

Wound Dressing Guideline



This guideline is written for use within Harrogate & District NHS Foundation Trust (HDFT). It is based on the best available evidence or consensus regarding best practice at the time of publication.

You matter most

Acknowledgements

This document was revised by: -

Rachael Lee

Tissue Viability Nurse Specialist, HDFT

This Guideline has been produced in consultation and collaboration with clinicians throughout the Harrogate and District NHS Foundation Trust area.

It has been adapted and revised following initial issue in May 2015, with kind permission of:

Alison Elsworth

Previous Tissue Viability Nurse Specialist

Ann Cobb

Previous Tissue Viability Nurse

Vera Nedyalokva

Tissue Viability Nurse

Lynne Boyd

Matron for Adult Community Services, HDFT

Sarah Turnbull

Governance Pharmacist, Pharmacy Dept. Harrogate and District NHS Foundation Trust

Contents

- Introduction 4**
- How to use the Wound Dressing Guideline 4**
- The Wound Dressing Guideline 5**
- Basic Principles**
 - Hand Washing 21
 - Wound Assessment 22
- Wound Pathways**
 - Leg Ulceration 23
 - Podiatry Referral Pathway 26
 - Diabetic Foot Pathways 27
 - Older Persons Skin Care Pathway 28
 - Skin Tear Assessment and Management Pathway..... 29
 - Incontinence Associated Dermatitis (IAD) Management Pathway 30
- Appendix31**

Introduction

The aim of this guideline is to aid the practitioner in dressing choice and should be used in conjunction with the following guidelines and policies*:

- HDFT Wound Assessment and Management Guidelines
- HDFT Negative Pressure Wound Therapy (NPWT) Guidelines
- HDFT Pressure Ulcer Prevention and Management Policy
- HDFT Leg and Foot Ulcer Guidelines
- HDFT Infection Control Policies
- British National Formulary (BNF)

*Please note that this list is not exhaustive and clinicians should be aware of any other relevant guidelines or policies in their area relating to wound management.

This document, when used in conjunction with other relevant guidelines and policies, contains practical guidance on the general principles of wound management and is not intended as a substitute for professional judgement. It should be noted that patients should be assessed holistically and treatment planned appropriately for their individual needs.

How to use the Wound Dressing Guideline

The guideline has been separated into product categories for ease of use.
Each individual product is identified as **Green**, **Amber** or **Red**:


Green	Amber	Red
Preferred “first line” products. These are the only products that should be stocked within the hospital setting	“Second line” products. Should not be used without clear rationale and unless first line product(s) have been ineffective. In the hospital setting second line products should only be used under the advice of a Specialist in Wound Care	Products requiring discussion and/or authorisation by a member of the Tissue Viability Service or other specialist in Wound Care

It is the responsibility of the clinician selecting treatment to ensure that they adhere with the above “traffic light” system

The Wound Dressing Guideline

Type, Indications & Comments	Product Name	Sizes	Tariff Cost (p)
Dressing Packs / Gloves			
Nurse It Sterile pack contains: <ul style="list-style-type: none"> 1 pair of powder free latex free nitrile gloves 1 large apron 1 disposable bag 2 sterile fields 1 paper towel Paper measuring tape Seven non-woven swabs Disposable forceps Disposable bag 	Nurse It (community use)	Small/ Medium Medium/ Large	55
Wound Care 3 Sterile pack contains: <ul style="list-style-type: none"> 1 pair of medium powder free latex gloves (walleated) Five swab non-woven 7.5 x 7.5cm 4ply 1 paper towel 1 orange bag 1 triangular gallipot tray 1 sterile field 	Wound Care 3-National Opt II (hospital use)	1	
Non-Sterile Gloves Box of 50	Vitrex Gloves	S M L	389 389 389
Wound Measurement Grid / Map			
Available from NHS Supply Chain or direct from manufacturers	Wound Measurement Grid / Map	145 mm x 214 mm	50

Type, Indications & Comments	Product Name	Sizes	Tariff Cost (p)
Wound Cleansing / Solutions for Irrigation			
<p>Tap water is easily accessible, efficient and cost effective</p> <p>Not recommended on:</p> <ul style="list-style-type: none"> exposed bone or tendon post-operative wounds requiring a sterile technique for the first 48 hours severely immune suppressed patients patients with skin grafts <p>In these situations sterile saline is recommended</p>	Tap Water	N/A	Free
<p>For procedures requiring aseptic technique</p> <p>For irrigation</p> <p>Use at room temperature</p>	Clinipod Sodium Chloride 0.9%	20ml x 25 pods	480
<p>Contains Betaine (surfactant which penetrates, disturbs and removes biofilm and wound debris) and Polyhexanide (antimicrobial)</p> <p>Place Prontosan "gauze soak" to the wound bed for 10 minutes</p> <p>Remove then apply appropriate wound dressing</p>	Prontosan Solution	40ml pod x 24 350ml Bottle	1433 483
Medical Adhesive Remover			
No-sting, non-cold, silicone-based medical adhesive remover to assist with dressing removal	Lifteez	50ml Spray Wipes (30)	675 1105
Gauze Swabs			
To cleanse wounds in addition or as an alternative to dressing pack	Gauze Swabs	7.5 x 7.5 (pack of 5 sterile) 10 x10 (pack of 100 non-sterile)	42 85

Type, Indications & Comments	Product Name	Sizes	Tariff Cost (p)
Physical Debridement Pad			
Removes wound debris, necrotic material, slough, exudate and biofilm from the wound bed. Can be used on long standing hyperkeratotic skin A maximum of 2 dressings must be ordered	DebriSoft	10cm ² - 1 pad	650
Adhesive Tapes			
Permeable, microporous non-woven tape with a hypoallergenic sensitive adhesive	Chemipore	2.5cm x 5m	45
Permeable, apertured, non-woven and coated on one side with a hypoallergenic synthetic adhesive Should not be used as first line to secure bandages	Chemifix	2.5cm x 5m	90
Soap Substitutes and Emollients			
Please refer to the HDFT Older Persons Skin Pathway – page 28			
Emollient or soap substitutes should always be used as a first line skin cleansers, rather than soap and water	Zerolatum Emollient Bath Additive	500ml	479
To protect and maintain skin integrity To moisturise and treat dry or inflamed skin Note: if applying to leg, ensure product is applied in downward strokes to reduce risk of folliculitis	Zerobase Emollient Cream	50g 500g	104 526
3-in-1 emollient, bath additive and soap substitute. <div>MHRA/CHM update (April 2016): Fire risk with paraffin-based skin emollients on dressings and clothing When patients are being treated with a paraffin-based emollient product that is covered by a dressing or clothing, there is a danger that smoking or using a naked flame could cause dressings or clothing to catch fire. Patients' clothing and bedding should be changed regularly - preferably daily - because emollients soak into fabric and can become a fire hazard.</div>	Zeroderm Ointment 	125g 500g	241 410
Imuderm contains urea 5% and Glycerine 5% and is a 2-in-1 emollient and soap substitute	imuDERM Emollient	500g	650
Dermol 500 lotion is an antimicrobial for direct application onto skin or can be used as a soap substitute Use under specialist advice only	Dermol 500 Lotion	500ml	604

