Sirona (BNSSG*) Wound Management Formulary and Dressing Guide

*Bristol, North Somerset and South Gloucestershire (BNSSG)

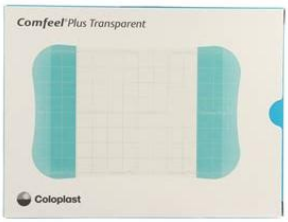
This document should be read in conjunction with the following documents for further information and guidance:

- Sirona Clinical Guidance on the Management of Wounds
- Sirona Clinical Guidance on the treatment of Lower Limb Wounds
- Sirona Pressure Injury Policy
- Sirona Minuteful for Wound (Healthy IO) Standard Operating Procedure
- Sirona Lower Limb and Compression Therapy Pathway

Wound Management Formulary

Foams – standard formulary Can be ordered by: INTs, GP/ PN's and nursing homes via Formeo		
Allevyn Gentle Border 	**Size** 17.5cm x 17.5cm 12.5cm x 12.5cm 10cm x 10cm 10cm x 20cm 7.5cm x 7.5 cm	**Description** Conformable adhesive foam dressing with non-adherent silicone base layer for protection. Suitable for **low - moderate exudate management.** Can be used as a primary dressing – no need to use a dressing underneath unless clinically indicated.
Allevyn Adhesive 	7.5cm x 7.5cm 10cm x 10cm 12.5cm x 12.5cm	Adhesive foam dressing for protection and **moderate exudate management.** Can be used as a primary dressing – no need to use a dressing underneath unless clinically indicated. If skin is fragile/delicate use Allevyn Gentle Border.
Allevyn Non-Adhesive 	5cm x 5cm 10cm x 10cm 10cm x 20cm 20cm x 20cm	Foam dressing for protection and **moderate exudate management.** Can be used as a primary dressing – no need to use a dressing underneath unless clinically indicated. Consider using if adhesive causing skin irritation.
Foams - specialist formulary Order via Wound Care Service by completing a dressing order form		
Cutimed Siltec 	5cm x 6cm 10cm x 10cm 10cm x 20cm	Superabsorbent, silicone coated foam dressing (bordered or non-bordered) for protection and the management of **moderate to high exudate** levels. An alternative to consider if Allevyn products aren't suitable.

Cutimed Siltec B (border) 	7.5cm x 7.5cm 12.5cm x 12.5cm 15cm x 15cm 22.5cm x 22.5cm	
Gelling fibre/ Hydrofibre dressing – standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Aquacel Extra 	5cm x 5cm 10cm x 10cm 15cm x 15 cm 4cm x 10cm 4cm x 20cm 4cm x 30cm	A conformable and highly absorbent dressing that absorbs exudate and transforms it into a soft gel, which maintains a moist environment to support the body's healing process and aids the removal of nonviable tissue from the wound (autolytic debridement), without damaging newly formed tissue. Haemostatic properties - manages minor bleeding. Ideal for **moderate to highly exuding** wound. A secondary dressing is required. Aquacel Ribbon is for use in cavity wounds. If multiple dressings are required to pack a wound, consider referral to the Wound Care Service for assessment for VAC therapy. Please note – this is not a dressing recommended in the lower limb pathways.
Aquacel Ribbon 	2cm x 45cm 1cm x 45cm	
UrgoClean 	6cm x 6cm 10cm x 10cm 15cm x 20cm	Highly absorbent dressing, indicated for the treatment of **moderate to highly exuding** wounds in the de-sloughing phase. Contains polyabsorbent fibres which bind, trap and remove slough. Haemostatic properties - manages minor bleeding. A secondary dressing is required. UrgoClean rope is for use in cavity wounds.

UrgoClean Rope 	5cm x 40cm 2.5cm x 40cm	If multiple dressings are required to pack a wound, consider referral to the Wound Care Service for assessment for VAC therapy. If slough is present, remember the importance of mechanical debridement alongside this dressing.
Hydrocolloid – standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Comfeel Plus Transparent 	5 x 7 cm 10cm x 10cm	Comfeel Plus is an adhesive hydrocolloid that gels exudate, maintaining a moist wound environment, it seals and protects the wound from bacteria and heat loss, maximising wound healing. This is a primary dressing, no other dressing required. Ideal for small, superficial wounds with **low exudate**.
Non adherent dressings/ wound contact layers – standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Atrauman 	5cm x 5cm 7.5cm x 10cm 10cm x 20cm 20cm x 30 cm	A non-medicated, non-adherent mesh wound contact layer, used for protection of fragile but healthy tissue. Stops secondary dressing from sticking to the wound bed. Commonly used in leg ulcer management (simple pathway). It doesn't have any absorbency in the dressing itself, therefore relies on a secondary dressing to manage the exudate. No need to use under Allevyn dressings.

Silflex 	5cm x 7cm 12cm x 15cm	A silicone coated, non-adherent mesh wound contact layer, used for protection of fragile but healthy tissue (granulating/ epithelialising). Also used in conjunction with VAC therapy to line wound beds where there is bone/ tendon/ visible sutures. It doesn't have any absorbency in the dressing itself, therefore relies on a secondary dressing to manage the exudate.
Film dressings – standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Leukomed T 	10cm x 12.5cm 10cm x 25cm	A breathable, transparent film dressing (no pad) for **low exuding** wounds. Shower proof.
Leukomed T Plus 	10cm x 35cm 10cm x 25cm 8cm x 10cm	Breathable, transparent film dressings with absorbent pad for up to moderately exuding wounds. Shower proof. Leukomed T Plus Sensitive is for use on fragile, sensitive or compromised skin. Ideal for surgical wounds. These are primary dressings – to be used on their own.
Leukomed T Plus Sensitive	5cm x 7.2cm 8cm x 10cm 8cm x 15cm 10cm x 25cm	

		
Absorbent pads – standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Zetuvit Plus 	10cm x 10cm 10cm x 20cm 15 x 20cm 20 x 25cm 20cm x 40cm	Sterile, backed, super absorbent pad designed to manage up to **high levels** of exudate. Requires securing in place – commonly used for lower limb management (inc. under compression), but if using on other anatomical locations, consider suitable securing tape e.g. Omnifix or film. Please use the smallest size possible for lower limb management, try to avoid overlapping pads as this distorts limb shape. Place the white side to wound (green side is the back) as a secondary dressing (use a primary wound contact layer beneath the pad).
Premier Pad 	10cm x 20cm	A sterile absorbent pad designed to manage **moderate to highly exuding** wounds. Not backed, therefore if exudate level is very high, it may strike through. Has a blue line on the back, apply the white side to the wound as a secondary dressing (use a primary wound contact layer beneath the pad). Consider when stepping down from Zetuvit Plus, however only 1 size available which may cause limitations.
Absorbent pads – specialist formulary Order via Wound Care Service by completing a dressing order form		
Kerramax Care 	5cm x 5 cm 10cm x 10 cm 10cm x 22 cm 20cm x 22cm 20cm x 30cm 20cm x 50cm	A super absorbent pad, much thinner than the above pads, therefore good to reduce bulk e.g. In lower limb management/ ideal for use under compression garments like Juxta's. Can be applied directly onto the wound bed or used as a secondary dressing.

