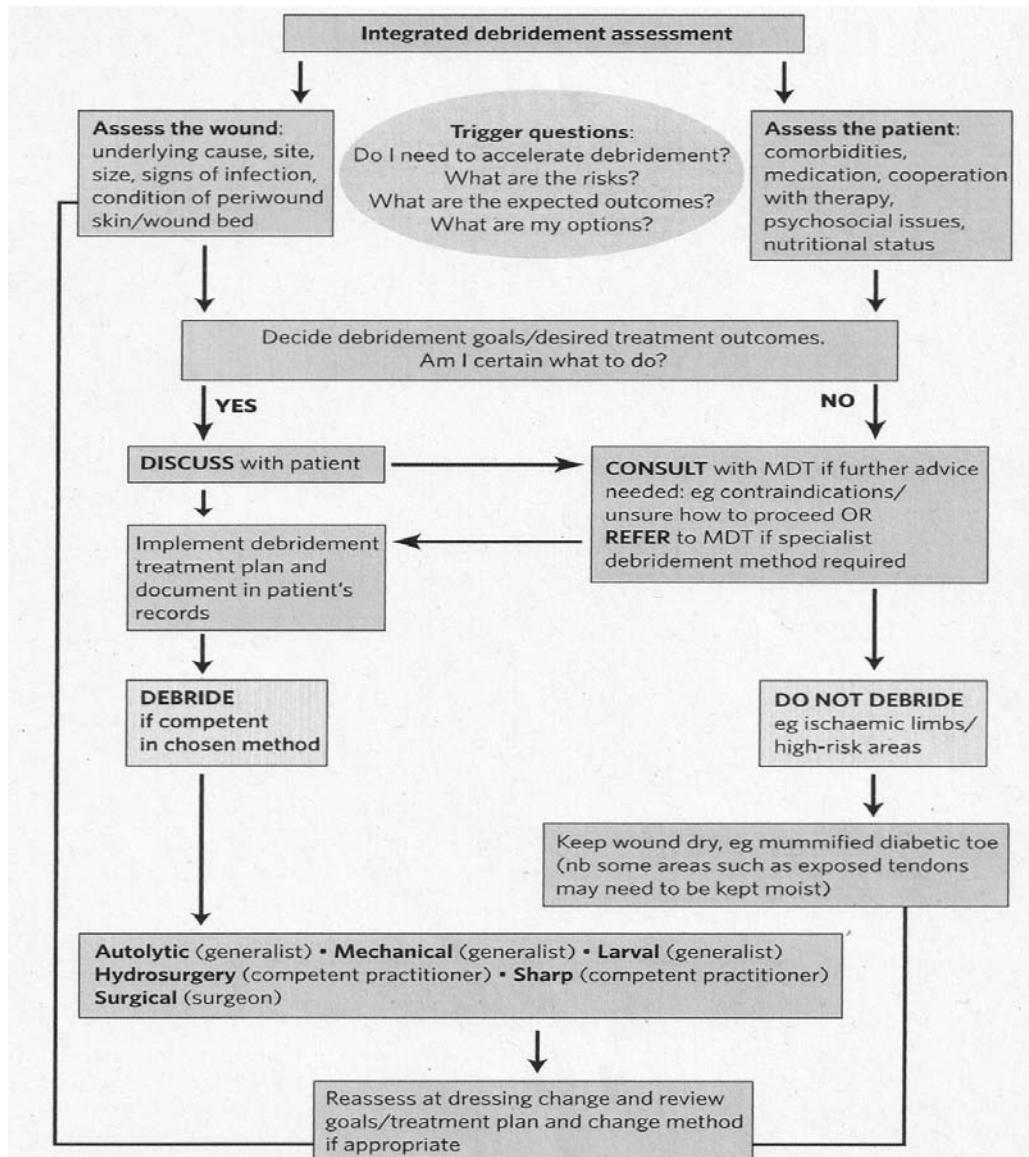
Figure 1

Note:
Please seek specialist advice if further support on any aspects of debridement is required.

If patient unable to give consent please discuss with carer.

References:
Effective debridement in a changing NHS: a UK consensus.
London: Wounds UK, 2013. Available from: www.wounds-uk.com

NHS Greater Glasgow & Clyde (2013)
UNLICENSED MEDICINE PROTOCOL:
Prescribing larvae



Links:

Wound cleansing guidance can be accessed at:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/TissueViabilityServiceAcuteDivision/Pages/AcuteResourceFolder-GuidelinesTools.aspx>

NHSGGC Prescribing webpage, formulary information, guidance and resources (including information on GGC medicines app): www.ggcprescribing.org.uk

NHSGGC Code of Business Conduct for staff:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Board%20Admin/Pages/Code%20of%20Conduct%20for%20Staff.aspx>

NHSGGC Tissue Viability Service site:

<http://www.staffnet.ggc.scot.nhs.uk/Partnerships/Greater%20Glasgow%20and%20clyde%20services/tissueviabilityptn/Pages/TissueViabilityPartnerships.aspx>

NHSGGC Paediatric Resource Folder (information on wound products used in acute care):

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/TissueViabilityServiceAcuteDivision/Pages/PaediatricResourceFolder-WoundFormulary.aspx>

Unlicensed Medicine Protocol Prescribing Larvae:

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Prescribing%20Larvae,%20Unlicensed%20Medicine%20Protocol.pdf>

Negative Pressure Wound Therapy Protocol:

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Wound%20Management,%20Negative%20Pressure%20Wound%20Therapy%20Systems.pdf>

British National Formulary (BNF) can be accessed via NHSGGC Prescribing webpage:

www.ggcprescribing.org.uk