Type, Indications & Comments	Product Name	Sizes	Tariff Cost (p)
Cleansers			
Please refer to the HDFT Incontinence Associated Dermatitis Management Pathway – page 30			
Emollient or soap substitutes should always be used as a first line skin cleansers, rather than soap and water	Zerolatum Emollient Bath Additive	500ml	479
Available through NHS Supplies For use in cleansing skin following contamination with urine or faeces where first line emollient or soap substitutes have been ineffective	Vernacare Senset Foam (hospital use)	300ml	110
For use in cleansing skin following contamination with urine or faeces where first line emollient or soap substitutes have been ineffective	Derma-Pro Foam & Spray Incontinence Cleanser	250ml	595
Skin Protectants / Barrier Products			
Please refer to the HDFT Incontinence Associated Dermatitis Management Pathway – page 30			
To protect and maintain skin integrity To moisturise and treat dry or inflamed skin Note: if applying to leg, ensure product is applied in downward strokes to reduce risk of folliculitis	Zerobase Emollient Cream	50g	104
		500g	526
For treatment of skin that has been damaged by moisture associated with incontinence	Derma-S Barrier Cream	2g sachet (20 pack)	585
Not a first-line treatment - please refer to the HDFT Incontinence Associated Dermatitis Management Pathway		28g	298
Transparent barrier film to protect skin that has been compromised by moisture damage, such as wound exudate, where emollient (first line) and appropriate wound management has proved ineffective	Medi-Derma Sterile Medical Barrier Film Applicator	5 x 1ml	370
		5 x 3ml foam applicator	595
Viscous, non-sting ointment indicated for intact and injured skin For use under Specialist Advice only	Derma-Pro Skin Protectant Ointment	115g	850

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Vapour-Permeable or Semi-Permeable Adhesive Film Dressing			
Film dressing to be used for syringe driver sites	C-View	10 x 12	
Film dressings to be used only as a primary dressing on lightly exuding wounds such as cuts, abrasions, scalds, donor sites, postoperative wounds and ulcers Do not use on infected wounds, deep cavity wounds, third degree burns or wounds with moderate to heavy levels of exudate	365 Film	4 x 5 6 x 7 10 x 12 10 x 15 15 x 20	4 7 16 19 38
Absorbent Perforated			
Low absorption capacity and only suitable for lightly exuding superficial wounds.	365 Non Woven Island Dressing	6 x 8	4
Low adherence dressings with adhesive border		10 x10	6
		10 x 15	9
		10 x 20	12
		10 x 25	14
Activated Charcoal Non-Absorbent Dressing			
For use on wounds which require management of malodour Can be applied directly to the wound or as a secondary dressing if exudate present Do not cut the dressing	Odolock	10.5 x 10.5 10.5 x 19	175 240
Primary Wound Contact Layer For use on superficial or acute traumatic wounds where dressing adherence is a risk. A secondary absorbent dressing is required (change as necessary)			
Non-adherent polyester mesh, 1mm pore size, prevents penetration of granulation tissue into dressing Petrolatum free Can be left in place for up to 7 days – change outer dressing in between as required	Atrauman	5 x 5 7.5 x 10 10 x 20 20 x 30	34 35 80 219
Knitted viscose rayon with a silicone coating	N-A Ultra	9.5 x 9.5 9.5 x 19	33 63
A sterile wound dressing consisting of a knitted polyester fabric coated with silicone adhesive on both sides Only to be used if being left in place for 7 days	ActivHeal Silicone Wound Contact Layer	5 x 7.5 10 x 10 10 x 20 15 x 15	98 209 397 381

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Absorbent Dressings			
For moderate to highly exuding wounds. May be used as primary or secondary dressing	Xupad	10 x12	15
		10 x 20	17
		20 x 20	28
		20 x 40	40
Superabsorbent dressing	Kliniderm Superabsorbent	10 x 10	49
		10 x 15	69
		20 x 20	99
		20 x 30	149
		20 x 40	199
Adhesive Foams			
Can be used as primary or secondary dressings depending on wound type, site, size, depth, tissue type, exudate levels. In over-granulation tissue, which may arise from use of occlusive dressings such as hydrocolloids, changing to a more permeable product such as foam dressings may be beneficial			
Choose dressing type appropriate to level of exudate and position of wound			
These dressings may be kept in place for up to 7 days			
Foam dressing with gentle silicone adhesive border For low to moderately exuding wounds	ActivHeal Silicone Foam Adhesive	7.5 x 7.5	107
		10 x 10	162
		12.5 x 12.5	232
Foam dressing with gentle silicone adhesive border For low to moderately exuding wounds	Biatain Silicone	7.5 x 7.5	147
		10 x 10	216
		12.5 x 12.5	265
		15 x 15	397
		17.5 x 17.5	522
Foam dressing with gentle silicone adhesive border For low to moderately exuding wounds	Biatain Silicone Lite	7.5 x 7.5	134
		10 x 10	204
		12.5 x 12.5	242
Highly conformable non-bordered foam with a soft silicone wound contact layer	Mepilex XT	10 x 11	268
		11 x 20	443
		15 x 16	486
		20 x 21	734
		20 x 50	2927

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Shaped Adhesive Foams			
May be used for awkward areas such as heel, knee or elbow, low to high exuding wounds. May be kept in place for up to 7 days	Tegaderm Foam Adhesive	6.9 x 9.6 mini wrap 6.9 x 7.6 mini oval 10 x 11 14.3 x 15.6 19 x 22.2 oval	166 142 233 412 676
	Tegaderm Foam Adhesive Heel	13.9 x 13.9 14.3 x 14.3	410 344
Non Adhesive Foams			
Hydrophilic foam dressing with film backing	Advazorb	5 x 5 7.5 x 7.5 10 x 10 10 x 20 12.5 x 12.5 15 x 15 20 x 20	65 78 108 159 375 210 335
Thin hydrophilic foam dressing with film backing	Advazorb Lite	7.5 x 7.5 10 x 10 10 x 20	70 97 143
Hydrocolloid (Semi-Permeable) Facilitate rehydration & autolytic debridement of dry, sloughy, or necrotic wounds Suitable also for promoting granulation Hydrocolloids are not recommended to be used on diabetic foot ulcers			
For no or low exudate Useful for traumatic wounds, superficial burns, skin abrasions or removal of foreign bodies Not suitable for infected wounds Dressing should seal round the borders of the wound	Comfeel Plus Transparent (shower proof)	5 x 7 5 x15 5 x 25 10 x10 9 x14 9 x 25 15 x15 15 x 20 20 x20	67 159 259 128 244 347 335 340 342
	Comfeel Plus Ulcer (shower proof)	4 x 6 10 x10 15 x15 20 x20 18 x 20 (sacral)	96 246 527 759 573

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Alginate			
Shallow sloughy wounds, superficial bleeding wounds Highly absorbent. Forms a gel on contact with wound exudate. A secondary dressing is required	ActivHeal Alginate	5 x 5 10 x10 10 x 20	59 115 283
Hydrofibre / Hydrocolloid Fibrous			
Soft, sterile ribbon dressing composed of Hydrofiber (sodium carboxymethylcellulose) Absorbs wound fluid and transforms into a soft gel Incorporates stitch-bonded fibres to increase tensile strength.	Aquacel Ribbon	1 x 45 2 x 45	186 248
Soft-adherent, hydro desloughing, absorbent dressing with TLC (Technology Lipido-Colloid) For use on chronic/static wounds following holistic assessment. Wound contact layer. Minimum duration 4-5 weeks. Do not use on infected wounds	UrgoClean	6 x 6 10 x 10 15 x 20	97 216 406
Hydrogel			
An appropriate secondary dressing is required and should be chosen carefully. Not suitable for infected or heavily-exuding wounds			
For low exuding / dry “flat” wounds Consider use when wounds are painful Use for debridement to soften and rehydrate tissue Not to be used for deep cavity wounds and sinuses Must be checked daily or on alternate days initially There may be odour associated with use of this product	Activheal Hydrogel	8g 15g	123 141
	KerraLite Cool	6 x 6 8.5 x 12 18 x 12.5	175 257 371