		Either side of the dressing can be placed on the wound bed.

Antimicrobial dressings

Antimicrobial dressings are used to treat localised wound infections and biofilms. They can also be used in conjunction with antibiotic therapy for spreading or systemic wound infections, but antimicrobial dressings alone will not treat spreading or systemic infection.

It is recommended that antimicrobial dressings are used for a minimum of 2 weeks and then the wound should be re-evaluated. The antimicrobial dressing should be discontinued if the signs and symptoms of wound infection have resolved after 2 weeks. However, if these signs and symptoms are still present and the wound is progressing, the antimicrobial dressing should be continued for a further 2 weeks.

If there is no progress in the wound, then an alternative type antimicrobial dressing should be considered and reviewed after 2 weeks e.g. if using a silver-based dressing initially, change to a different type of antimicrobial such as a DACC (dialkylcarbamoyl coated) dressing such as Cutimed Sorbact, or an Iodine based dressing such as Iodoflex.

Please refer to the Sirona Wound Management Guidelines for further guidance on the management of wound infection.

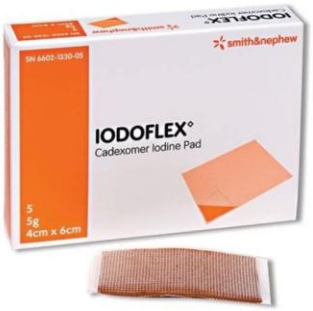
Silver dressings – Standard formulary

Can be ordered by INTs and GP/ PN's via Formeo.
Nursing homes can order Urgoclean AG and Aquacel AG Extra ribbon via Formeo, but all other Silver dressings need ordering via Wound Care Service by completing a dressing order form.

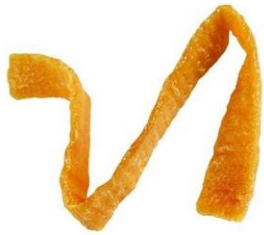
Aquacel Ag + Extra 	5cm x 5cm 10cm x 10cm 15cm x 15cm 20cm x 30cm	Contains the same properties as described in the gelling/ hydrofibre section for Aquacel Extra, but this version contains silver, so is designed for wounds which are at risk of infection or show signs of infection, or where biofilm is suspected to be present. Aquacel AG Extra Ribbon is for use in cavity wounds. Can be left in place for a maximum of 7 days but consider the need for more frequent wound reviews to monitor infection, perform wound hygiene/ debridement and exudate management. This is the 1st line antimicrobial dressing for wounds with suspected biofilm or localised infection with **moderate to high exudate.** Please see below for first line treatment of infected leg ulcers - **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona**
Aquacel Ag + Extra Ribbon 	2cm x 45cm	

Urgotul AG Silver 	10cm x 12cm 15cm x 20cm	A non-adherent conformable dressing with TLC-Ag silver healing matrix to combat local infection. For wounds with less than 30% slough. It doesn't have any absorbency in the dressing itself, therefore relies on a secondary dressing to manage the exudate. Can be left in place for a maximum of 7 days but consider the need for more frequent wound reviews to monitor infection, perform wound hygiene/ debridement and exudate management. Urgotul AG Silver/ Urgoclean AG is the first line treatment for infected leg ulcers - **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona**
Urgoclean AG 	6cm x 6cm 10cm x 10cm 15cm x 20cm	Contains the same properties as described in the gelling/ hydrofibre section for Urgoclean, but this version contains silver, so is designed for wounds which are at risk of infection or show signs of infection, or where biofilm is suspected to be present. Not available as a ribbon, so will need to be cut into a spiral if using in a cavity wound. The tacky side must be in contact with the wound bed to receive the silver. Can be left in place for a maximum of 7 days but consider the need for more frequent wound reviews to monitor infection, perform wound hygiene/ debridement and exudate management. Urgotul AG Silver/ Urgoclean is the first line treatment for infected leg ulcers - **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona**
Silver dressings – Specials formulary Order via Wound Care Service by completing a dressing order form		

Acticoat Flex 3 	5x5cm 10x10cm	A low adherent, conformable wound contact layer delivering sustained antimicrobial (silver) action for up to 3 days. It doesn't have any absorbency in the dressing itself, therefore relies on a secondary dressing to manage the exudate. Not to be used as first line antimicrobial treatment – see above recommendations. Indicated for use in the **PICO Pathway** where infection is present.
DACC (Dialkylcarbamoyl chloride) dressing – Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Cutimed Sorbact Contact 	4 x 6 cm 7 x 9 cm	An antimicrobial dressing designed for the management of clean (granulating), contaminated, colonised, or infected wounds. It doesn't have any absorbency in the dressing itself, therefore relies on a secondary dressing to manage the exudate. It can be used on both superficial and deep wounds. Cutimed Sorbact Ribbon is for use in cavity wounds. Can be left in place for a maximum of 7 days but consider the need for more frequent wound reviews to monitor infection, perform wound hygiene/ debridement and exudate management. Recommended as a 2nd line antimicrobial dressing option if no response to silver, or if the patient has a sensitivity to silver.
Cutimed Sorbact Ribbon 	2cm x 50cm	

Iodine dressings – Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Inadine  	5cm x 5cm 9.5cm x 9.5cm	Non adherent dressing impregnated with Povidone Iodine. Short lasting antimicrobial effect. Good for keeping wounds dry e.g. Necrotic foot wounds. It doesn't have any absorbency in the dressing itself, therefore relies on a secondary dressing to manage the exudate. When the Inadine dressing colour fades this indicates loss of antiseptic efficacy and the dressing should be changed. This may vary for each individual patient. **WHEN NOT TO USE INADINE:** • where there is a known iodine hypersensitivity (allergy) • before and after the use of radio iodine (until permanent healing) • where the patient is being treated for kidney problems • in cases of Duhring's herpetiform dermatitis (a specific, rare skin disease) • in patients with severe renal impairment • in women who are pregnant or breastfeeding • it should be used with caution in patients with thyroid disease and in children under 6 months
Iodoflex  	5g	An antimicrobial dressing (in the form of a paste) is presented between two-layer gauze fabric, this is removed when paste applied to wound. It has de-sloughing properties. Like Inadine, Iodoflex changes colour to indicate when dressing change is required. Manages up to **high levels of exudate** but requires a secondary dressing. This is one of the 2nd line antimicrobial dressing options within the Sirona infected leg ulcer pathway. **Contraindications:** • Do not use on dry necrotic tissue • Do not use where there is a known sensitivity to any of the ingredients • Do not use on children, pregnant or lactating women, people with thyroid disorders of renal impairment