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Antimicrobials The term 'antimicrobial' refers to disinfectants, antiseptics and antibiotics. Antimicrobial dressings should be used on locally infected wounds or wounds with spreading infection. Dressing selection should be dependent on tissue type, level / viscosity of exudate, size, type, position and depth of wound. Antimicrobial use should be reviewed after 2 weeks.			
Enzyme Alginogel A hydroactive colloid dressing with alginates and a biological (enzymatic) anti-microbial system Hydro - for wounds that are dry or have mild to moderate amounts of exudate Forte - for wounds that have moderate to heavy amounts of exudate 15g covers approx. 40cm ² Can be recapped for single patient use	Flaminal Hydro	15g tube	768
	Flaminal Forte	15g tube	768
Honey For necrotic, lightly exuding, sloughy, malodorous, infected wounds Honey is an anti-microbial agent that promotes autolytic debridement Discomfort may be experienced due to osmotic action of honey. If this persists then review treatment Caution: ensure patient does not have a sensitivity or allergy to honey, bee stings or bee products. Ensure diabetic patients have blood glucose monitoring	Algivon Plus (manuka honey & alginate)	5 x 5 10 x 10	196 336
	Algivon Plus Ribbon (manuka honey & alginate)	2.5 x 20	336
	Activon Tube	25g	205

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Silver For locally infected or infected wounds Effective for up to seven days	Urgosorb Silver (silver alginate)	5 x 5 10 x 10 10 x 20 2.5 x 30 (rope)	154 368 695 371
	Atrauman AG	5 x 5 10 x 10 10 x 20	52 126 247
	Biatain Ag Non Adhesive	5 x 7 10 x 10	335 816
	Biatain Silicone Ag	7.5 x 7.5 10 x 10 12.5 x 12.5 15 x 15 17.5 x 17.5	333 525 687 1132 1253
	Flamazine	50g	385
Flamazine - Silver Sulphadiazine 1% Caution in use over large areas Short term use only. Apply with sterile applicator 50g tube may be used for up to 7 days			
Iodine Povitulle can be used as a primary wound contact layer for treatment of infections in superficial wounds. In diabetic wounds up to 4 layers can be applied Iodosorb is for chronic, medium exudating or infected or sloughy wounds -Maximum single application ≤ 50g. -Weekly max. not to exceed 150g. -Any single course of treatment not to exceed 3 months	Povitulle	5 x 5 9.5 x 9.5	33 49
	Iodosorb Ointment	10g 20g	456 912

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
PHMB PHMB (Polyhexamethylene biguanide) has a broad spectrum activity against bacteria, viruses and fungi An alternative to other antimicrobial products Absorbent, polyurethane foam dressing impregnated with broad- spectrum anti-microbial (PHMB 0.5%) Antimicrobial barrier is effective for up to 7 days	Kendall AMD Foam Dressing	5 x 5 10 x 10 15 x15 20 x 20 8.8 x 7.5	250 471 892 1307 423
Pre-cut antimicrobial dressing for IV/drain/tracheostomy sites impregnated with PHMB	Excilon AMD	5 x 5	009
Apply Suprasorb X with PHMB to the wound bed and cover with appropriate secondary dressing. Designed to regulate moisture levels in the wound Can be left in place for 5-7days	Suprasorb X with PHMB	5 x 5 9 x 9 14 x 20 2 x 21 rope	257 512 1164 725
DACC DACC (dialkylcarbamoyl chloride) is a hydrophobic anti-microbial dressing to absorb exudate and bind bacteria Contraindications:- Do not use in combination with ointments and creams as the binding effect is impaired	Cutimed Sorbact Dressing Pad	7 x 9 10 x 10 10 x 20	358 560 874
	Cutimed Sorbact Swab	4 x 6 7 x 9	168 280
Metronidazole 0.75% Gel Antimicrobial drug with high activity against anaerobic bacteria and protozoa. Controls odour from fungating tumours. Prescription only.	Metronidazole Topical Gel	15g	447

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
------------------------------	--------------	------------	-----------------

Protease Modulators (Specialist Dressings)

Specialist dressings should only be used after recommendation from a Consultant / Specialist in wound care

<p>Soft-adherent foam dressing with a protease inhibitor that inhibits proteases and limits their detrimental action, restoring the balance of the wound</p> <p>For use on chronic/static wounds following holistic assessment</p> <p>Do not use on infected wounds</p>	UrgoStart	<p>6 x 6</p> <p>10 x 10</p> <p>15 x 20cm</p>	<p>449</p> <p>621</p> <p>1117</p>
<p>Flexible wound contact layer with a protease inhibitor that inhibits proteases and limits their detrimental action, restoring the balance of the wound</p>	UrgoStart Contact	<p>5 x 7</p> <p>11 x 11</p> <p>16 x 21</p>	<p>303</p> <p>428</p> <p>1020</p>
<p>Sterile, freeze-dried composite of oxidised regenerated cellulose and collagen</p> <p>Inactivates proteases and protects growth factors</p> <p>Gels on contact with exudate. Can be pre-moistened, if necessary, to form a gel and molded to fit the wound</p>	Promogran	<p>28cm²</p> <p>123cm²</p>	<p>519</p> <p>1562</p>

Wound Drainage Bags/ Managers

These are useful as TEMPORARY alternatives to dressings on a wound with heavy exudate

<p>Apply directly to the skin and ensure pouch adheres around the wound site adequately</p> <p>Mini-suitable for low volumes of exudate including post drain sites</p> <p>Other pouches suitable for higher volumes of exudate</p>	Biotrol Draina S	<p>Mini</p> <p>Medium</p> <p>Large</p>	<p>244</p> <p>364</p> <p>448</p>
--	-----------------------------	--	----------------------------------

KerraPro Pressure Reducing Pads

<p>A range of 100% silicone pads that are designed to redistribute pressure to protect bony prominences.</p>	Heel	One size	1507
	Sacrum / Ankle	One size	1697
<p>The pads can be reused on the same patient (simply wash with soap and water – they must be completely dry before re-application).</p>	Sheet	10x10x0.3	427
	Sheet	10x10x1.2	1285
	Strip	50x2.5x0.3	535
<p>Should not be used as a wound dressing or on broken skin.</p>	Strip	30x5x0.3	643

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Negative Pressure Wound Therapy (Specialist Dressings Continued)			
<p>Renasys Go</p> <p>Please refer to the Negative Pressure Wound Therapy (NPWT) Guideline, available on the Trust intranet</p> <p>NPWT pumps are available from the Equipment Library at Harrogate District Hospital</p> <p>Pumps must be returned to the Equipment Library as soon as NPWT treatment is discontinued</p> <p>Contraindications/cautions: Consideration should be taken for patients on anti-coagulant therapy actively bleeding wounds, difficult wound haemostasis, malignancy (except in palliative care), exposed arteries, veins, organs or nerves, untreated osteomyelitis, unexplored fistulae, anastomotic sites, extensive necrotic tissue or non- concordant patients. Please refer to Trust Guideline.</p>	Renasys G Gauze Kit with soft port	Small Medium Large	1984 2488 3157
	Renasys F Foam Kit with soft port	Small Medium Large	2328 2704 3208
	Renasys G Flat Drain Kit	10mm	2395
	Renasys G Round Drain Kit	10Fr 19Fr	2395 2395
	Renasys G Channel Drain Kit	15Fr	2395
	Renasys Go Canisters	300ml 750ml	2015 2778
	Renasys Y Connector Kit for use with soft port	1	331
	Renasys Adhesive Gel Patch	10 x 7	3440
	Renasys Soft Port Individual Port Kit	1	1129
	Kerlix AMD Gauze	15.2 x 17.1 11.4cm x 3.7m (roll)	335 162

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Larval Therapy (Specialist Dressings Continued)			
<p>Biosurgical treatment for the debridement of chronic wounds such as diabetic foot ulcers, venous/ mixed aetiology ulcers, pressure ulcers, and dehisced surgical wounds.</p> <p>Contraindications:</p> <p>Should not be used on wounds that have a tendency to bleed or are close to a major blood vessel. Should not be used on patients on anti-coagulants where the relevant marker is not within clinical range. Should be used with caution on wounds over/adjacent to exposed organs or leading to a body cavity and then only under close supervision</p>	Biobag	BB50 2.5 x 4cm	195.00
		BB100 4 x 5cm	220.00
		BB200 5 x 6cm	245.00
		BB300 6 x 12cm	270.00
		BB400 10 x 10cm	295.00

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Bandages (including Compression) A full leg ulcer assessment must be carried out before using any compression system to exclude the presence of arterial disease. The most important aspect of venous leg ulcer management is application of compression therapy. Compression therapy is applied using either bandages or hosiery by a trained and competent person . Please refer to Leg Ulcer Guidance on pages 23-25 and the HDFT Leg and Foot Ulcer Guidelines			
<p>For venous leg ulceration with a Doppler reading >0.8mmHg and a holistic assessment, which excludes the presence of arterial disease, multi-layer compression – (4 layer system - 40mmHg) is the gold standard (or 40mmHg treatment hosiery)</p> <p>Multi-layer compression bandaging regime for ankle size 18-25cm:</p> <ul style="list-style-type: none"> • K-Soft • K Lite • K-Plus • Ko-Flex <p>Multi-layer compression bandaging regime for ankle size 25-30cm:</p> <ul style="list-style-type: none"> • K-Soft • K-Three C • Ko-Flex <p>Reduced compression for mixed aetiology ulceration may be applied by omitting a compression layer to deliver approx. 20mmHg, or as directed by the Consultant/Specialist</p>	K-Soft (padding)	10cm x 3.5m 10cm x 4.5m (long)	45 56
	K-Lite (retentive non-compression bandage)	10cm x 4.5m 10cm x 5.25m (long)	98 113
	K-Plus (type 3a compression bandage)	10cm x 8.7m 10 x 10.25m (long)	231 267
	Ko-Flex (type 3b compression bandage)	10cm x 6m 10cm x 7m (long)	307 351
	K-Three C (type 3c compression bandage)	10cm x 3m	287
	Urgo KTwo	Ankle size up to 18cm (short)	655
		Ankle 18-25cm	776
		Ankle 25-32cm	848
<p>Two-layer compression bandage kit Delivers up to 40mmHg</p>	Actico Cohesive	6cm x 6m 8cm x 6m 10cm x 6m 12cm x 6m	269 309 321 409
	Actico2C Cohesive	Ankle 18 - 25cm Ankle 25 - 32cm	795 895

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Reduced Compression Bandaging Kit (for Mixed Aetiology Ulceration)			
Reduced compression bandage kit	K-Two Reduced	Ankle 18 – 25cm	824
Some patients may present with alternative bandaging regimes		Ankle 25 – 30cm	901
Please continue with treatment as advised and contact consultant/ specialist for further information as appropriate			
Toe / Finger Bandaging			
A conforming bandage designed for dressing retention and finger and toe bandaging. Especially effective on difficult joint areas and required when treating chronic oedema.	Mollelast	4cm x 4m	620
Tubular Bandage (Elasticated Viscose Stockinette)			
For retention purposes	Comfifast Red Line	3.5cm x 1m	56
	Comfifast Blue Line	7.5cm x1m	77
		7.5cm x 3m	213
		7.5cm x 5m	374
	Comfifast Yellow Line	10.75cm x 1m	120
		10.75cm x 3m	349
Comfifast Beige Line	10.75cm x5m	604	
	17.5cm x1m	183	
	Comfifast Easywrap Garments	Various garments available (child sizes but suitable for adults)	

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Compression Treatment Hosiery Kits – 40mmHg Compression hosiery may be used as an alternative to compression bandages – refer to guidance on pages 23-25			
An alternative first line treatment for venous leg ulceration, with a Doppler reading >0.8mmHg and a holistic assessment, which excludes the presence of arterial disease Delivers 40mmHg Treatment hosiery kits contain 2 liners and 1 medical stocking Packs of replacement liners are available	Activa Leg Ulcer Hosiery Kit	S M L XL XXL	2290
	Activa Compression Liner Pack	3 x liners	1717
Jobst UlcerCARE treatment hosiery can be ordered with the zip on the left or right Order the zip on the opposite side to the active ulceration	Jobst UlcerCARE (with zip)	S M L XL XXL XXXL XXXXL	3181
	Jobst UlcerCARE Compression Liner Pack	3 x liners	1921
European standard hosiery For treatment of venous leg ulcers with oedema	ActiLymph Hosiery Kit	S M L XL XXL	3020
Compression Hosiery Wrap System			
Graduated compression hosiery adjustable wraparound compression system	ReadyWrap Calf	S M L XL XXL	8569
	ReadyWrap Foot	S M L XL	3572

Prevention or Maintenance Compression Hosiery

British standard hosiery helps manage and prevent various venous leg conditions where limb swelling is not apparent. European class hosiery plays an important role in managing conditions with chronic oedema. It has a stiffer profile than British standard hosiery.

Use made to measure hosiery when the limb is large or irregular shaped

British Standard

Class	Strength	Indication
Class 1	14 – 17mmHg	Superficial or early varices & prevention of deep vein thrombosis while travelling
Class 2	18 – 24mmHg	Medium varices. Treatment & prevention of venous leg ulcers & associated conditions
Class 3	25 – 35mmHg	Gross varices; post thrombotic wound insufficiency; treatment of venous leg ulcers and prevention of recurrence

Suggested Brands : - *Activa, Altiform*

RAL (European) Standard

Class	Strength	Indication
Low compression	14 – 18mmHg	Early / mild oedema, prevention of varicose veins in pregnancy
Class 1	18 – 21mmHg	For early / mild chronic oedema, lymphoedema where the oedema is light to moderate with little shape distortion
Class 2	23 – 32mmHg	For moderate to severe chronic oedema or lymphoedema where there may be some slight or minor shape distortion
Class 3	34 – 46mmHg	For severe chronic oedema and lymphoedema, where resistant oedema features or where lymphatic damage is considerable. Use also when lower compression has failed to control return of oedema

Suggested Brands : - *Actilymph, Mediven, Altiven, Jobst*

Types of hosiery & when to use:-

- Circular Knit – No to moderate oedema with NO skin creases and / or indentations
- Flat Knit – Moderate to severe oedema with skin changes / creases and or indentations

Below knee or thigh length – use thigh length when:-

- Oedema around knee joint or extends to thigh
- Varicosities in thigh region
- Pain in knee due to arthritis

Choice between open and closed toe:-

Open toe stockings may be preferred for people who:

- Have arthritic or clawed toes, or fungal infection
- Prefer to wear a sock over the compression stocking
- Have a long foot size compared with their calf size