Enzymatic Alginate – Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Flaminal Forte 	15gram 50gram (specials formulary)	Alginate gel containing antimicrobial enzymes which loosen and debride dead tissue e.g. Slough/ necrosis. Flaminal doesn't need removing from a wound after use and won't harm healthy skin. Good for piping into small cavities. Can order nozzles from Flen Health, or use a syringe to do this. Flaminal Forte – **Moderate to high exuding** wounds. Flaminal Hydro – **Low to moderately exuding** wounds. Larger tubes (15g) can be ordered via the Wound Care Service.
Flaminal Hydro 	15gram 50gram (specials formulary)	
Honey – Standard formulary Can be ordered by INTs and GP/ PN's via Formeo. Nursing homes need to order via Wound Care Service by completing a dressing order form.		
Medihoney Apinate 	5cm x 5cm 10cm x 10cm	An antimicrobial dressing, containing Manuka honey, suitable for wounds with signs of **local infection/ biofilm** and/ or need **debridement** (e.g. Sloughy/ necrotic wounds). Designed for wounds with **moderate to high levels of exudate,** requires a secondary dressing. Acts as a deodoriser. The rope version is designed for cavity wounds. Can be left in place for a maximum of 7 days but consider the need for more frequent wound reviews to monitor infection, perform wound hygiene/ debridement and exudate management.

Medihoney Apinate Rope 	1.9cm x 30cm	Cut dressing to size and place in direct contact with the wound bed. Medical honey should not be used in patients with a known sensitivity to honey, calcium alginate or sodium alginate.
Medihoney Wound Gel 	10g (pack of 20)	For wounds with **low to moderate exudate** and partial and full thickness wounds. Apply 3mm layer and cover using a secondary dressing to manage exudate. Medical honey should not be used in patients with a known sensitivity to honey, calcium alginate or sodium alginate. Due to the viscosity (thickness) of Medihoney™ Wound Gel it is particularly suited for use in cavity or deep wounds. However, where gravity may affect it staying in place (e.g. leg ulcers) an alternative product may need to be selected such as Medihoney™ Apinate Dressing. It is contraindicated in very deep wounds or where there is undermining/tracking with sinuses. This is due to the fact that the plant waxes can potentially block sinuses
Hydrogel dressings – Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Cutimed Gel 	8g tube	A gel that produces a moist wound environment supporting autolytic debridement. Donates moisture into the wound which softens devitalised tissue, facilitating debridement of necrotic and sloughy tissue. Requires a secondary dressing. Frequency of use depends on exudate level.
Actiform Cool 	**Discontinued by manufacturer Sept 2024,** however there may be surplus stock in store cupboards	Works by hydrating necrotic and sloughy tissue and absorbing exudate, to aid wound debridement. Up to 3 layers of Actiform Cool can be applied to a wound, but the fine transparent film layer must be removed from each of the layers, except for the top one – this one ensures the dressing remains moist and doesn't dry out.

		The dressing does not need to be cut to the shape of the wound, best results are achieved when it overlaps onto the healthy skin. A secondary dressing is required for exudate management. **This dressing has been discontinued by the manufacturer, but you can continue to use it if you have left over stock in your store cupboards.** **Suitable alternatives include: Medihoney Apinate, Medihoney Wound gel, Cutimed Gel, Flaminal Hydro.**
Odour control dressings - Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Clinisorb 	10cm x 10cm 10cm x 20cm	Activated charcoal dressing, used to manage odour from wounds. Absorbs toxins from wounds, therefore reduces the odour. Can remain in place for up to 7 days and can be used as a primary or secondary dressing. Either side of the Clinisorb can be placed on the wound. For wounds with low exudate, a primary dressing may be required to prevent adherence to the wound bed. Traditionally it was believed that this dressing could only be used as a secondary dressing, as its effectiveness reduced if it became wet. However, studies have proven otherwise, therefore it can be used as either a primary or secondary dressing depending on appropriateness.
Odour control dressings - Specialist formulary Order via Wound Care Service by completing a dressing order form.		
Cinesteam 	11x19cm	A cinnamon based anti-odour dressing. This should be used 2nd line if Clinisorb does not effectively manage wound odour. Cinnamon is not deactivated when wet, so can be used on wounds with high levels of exudate. Cinesteam® is a sterile non-adhesive secondary dressing designed to eliminate unpleasant odours. It is composed of two distinct parts: • An anti-odour upper part (facing opposite to the wound), containing cinnamon • A lower absorbent part aimed to capture the excess of exudates released by the primary dressing.

		The cinnamon adsorbs unpleasant-smelling volatile compounds emanating from the wound and masks any residual odours with the spice's natural fragrance.
Protease Inhibiting dressings Urgostart Plus Pad can be ordered by INTs, GP/ PN's and nursing homes via Formeo. Urgostart Contact can be ordered by INTs and GP/ PN's but nursing homes need to order via WCS. Urgostart Plus Border is on the specials formulary – order from Wound Care Service by completing a dressing order form.		
UrgoStart Plus Pad 	6cm x 6cm 10cm x 10cm 15cm x 20cm	These dressings work by reducing the level of excess enzymes within the wound restoring the balance and closing the wound sooner. Please see - **Urgo StartPlus Sirona Information Poster** **UrgoStart Plus** dressings contain polyabsorbent fibres which clean and debride devitalised tissue. Use a secondary dressing for absorbency if required.
UrgoStart Plus Border 	8cm x 8cm 10cm x 10cm 13cm x 13cm 15cm x 20cm	**Urgostart Plus Border (specials formulary)** is the same as the above but with an adhesive silicone border – ideal for use with compression garments. **Urgostart Contact** is a non-adhesive, highly conformable contact layer version designed for wounds with less than 30% slough, or wounds in hard to dress places. Use a secondary dressing for absorbency if required.
UrgoStart Contact 	10cm x 10cm 15cm x 20cm	Compression is the cornerstone treatment for Venous Leg Ulcers. UrgoStart Treatment Range should only be used for leg ulcers receiving compression therapy and following the Complex Wounds Pathway. It can also be used on diabetic foot ulcers, if recommended by the podiatry team. The UrgoStart treatment range dressings are NOT to be used when the patient/wound has symptoms of wound infection.
Other dressings – Specialist formulary Order via Wound Care Service by completing a dressing order form. These dressings are to be ordered and used as directed by WCS/ Burns and Plastics/ other clinical specialists. Please note, if being discharged from secondary care or outpatients are recommending these dressings, they should provide a 1-2 week supply to allow time for the products to be ordered and delivered.		
Mepilex AG	10cm x 10cm 10cm x 20cm 15cm x 15cm 20cm x 20cm	An antimicrobial foam dressing for low to medium exuding burns and wounds, with or without a border.