Please contact the appropriate specialist for advice / support

Type, Indications & Comments	Product Name	Sizes (cm)	Tariff Cost (p)
Waterproof Wound Dressing and Bandaging Protector			
<p>Waterproof cover, for limbs, to prevent dressings and bandages becoming wet during showering or bathing.</p> <p>Various other sizes available on prescription for both leg or arm use</p>	Seal-Tight	<p>Adult Short Leg</p> <p>Adult Wide Short Leg</p> <p>Adult Foot and Ankle</p>	1050
Compression Hosiery Applicators			
Devices to aid with application of hosiery	Easy-Slide (for open toe hosiery application)	<p>Shoe Size:</p> <p>S (2-4.5)</p> <p>M (5-7.5)</p> <p>L (8-11)</p> <p>XL (>11)</p>	1246
	SockAid	1	1318
	Actiglide	1	1462
Footwear			
	Cellona	<p>Small</p> <p>Medium</p> <p>Large</p> <p>Extra Large</p>	1588

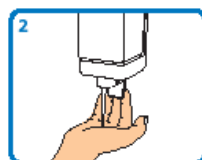
Hand Washing



Hand-washing technique with soap and water



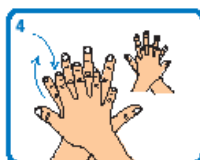
Wet hands with water



Apply enough soap to cover all hand surfaces



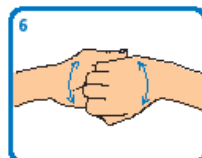
Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



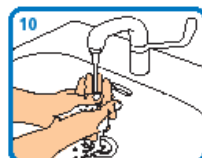
Rub each thumb clasped in opposite hand using a rotational movement



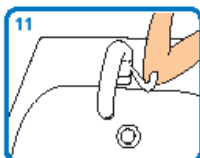
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15-30 seconds

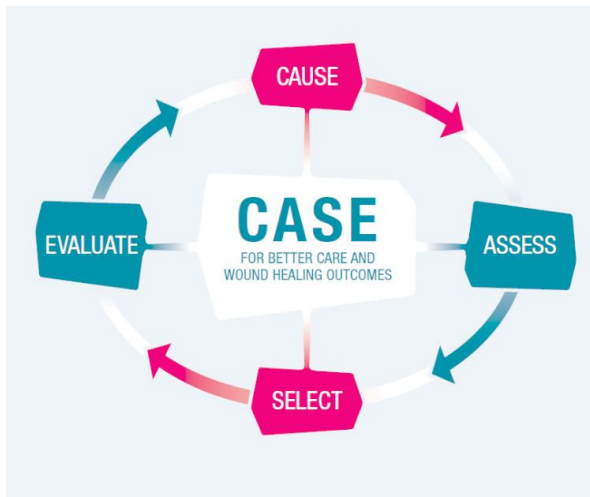


© Crown copyright 2007 283373 1p 1k Sep07

Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care



Wound Assessment



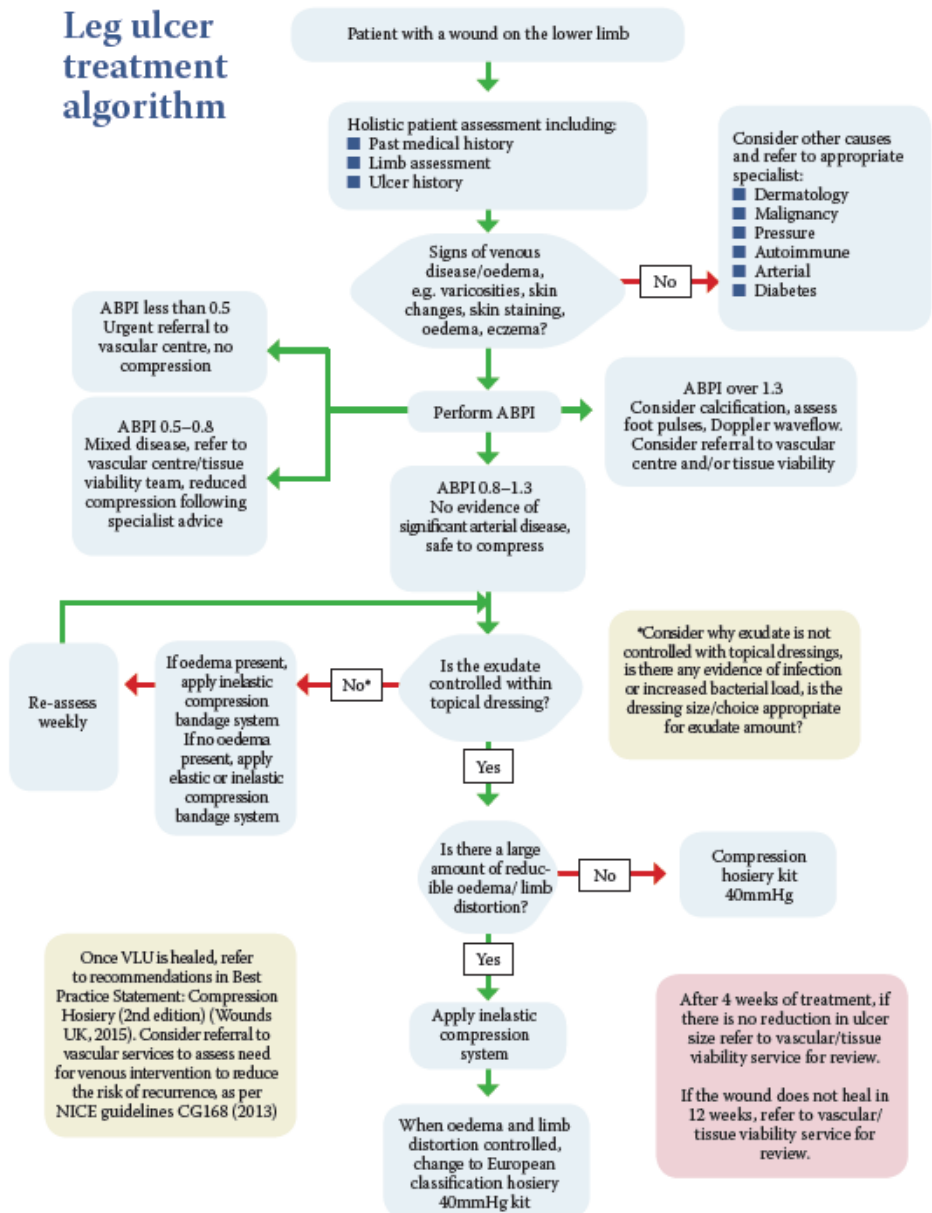
In wound assessment each patient should be treated as an individual CASE:

Cause	<p>A holistic assessment is required to identify the underlying Cause.</p> <p>Consider:</p> <ul style="list-style-type: none"> • Medical and surgical history • Medication • Nutrition and hydration • Activities of daily living • Psychosocial history
Assess	<p>Assess the wound:</p> <ul style="list-style-type: none"> • Use the HDFT Wound Assessment Tool. • A lower leg assessment should be completed for any wound on the lower limb
Select	<p>Select an appropriate treatment regime.</p> <p>Use:</p> <ul style="list-style-type: none"> • The HDFT Wound Dressing Guideline • The relevant HDFT wound pathway, policy or guidance
Evaluate	<p>Evaluate care:</p> <ul style="list-style-type: none"> • Reassess the wound weekly (acute trust), monthly (community setting) or sooner if the wound deteriorates • Work in partnership with patients and promote self-care where possible • Non-healing or complex wounds should be referred to the Tissue Viability Service • Once healing is achieved, consider short or long terms objectives to prevent reoccurrence (e.g. basic skin care, compression therapy, pressure relief, etc.).