		
Mepilex AG Border 	7cm x 7.5cm 10cm x 12.5cm 10cm x 20cm 15cm x 17.5cm	
Suprasorb X PHMB 	5cm x 5cm 9cm x 9cm 14cm x 20cm 2cm x 21cm	Antimicrobial dressing for use on light to moderately exuding, superficial and deep, infected wounds. Its HydroBalance effect means it is able to absorb exudate and donate fluid at the same time, dependent on the condition in different areas of the wound bed. Providing a moist wound healing environment.
Mepilex Border Comfort Lite 	4cm x 5cm 5cm x 12.5cm 7.5cm x 7.5cm 10cm x 10cm 15cm x 15cm	Mepilex Border Comfort Lite is designed for the management of a wide range of non/low exuding wounds, with compromised and/or fragile skin. Shower proof and can be used in combination with gels.
Mepilex UP 	10cm x 11cm 11cm x 20cm 15cm x 16cm 20cm x 21cm	A non-bordered foam dressing designed to effectively manage high volumes of fluids thanks to its capability to evenly spread and distribute fluids in all directions within the dressing. Designed to minimise leakage.
Wound Cleansing Products – Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		

Debrisoft Duo Pad and Derisoft lolly 	10 x 10 cm Also available as a lolly	Uses monofilament fibre technology™. Each pad/lolly has millions of fibres that are cleverly designed to lift, bind and remove bacteria and biofilms (L&R Medical Ltd 2020). Debrisoft should have 20 – 40mls of saline or surfactant (Octenalin) added – use a vigorous circular polishing motion for 3 -5 minutes on the wound bed/ edges. The original soft, white side removes debris, exudate, slough and biofilm from the wound. The new textured beige side makes it easy to loosen firmly adherent, fibrinous devitalised tissue such as slough, skin flakes and keratoses. The lolly is designed for cavity wounds/ small wounds/ hard to reach areas like in between the toes. DO NOT EMMERSE in a bowl of water or saturate under a tap.
UCS Cloth 	19cm x 19cm	The cloth has unique loop technology to capture and disrupt the biofilm within the wound bed, rather than redistributing the bacteria to another part of wound bed cleansed. UCS contains a surfactant – use a vigorous circular polishing motion for 3-5 minutes on the wound bed/ edges. Do not add anything to this cloth. Contains aloe vera – do not use if sensitive to aloe vera.
Wound Cleansing Products – NHS Supply Chain Can be ordered by INTs, GP/ PN's and nursing homes via NHS Supply Chain		
Octenisan Bed Bath Wipes 	8 wipes per pack	NHSSC code: DEC85009 An alternative to wash leg ulcers with suspected infection, if unable to bathe in a bowl of warm water and emollient.
Carell Bed Bath Wipes	8 wipes per pack	NHSSC code: MLC339 An alternative to wash leg ulcers with, if unable to bathe in a bowl of warm water and emollient.

		
Wound Cleansing Products – Specials formulary Order via Wound Care Service by completing a dressing order form		
Octenilin Wound Irrigation Solution 		Octenilin® wound irrigation solution contains Octenidine as a preservative, capable of inactivating germs and thereby reducing the risk of germ transmission into the surrounding area during application. To be used on wounds with suspected biofilm or localised infection. Can be used in conjunction with Debrisoft or soaked on gauze.
Paste Bandages – Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo		
Viscopaste/ PB7 		Viscopaste (10% zinc paste) and Ichthopaste (6.32% zinc paste and 2% ichthammol) are paste bandages containing zinc oxide, recommended in the management of chronic venous leg ulcers, varicose eczema and dermatitis, alongside compression therapy. The bandage provides a moist wound healing environment, helps to reduce skin irritation breaking the itch-scratch cycle, soothes and protects the skin. It is recommended that when applying paste bandaging you do so in pleat formation, to accommodate any oedema affecting the limbs.

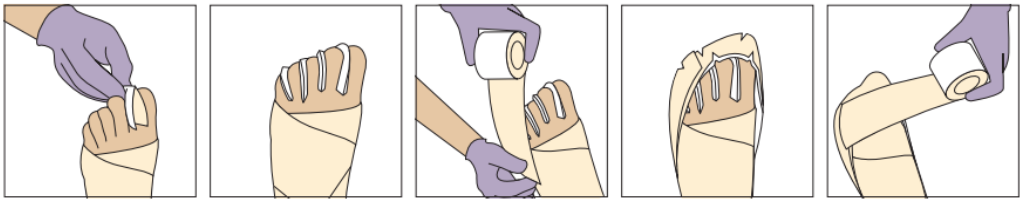
Ichthopaste 		Beginning at the base of the toes, the bandage should be loosely wrapped around the foot and heel and then, whilst wrapping, with every turn, the bandage should be folded back on itself in a pleat, at the front of the leg. This should be repeated up the leg until just below the knee. Paste bandages are primary dressings. If there is moderate to high exudate, then a secondary dressing over the paste bandage should be applied e.g. Absorbent pad. Can be left in place for up to 7 days. We recommend carrying out a patch test for 48 hours before initial use. Cut a small piece of the bandage and place on the skin of the patients' back. Cover it with a dressing and leave in place for 48 hours. If there is no unwanted reaction on the skin, you are ok to use the product.
Compression Bandages – Standard formulary Can be ordered by INTs and GP/ PN's via Formeo		
Urgo K-Two 	10cm bandages 2 kits available based on ankle circumference (post dressing/ padding/ shaping): 18-25cm 25-32cm	2-layer compression bandaging kit providing strong compression (40mmHg). 1st layer is a short stretch (inelastic) bandage. 2nd layer is a long stretch (elastic) bandage. To be used on lower limbs with venous leg ulcers. Available in a latex free kit. Please see **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona** for further information.
Urgo K-Two Reduced 	10cm bandages 2 kits available based on ankle circumference (post dressing/ padding/ shaping): 18-25cm 25-32cm	2-layer compression bandaging kit providing mild compression (20mmHg). 1st layer is a short stretch (inelastic) bandage. 2nd layer is a long stretch (elastic) bandage. To be used as part of the immediate and necessary care pathway or for mixed aetiology leg ulcers. Available in a latex free kit.

		Please see **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona** for further information.
Actico 	10cm bandage 8cm bandage 12cm bandage	Compression bandage (requires k-soft as 1st layer – do not apply Actico directly to skin). Ankle circumferences 18-25cm (post dressing/ padding/ shaping) require 1 layer of Actico from toes to below knee to provide strong compression (40mmHg). Ankle circumferences 25-32cm (post dressing/ padding/ shaping) require 2 layers of Actico from toes to below knee to provide strong compression (40mmHg). The 2nd layer should be applied from the ankle to below the knee and in the opposite direction to the initial application e.g. Anti clockwise. To be used on lower limbs with venous leg ulcers, and chronic oedema. 8cm bandage is designed for chronic oedema management in the foot, and the 12cm bandage is designed for chronic oedema management above the knee. See **Chronic Oedema Pathway** Please see **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona** for further information.
Coban2 	10 cm bandage kit ECA136	2-layer compression bandaging kit providing strong compression (40mmHg), therefore suitable for venous leg ulcers. Coban uses the principles of Pascal's Law rather than Laplace's law and therefore the difference in size of the ankle and calf measurement is not required to apply the bandage system. The system is latex free and has been specifically developed to overcome some of the challenges associated with other compression systems, such as footwear problems. The system is 2-layer bandage system consisting of an inner comfort layer and an outer compression layer. The unique foam comfort first layer replaces the orthopaedic wool (k-soft) layer and is latex free. The cohesive compression layer provides effective sustained compression and is also latex free. Once applied the two layers bind together to form a slim, single layer bandage

		that is designed to resist slippage and enables the patient to wear normal footwear. Please see **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona** for further information.
Coban2 Lite  	10cm bandage kit ECA203	2-layer compression bandaging kit providing mild compression (20mmHg). This compression bandage system provides the same benefits as above, but for mixed aetiology leg ulcers. Please see **Lower Limb and Compression Therapy Pathway (February 2025) - Sirona** for further information. Application video for Coban and Coban Lite: Video Viewer
Compression Bandages – Specials formulary Order via Wound Care Service by completing a dressing order form – pls provide code		
Coban Toe Boot  	5cm bandages: 32 individually wrapped 5cm foam layers – ECA209 32 individually wrapped 5cm compression layers – ECA213 Toe boot kit contains 1 x 5cm foam layer and 1 x 5cm compression layer – ECA448	Coban Toe Boot technique should be used in conjunction with Coban2 or Coban2 Lite below knee compression bandaging. Please order Coban2/ Coban2 Lite kits alongside the toe boot bandages (5cm). It is designed to provide compression to the toes and forefoot, so ideal for managing ulcerated or leaky toes/ forefeet. Please see application guide below – further information can be found in the Sirona Lower Limb and Compression Pathway and Guidelines. Application video: Video Viewer

Application of comfort foam layer for toe boot: layer 1

- Apply 10cm comfort foam layer as per leg applications prior to toe boot application

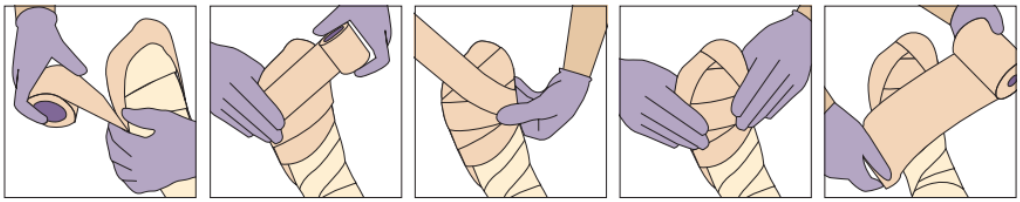


Step 1: Fill each web space with pieces of double-folded comfort foam layer, foam side out and trimmed to shape.

Step 2: With a 5cm wide comfort foam layer, make a circular turn without tension over the toes and the heel with the overlap over the fifth toe. Make a few slits to ease conformance over the toes.

Step 3: Cover the open areas over and under the toes. Trim to fit and mould to conform.

Application of compression layer for toe boot: layer 2



Step 4: Using a 5cm compression layer roll, **without tension** apply a circular winding from toes to heel.

Step 5: Cover the dorsal and plantar toe areas with compression layer applied at **100% stretch** in a fan fold technique with semi-circular windings. Avoid circular windings around toes.

Step 6: Mould the application to the anatomy of the forefoot.

Step 7: After toe wrapping, continue with the compression layer for the leg.

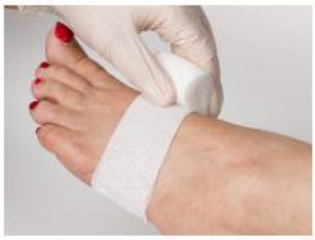
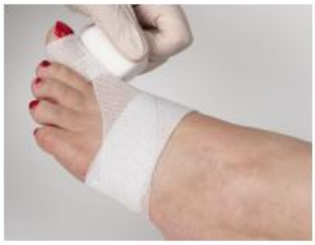
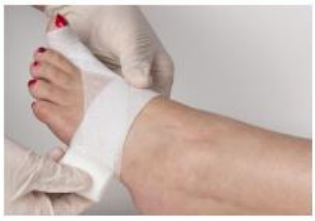
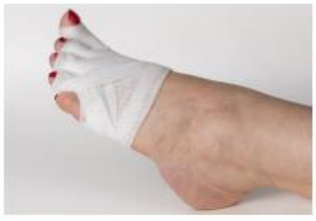
Toe Bandaging – Standard formulary

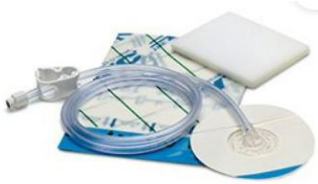
Can be ordered by INTs and GP/ PN's via Formeo

Mollelast Toe Bandaging  	4cm bandages	Toe bandages, to be used in conjunction with below knee compression bandaging. A dressing can be used underneath the toe bandaging, but in hard-to-reach places, such as in between the toes, it may be difficult to do his, so you can just use the bandaging on its own. Please see application guide below – further information can be found in the Sirona Lower Limb and Compression Pathway and Guidelines. Application video: https://www.youtube.com/watch?v=aBsvYkvFPFU

Application of **Mollelast®** conforming bandage

Support the limb with the foot in a dorsi-flexed position (at 90°) and bandage the toes using a 4cm **Mollelast®** conforming bandage as follows:

Competency	Instruction	Rationale
	■ Start with 1-2 turns around the foot at the base of the toes to anchor	■ To secure the bandage in position and prevent slippage.
	■ Not everyone has flat or straight toes which can be problematic with toe bandaging. Creases or fissures should be filled with folded undercast wadding, e.g. **Cellona®** ■ This is secured underneath the toe as the toe bandage is applied	■ To ensure conformability and even distribution.
	■ Apply the bandage using light tension and start to bandage the great toe starting at the **base of the nail**	■ Ensure conformability and even coverage.
	■ Move downwards with each turn of the bandage until the toe is fully covered with no gaps. (The number of turns with depend on the size and shape of the toe.)	■ To prevent oedema.
	■ Leave the toenails and tip of the toes exposed	■ Enables observation of any vascular/ colour changes.
	■ Keeping the bandage flat, re-anchor each toe bandage around the foot without tension	■ To prevent tissue creasing and aid comfort. ■ To prevent slippage. ■ To align the bandage to the next toe.
	■ For shorter toes, the bandage may be folded in half, ensuring the bandage is kept flat ■ When anchoring the bandage around the foot, the bandage must be flattened out to its full width to reduce the number of layers around the base of the toes	■ Ensure conformability, even coverage and to minimise bulk and tissue creasing.
	■ Continue to bandage the 3rd and 4th digit, ensuring to anchor around the foot between toes	■ To align the bandage to the next toe.
	■ Leave the fifth toe free if no oedema is present	■ This digit is generally not bandaged as it is usually unaffected by oedema.
	■ If oedema is present, the 5th toe may be bandaged individually, or together with the 4th toe	■ To manage each patient as clinically indicated.
	■ Complete with 1 turn around the dorsum of the foot. Cut off excess bandage and secure with tape	■ To anchor and secure the toe bandage and prevent movement and slippage.