CASE logo and framework adapted with kind permission of BSN Medical

Leg Ulceration

Leg ulcer treatment algorithm



(Atkin and Tickle, 2016;

cited in Best Practice Statement Holistic Management of Venous Leg Ulceration 2016 p.15)

Compression Options Depending on Clinical Scenario:

Scenario	Hosiery kits	Adjustable wraps	Compression bandages
Normal leg shape	✓	✓	✓
Low to moderate exudate	✓	✓	✓
Self-caring patient	✓	✓	✗
Carer involvement	✓	✓	✗
Distortion due to oedema	✗	✓	✓
High exudate	✗	✗	✓
Deep skin-folds	✗	✗	✓

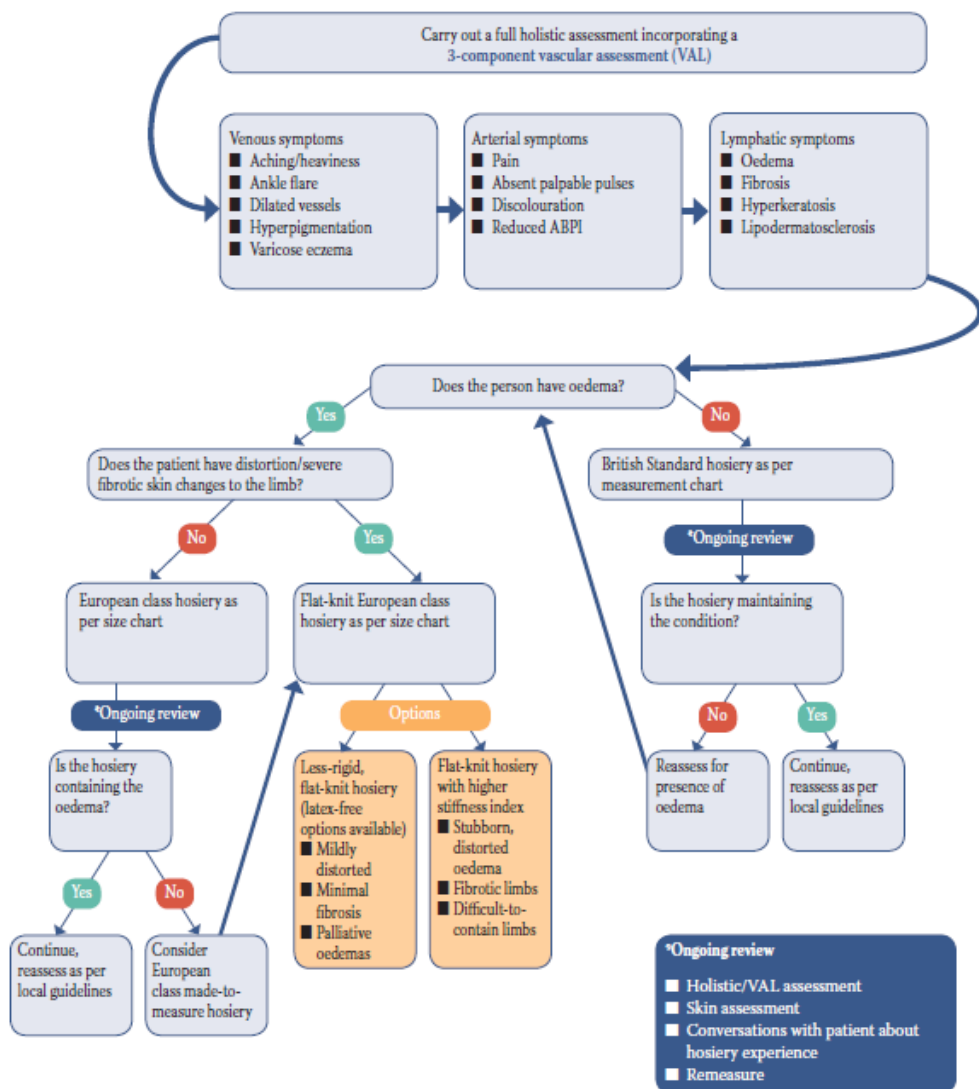
(Best Practice Statement Holistic Management of Venous Leg Ulceration, 2016, p.13)

Components of Elastic and Inelastic Bandages:

Table 6. Components of elastic and inelastic bandages	
Elastic bandages	Inelastic bandages
<ul style="list-style-type: none"> ■ Elastic materials contain elastomeric fibres that are able to stretch by over 100% of the original length. ■ Elastic bandages are generally applied at 50% stretch (see manufacturer's instructions). ■ Elastic bandages have a low static stiffness index, therefore exert a more constant pressure with little change in pressure on movement. ■ Multi-layer elastic systems can function in a similar way to inelastic systems due to the number of layers. 	<ul style="list-style-type: none"> ■ Inelastic (or short-stretch) materials contain few or no elastic fibres, increasing when stretched by considerably less than 100%. ■ Inelastic bandages are commonly applied at 100% stretch (see manufacturer's instructions). ■ Inelastic bandages have a higher static stiffness index, generating higher working pressures on movement and lower resting pressures.

(Best Practice Statement Holistic Management of Venous Leg Ulceration, 2016, p.12)

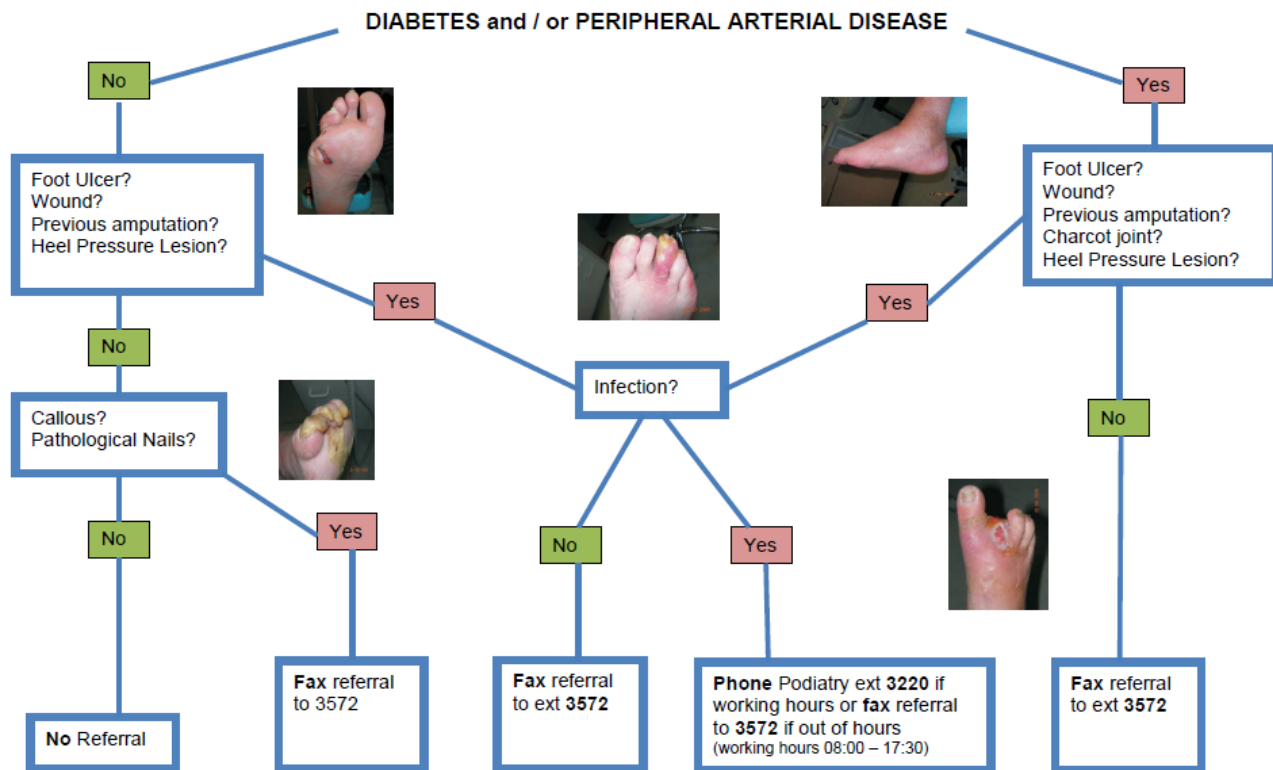
Decision Making Algorithm for Compression Hosiery:



Adapted from Stephen-Haynes and Sykes, 2013

(Best Practice Statement: Compression Hosiery, 2015, p.20)

Podiatry Referral Pathway



Diabetic Foot Pathways

Diabetic Foot Exam

Every 20 seconds, someone loses a limb to diabetes. Most of these amputations are preventable if people are diagnosed promptly and receive timely specialist care. This brief exam will help you quickly detect major risks factors to prompt referral to the appropriate specialists.