Negative Pressure Wound Therapy Dressings – NHS Supply Chain (NHSSC) VAC dressings can be ordered by INTs via NHSSC. SNAP dressings can be ordered by INTs and GP/ PN's via NHSSC.		
Granufoam 	Small Medium Large	Designed to adapt to irregular wound contours – cut foam to shape required. VAC should be set at -125mmHg.
Granufoam Silver 	Small Medium Large	Antmicrobial version of Granufoam. VAC should be set at -125mmHg.
Granufoam Bridge 	1 size	Designed to place the sensa trac pad away from the wound site or pressure areas. VAC should be set at -125mmHg.
Simplace Dressing 	Small Medium	Designed to make bridging easier. VAC should be set at -125mmHg.
White Foam 	Small Large	Designed for tunnels or undermining in wounds. Can be used in conjunction with Granufoam. VAC should be set at -125mmHg but can be increased to -150mmHg to assist with exudate drainage.
SNAP 	Foam sizes: 10x10cm 15x15cm 20x20cm Bridge Cartridge sizes: 60ml 150ml	SNAP is a single use, disposable negative pressure wound therapy system, that is mechanically powered. It delivers -125mmHg therapeutic negative pressure. It has a portable sized pump/ cannister designed to manage low to moderately exuding wounds, with a depth of up to 3-4cm. A filler must be used - SNAP dressings come with foam to pack the wound bed. Dressings should be changed twice weekly.

Negative Pressure Wound Therapy Dressings – Standard formulary Can be ordered by INTs and GP/ PN's via Formeo		
PICO7 	See sizes/ dressing options below	PICO7 is a single use, disposable negative pressure, battery powered system, lasting up to 7 days. It delivers -80mmHg therapeutic negative pressure. Dressings are usually changed once or twice weekly. Suitable for wounds with low to moderate exudate with up to 6cm depth. For wounds with 2-6cm depth, a wound filler e.g. PICO gauze should be considered. Wound exudate is managed in the dressing; there is no canister inside the pump, therefore not suitable for highly exuding wounds. PICO can be used on non-healing wounds if no response to optimised treatment e.g. Full concordance with recommended treatment pathway. Please see **PICO Pathway**

Dressing	Dressing size	2 x dressing kit*	1 x dressing kit**	Fluid Management Packs***
	Multisite small 15cm x 20cm	66022000	66022010	66022020
	Multisite large 20cm x 25cm	66022001	66022011	66022021
	10cm x 20cm	66022002	66022012	66022022
	10cm x 30cm	66022003	66022013	66022023
	10cm x 40cm	66022004	66022014	66022024
	15cm x 15cm	66022005	66022015	66022025
	15cm x 20cm	66022006	66022016	66022026
	15cm x 30cm	66022007	66022017	66022027

Consumables			Product code
	Foam dressing filler	10cm x 12.5cm	66801692
	Gauze dressing filler	15cm x 17cm	66801691
	ACTICOAT® Flex 7	1in x 24in	66800544

* 2 x dressing kit = 2 dressings + 1 pump; ** 1 x dressing kit = 1 dressing + 1 pump; *** Fluid Management Packs = 5 dressings only

Barrier products for Incontinence Associated Dermatitis (IAD) and Moisture Associated Skin Damage (MASD) – Standard Formulary More info can be found at www.medicareplus.co.uk Can be ordered by INTs, GP/ PN's and nursing homes via Formeo except where stated otherwise.	
	**Medi Derma S total barrier cream** – mild skin damage. • Tube or sachets • To be used on Incontinence Associated skin damage (IAD) only
	**Medi Derma S total barrier film** – moderate skin damage. • Aerosol or Wipes or Wands • Can be used on IAD or MASD • Good to protect wound edges/ surrounding skin when maceration or excoriation visible
	**Medi Derma Pro skin protectant ointment** – specials formulary (order via WCS dressing form) – severe skin damage • To be used on IAD only
	**Medi Derma Pro foam & spray incontinence cleanser** • To be used on IAD only
Other barrier products available – Standard formulary Consider these if the above options are not appropriate. Can be ordered by INTs, GP/ PN's and nursing homes via Formeo except where stated otherwise.	

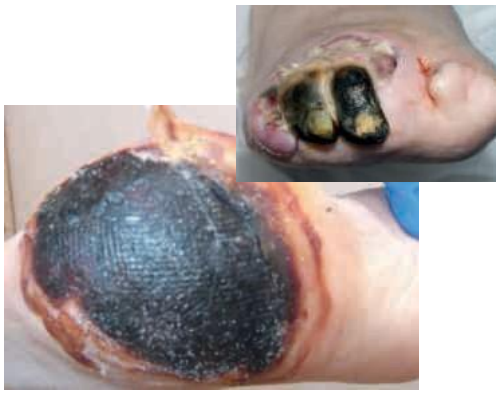
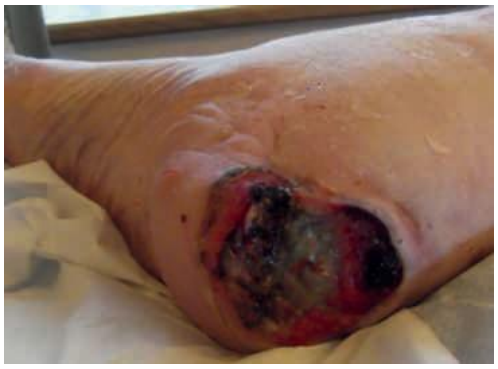
	**Cavilon no sting barrier film** • Foam applicator • Can be used on IAD or MASD (wound edges/ surrounding skin) • Good to protect wound edges/ surrounding skin when maceration or excoriation visible.
	**Sorbaderm barrier cream** • For IAD
	**Medi Honey barrier cream** – special (order via WCS dressing form) • To be used on IAD only • Contains active manuka antibacterial honey which helps to reduce inflammation, prevent maceration, excoriation and irritation resulting from effects of incontinence
	**Cavilon Advanced** – special (order via WCS dressing form) • Can be used on IAD or MASD (wound edges/ surrounding skin) • Ultra-thin yet highly durable barrier is able to attach to wet, weepy surfaces and create a protective environment that repels irritants and supports healing, protecting patient's skin • Should be applied twice a week only as is longer lasting and waterproof therefore is not removed by routine cleansing. More frequent application may result in build-up of the product.