What to Ask

Does the patient have a history of:

- Previous leg/foot ulcer or lower limb amputation/surgery?
- Prior angioplasty, stent, or leg bypass surgery?
- Foot wound?
- Smoking or nicotine use?
- Diabetes? (If yes, what are the patient's control measures?)

Does the patient have:

- Burning or tingling in legs or feet?
- Leg or foot pain with activity (intermittent claudication) or at rest?
- Changes in skin colour, or skin lesions?
- Loss of lower extremity sensation?

Is the patient actively under the care of the local Podiatry services?

What to Look For

Dermatological exam:

- Is there discoloured, ingrown, or elongated nails?
- Are there signs of fungal infections?
- Is there corns or calluses?
- Is there interdigital maceration?

Neurological exam:

- Is the patient responsive to light touch (protective sensation) on the feet?

Musculoskeletal exam

- Is there any obvious foot deformity?
- Is the mid foot hot, red or inflamed?

Vascular Exam:

- Is hair growth absent/decreased?
- Are foot pulses palpable?
- Is there a change in temperature gradients of foot or limb?

What to Teach

Good daily foot care:

- Check both feet, including the soles and in-between the toes.
- Keep feet well maintained and hygienic, washing feet daily, drying feet thoroughly after bathing and wearing clean socks.
- How to spot a "foot attack".

Education regarding shoes:

- Avoid walking barefoot.
- Wear well-fitting shoes with a secure fastening that protect, support that do not cause pressure areas/rubs.
- Replace shoes with excess wear.

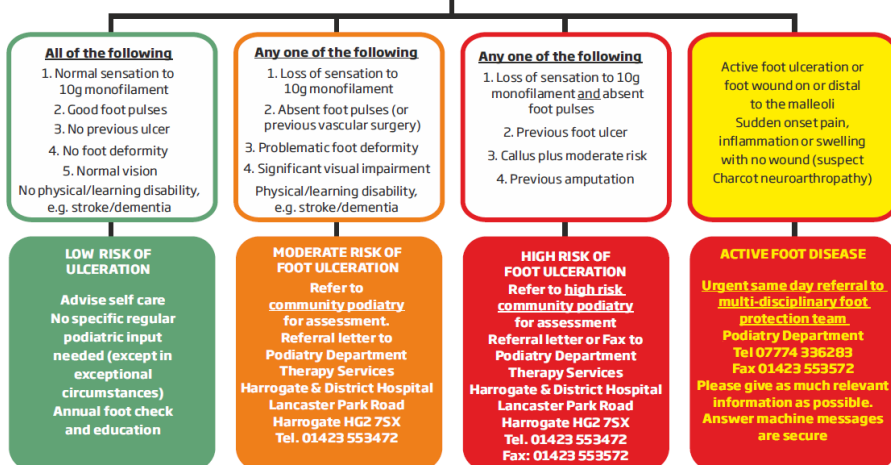
Overall health risk management:

- Keep good control of diabetes, cholesterol and blood pressure.
- Recommend smoking cessation.

Referral Pathways for the Diabetic Foot

Harrogate and District **NHS**
NHS Foundation Trust

Circulation - Palpate Dorsalis Pedis and Posterior Tibial pulses
Neurological - Test with 10g monofilament
Physical - Note foot deformity, skin changes



Education: All patients should understand the importance of warning signs such as swelling, redness, heat, pain or discharge. Emergency contact numbers should be given for the patients to phone if these symptoms appear. Out of hours diabetic foot emergencies should present to A&E.

Older Persons Skin Care Pathway

OLDER PERSON SKIN CARE PATHWAY

As the skin ages it becomes thinner and there is a reduction in sebum production, which contributes to its hydration and conformability. Therefore ageing skin often becomes dry and flaky. This results in it becoming more fragile and easily damaged (Wounds UK, 2012). Emollients are the first line treatment for maintaining skin integrity and should be used for adults over the age of 65.

Good Practice: <ul style="list-style-type: none"> Avoid overuse of harsh soaps or chemicals, as this removes the natural oils from the skin Warm water is less drying than hot water Apply emollient in the direction of the hair line to reduce risk of folliculitis Use suitable quantities - see guide on reverse 		Ageing Skin Dry	<ul style="list-style-type: none"> Wash with water and Zerolatum as a soap substitute Apply Zerobase Cream twice a day as a leave on emollient If skin remains dry after 1 week increase frequency of application of Zerobase Cream 	
		Ageing Skin Very Dry Dehydrated	<ul style="list-style-type: none"> Wash with Zeroderm ointment as a soap substitute Apply Zeroderm ointment twice a day as a leave on emollient If skin remains dry after 1 week increase frequency of application of Zeroderm ointment If skin does not improve after 1 week switch to imuDerm Emollient as a soap substitute and apply twice a day. Avoid applying on broken or cracked skin 	
		Itchy	<ul style="list-style-type: none"> Follow both "dry" and "very dry/dehydrated" regimes as above to ensure itchiness is not due to dryness If no improvement switch to imuDerm Emollient twice a day. Avoid applying on broken or cracked skin 	

Important information:

Flammable

MHRA/CHM update (April 2016): Fire risk with paraffin-based skin emollients on dressings and clothing
When patients are being treated with a paraffin-based emollient product that is covered by a dressing or clothing, there is a danger that smoking or using a naked flame could cause dressings or clothing to catch fire. Patients' clothing and bedding should be changed regularly - preferably daily - because emollients soak into fabric and can become a fire hazard.

- Patients should be given information about the potential fire risks of smoking (or being near to people who are smoking), or exposure to any open flame or other potential cause of ignition during treatment.
- Patients should be provided with safety advice about regularly changing clothing or bedding impregnated with paraffin based products (preferably on a daily basis), as the paraffin soaks in to the fabrics and can potentially be a fire hazard
- The National Patient Safety Agency [NPSA] leaflet "Fire Hazard with Paraffin Based Skin Products on Dressings and Clothing" should be provided to all patients using paraffin based emollients.

References:

Best practice in emollient therapy: a statement for healthcare professionals.
2012. Dermatological Nursing. British Dermatological Nursing Group.

Wounds UK(2012) Best practice statement: Care of the older persons skin (2nd edition)

Prescribing emollients – how much is enough for adults per month?

Please halve this amount for children

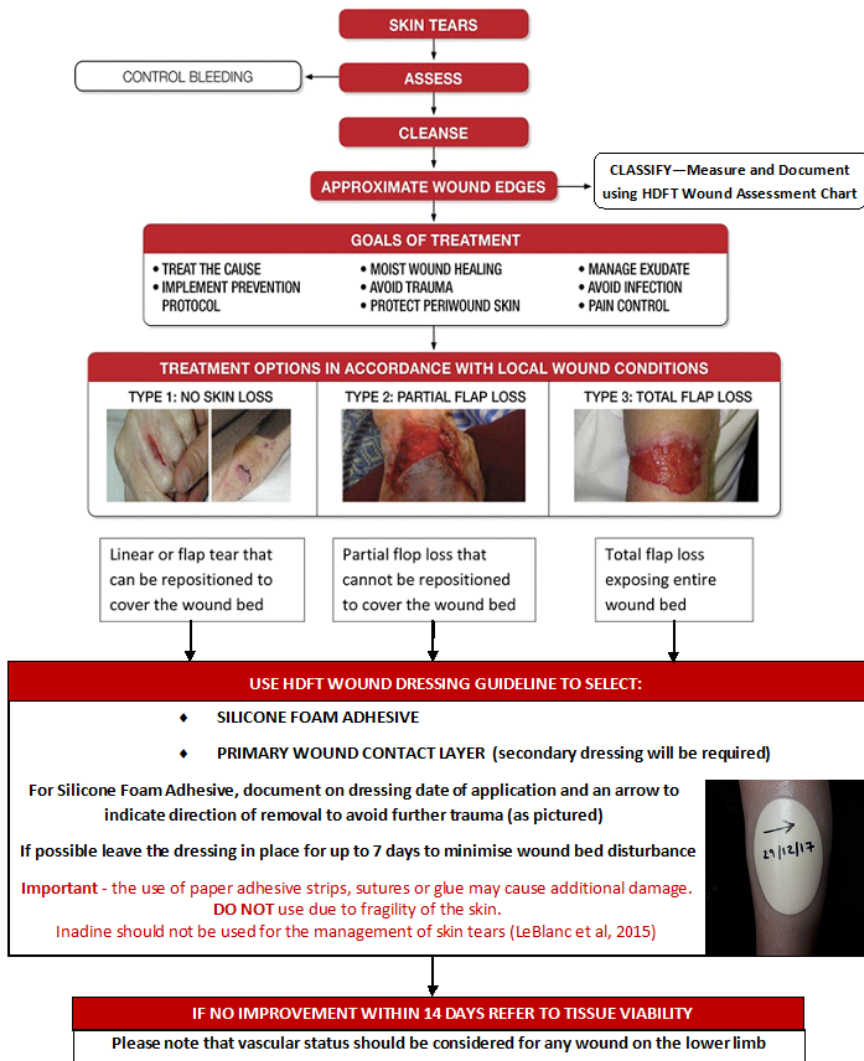
Area affected	Creams / Ointments (grams)
Face	60-120
Both hands	100-200
Scalp	200-400
Both arms or both legs	400-800
Trunk	1600
Groin and genitalia	60-100

Notes:

The amount of emollient required will depend on the size of the person and the extent and severity of the condition

Where possible, pump dispensers should be prescribed because they are more convenient and less likely to become contaminated with potential pathogens

Skin Tear Assessment and Management Pathway



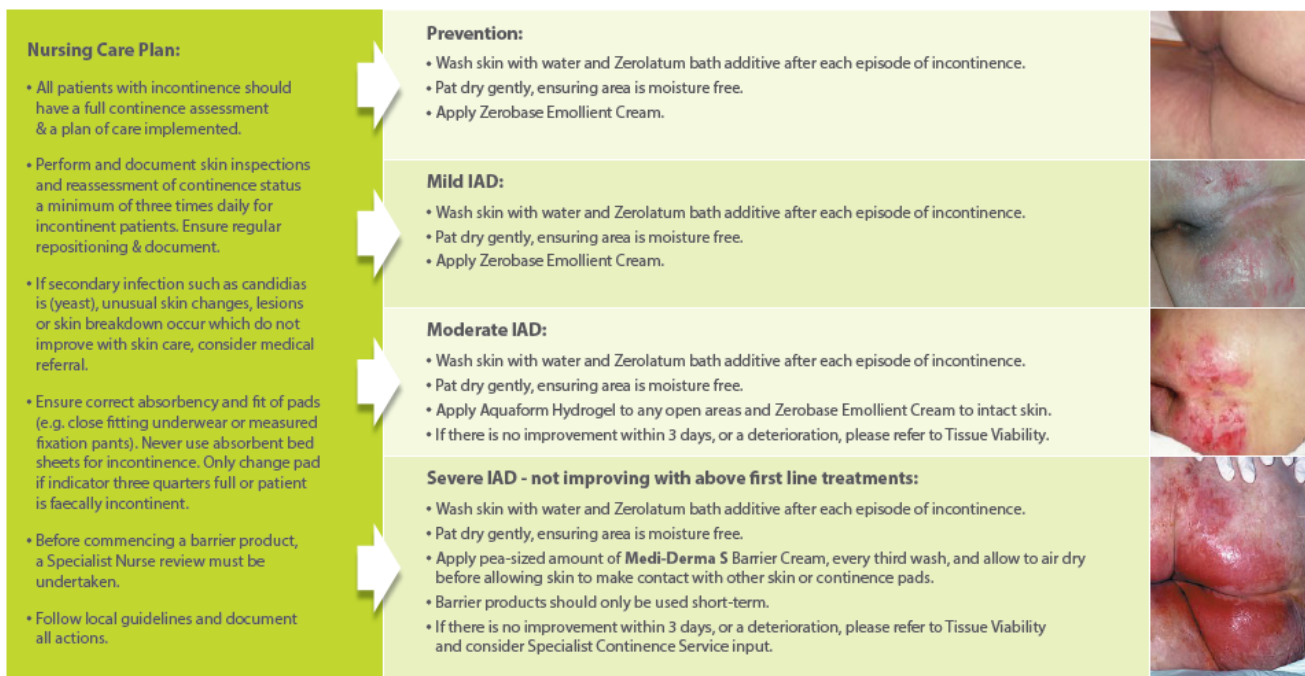
Adapted from the Skin Tear Tool Kit, International Skin Tear Advisory Panel [ISTAP], 2017.

LeBlanc, K. 2015. The Art of Dressing Selection: A Consensus Statement on Skin Tears and Best Practice. *Advances in Skin and Wound Care*. 29 (1).

Incontinence Associated Dermatitis (IAD)

Management Pathway

Skin reactions following frequent episodes of incontinence can be very painful and increase the risk of pressure ulcers and infection. This pathway will guide the health care worker through the appropriate management of the patient's skin



Appendix

All products chosen in this handbook have been chosen through assessment of clinical evidence, where available, and cost effectiveness – below are the levels of evidence available for the active dressings from level 1-5 (Scale from the centre for evidence based medicine). If you require any further information please contact the manufacturers.

Product name	Level of evidence available
Prontosan solution	1B
Medi-Derma	3B
Debrisoft	3B
Kendal AMD	1B
Suprasorb X with PHMB	1B
Cutimed Sorbact	1B
Algivon Plus	4
Urgosorb Silver	1B
Urgotul SSD	1B
Biatain Ag	1A
Iodoflex pad	1B
Urgoclean	1B

Levels of Evidence for Therapeutic Studies*	
Level	Type of evidence
1A	Systematic review (with homogeneity) of RCTs
1B	Individual RCT (with narrow confidence intervals)
1C	All or none study
2A	Systematic review (with homogeneity) of cohort studies
2B	Individual Cohort study (including low quality RCT, e.g. <80% follow up)
2C	“Outcomes” research; Ecological studies
3A	Systematic review (with homogeneity) of case-control studies
3B	Individual case-control study
4	Case series (and poor quality cohort and case-control study)
5	Expert opinion without explicit critical appraisal or based on physiology bench research or “first principles”

* From the Centre for Evidence Rated Medicine <http://www.cebm.net>