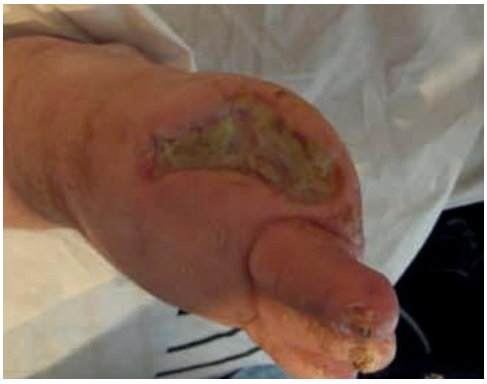
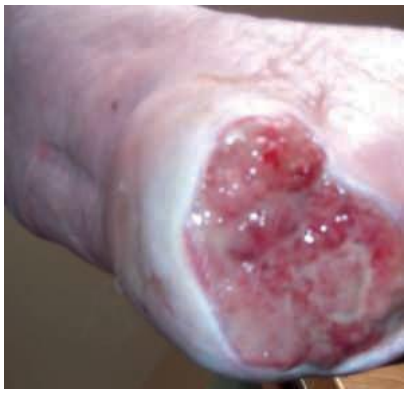
Medical adhesive removers – Standard formulary Can be ordered by INTs, GP/ PN's and nursing homes via Formeo	
	**Appeel Sterile Adhesive remover** • Wipes • Removes adhesive from skin
	**Lifteez Adhesive Remover 50ml** • Aerosol • Removes adhesive from skin

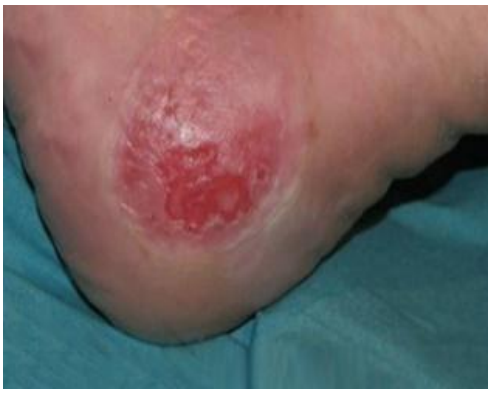
Wound Management Dressing Guidance

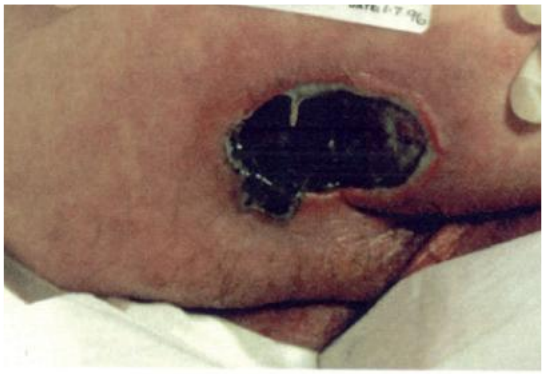
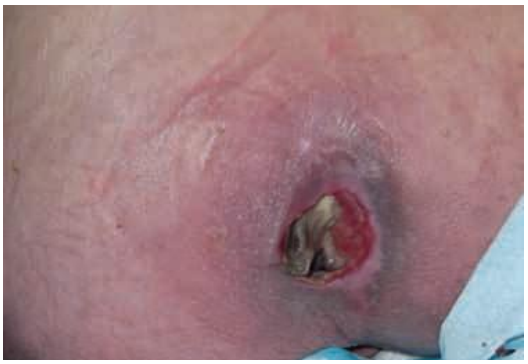
The next section of this document is designed to assist clinicians apply theory to practice. The first part of this document (above) explains each dressing available on the formulary and the below guidance indicates the types of wounds that these dressing should be used on.

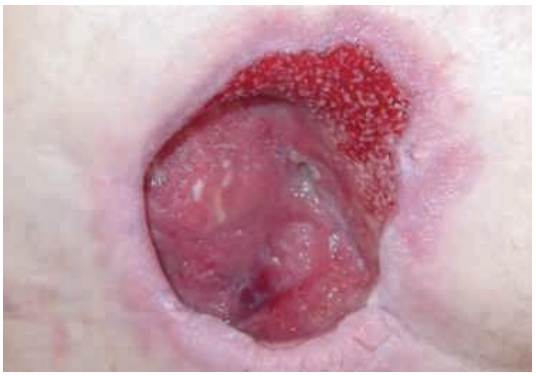
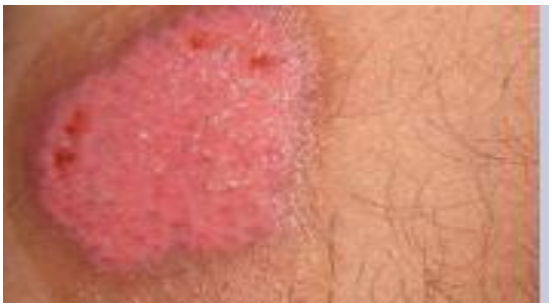
We advise that you assess the wound as per your training, referring to the wound management guidelines for further guidance. The below guidance provides additional visual aids to assist with your clinical assessment. However, please remember that each wound should be assessed holistically on each individual patient.

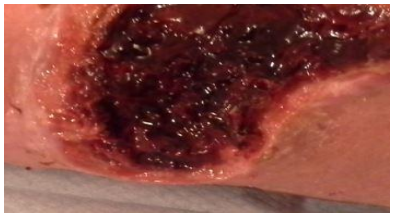
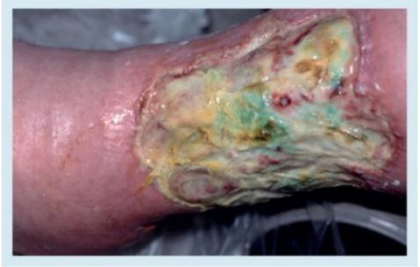
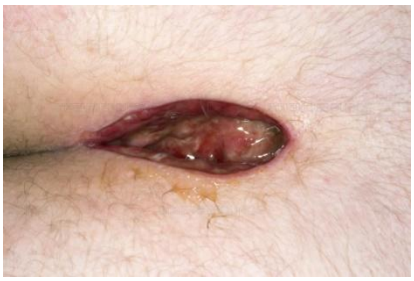
Wound aetiology and tissue type visible in wound bed	Assessment/ treatment of wound
Black wound – Dry necrotic tissue on the foot.  **Possible aetiologies:** - **Pressure** - **Diabetic foot wound** - **Ischaemia** - **Trauma** **All patients with diabetes and a foot wound MUST be referred to podiatry**	**Aim of treatment: -** Keep dry to preserve necrotic tissue, until full assessment including a doppler has been completed. **Tissue:** Keep necrotic tissue dry on feet. **Infection:** Monitor closely, especially patients with diabetes **Moisture:** Keep wounds dry by using dry dressings: **Primary dressing: Inadine (antimicrobial)** or **Atrauman** **Secondary dressing:** Gauze and K-Soft and K-Lite bandages toe to knee if able. If bandaging not appropriate/ not tolerated, dress with Allevyn (Atrauman is not needed under this). **Edge:** May start to auto-debride. Measure wound and photograph to monitor. **Refer:** Check vascular status (doppler) - Do **NOT** attempt to debride the wounds unless the full assessment indicates it's safe to do so. Seek advice from WCS or podiatry if unsure. **Surrounding skin:** Moisturise surrounding skin. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.
Black wound – Wet necrosis on the foot  **Possible aetiologies:** - **Pressure** - **Diabetic foot wound** - **Ischaemia** - **Trauma**	**Aim of treatment: -** Keep dry to preserve necrotic tissue, until full assessment including a doppler has been completed. **Tissue:** Wet necrotic tissue to be kept dry on feet, until doppler/ ABPI performed. **Infection:** Monitor closely, especially patients with diabetes **Moisture:** Keep wounds dry with: **Primary dressing: Inadine (antimicrobial)** or **Atrauman** **Secondary dressing:** Absorbent pad e.g. **Premier pad or Zetuvit Plus pad** and K-Soft and K-Lite bandages toe to knee if able. If bandaging not appropriate/ not tolerated, use blue or yellow line to hold primary and secondary dressings in place. **Edge:** May start to auto-debride. Measure wound and photograph to monitor. **Refer:** Check vascular status (doppler) - Do **NOT** attempt to debride the wound unless the full assessment indicates it's safe to do so. Seek advice from WCS or podiatry if unsure. **Surrounding skin:** Moisturise surrounding skin. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.

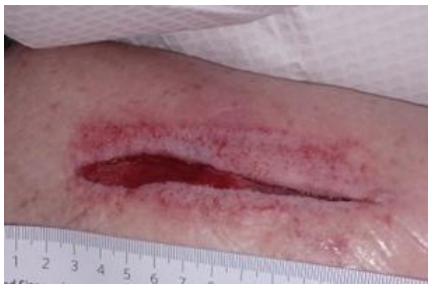
All patients with diabetes and a foot wound MUST be referred to podiatry	
Yellow wound on the foot – Slough/ non-viable tissue  **Possible aetiologies:** - **Surgical debridement due to:** - **Infected diabetic foot wound** - **Ischaemia** - **Trauma** **All patients with diabetes and a foot wound MUST be referred to podiatry**	**Aim of treatment: -** Debride (remove) slough & devitalised tissue to aid wound healing. **Tissue:** Slough (non-viable) tissue. **Infection:** High risk of infection. Monitor for signs of wound infection. Patients with Diabetes may not have the obvious signs of wound infection. If you suspect wound infection, use antimicrobial dressings, as per this guidance. **Moisture:** Low to moderate exudate: **Flaminal Hydro, gauze, k-soft and k-lite** Medium to high exudate: **Iodoflex or Urgoclean AG, Zetuvit plus, and K-Soft and K-Lite** **Edge:** Measure wounds and photograph to monitor. **Refer / Regenerate:** Consider mechanical debridement with Debrisoft or UCS cloth. Larvae may need to be considered if not debriding well – refer to WCS or podiatry if diabetic. **Surrounding skin:** Moisturise surrounding skin, and/ or protect with barrier film. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.
Red wound on the foot – granulation tissue (healthy)  **Possible aetiologies:**	**Aim of treatment: -** Promote granulation tissue & provide a moist wound healing environment. **Tissue:** Red granulation tissue If hypergranulation tissue present refer to Sirona Wound Management Guidelines. **Infection:** Monitor for clinical signs. **Moisture:** Low exudate: **Atrauman, gauze, k-soft and k-lite** Medium to high exudate: **Aquacel Extra, Zetuvit Plus pad, k-soft and k-lite** **Edge:** Measure wound and photograph to monitor. **Refer / Regenerate:** If wound static, consider localised wound infection, biofilm or raised MMP level. Refer to lower limb pathway. Refer to WCS or podiatry if advice is needed.

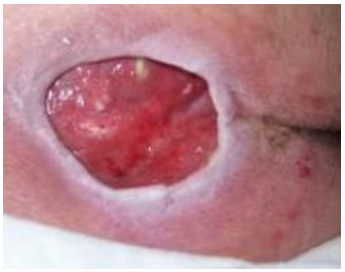
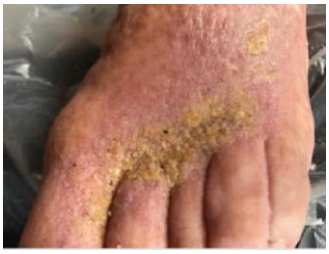
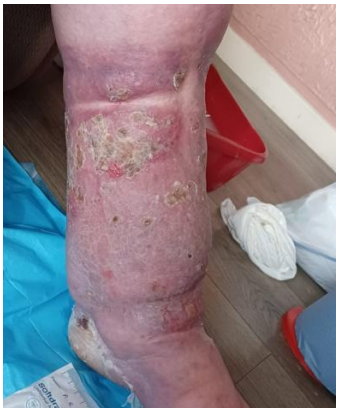
- **Pressure** - **Diabetic foot wound** - **Ischaemia** - **Trauma** **All patients with diabetes and a foot wound MUST be referred to podiatry**	**Surrounding skin:** Moisturise surrounding skin, and/ or protect with barrier film. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.
Red/ pink wound on the foot – epithelialising wound  **Possible aetiologies:** - **Pressure** - **Leg ulcer** - **Diabetic foot wound** - **Ischaemia** - **Trauma** **All patients with diabetes and a foot wound MUST be referred to podiatry**	**Aim of treatment:** To promote continued growth of epithelial tissue and protect new tissue growth. **Tissue:** Epithelialising tissue, remains vulnerable. **Infection:** Monitor for clinical signs. **Moisture:** Exudate is likely to be low/ minimal: **Atrauman, gauze/ pad, k-soft and k-lite.** **If a leg ulcer, please follow lower limb and compression pathway.** **Edge:** If there are open/ granulating areas, measure these, photograph to monitor. **Refer/ Regenerate:** If wound becomes static, assess for inflammation/ infection. Refer to WCS or podiatry if diabetic. **Surrounding skin:** Protect with barrier film. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.

Black wound – Necrotic tissue (this advice can be taken for a necrotic wound on any anatomical location, except the foot)  **Possible aetiology:** - **Pressure** **If patient approaching end of life (EOL) – keep wounds dry, do not debride**	**Aim of treatment:** To debride necrotic tissue, to enable wound healing. **Tissue:** Necrotic tissue - may be dry or wet tissue - needs debridement/ removal. **Infection:** Monitor for clinical signs. **Moisture:** Dry or low exudate: **Actiform Cool or Cutimed Gel or Medihoney Gel or Flaminal Hydro with Allevyn** Moderate to high exudate: **Medihoney Apinate/ Urgoclean or Urgoclean rope for cavity wounds with premier or Zetuvit Plus pad secured with Omnifix** **Edge:** Measure wound and photograph to monitor. **Refer/ Regenerate:** Consider mechanical debridement with Debrisoft or UCS cloth. Larvae may need to be considered if not debriding well – refer to WCS or podiatry if diabetic. Once necrotic tissue has debrided, a cavity may be revealed. Review treatment plan. **Surrounding skin:** Protect with barrier film. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.
Yellow wound – Slough non-viable tissue (this advice can be taken for a sloughy wound on any anatomical location, except the foot)  **Possible aetiolgies:** - **Pressure** - **Surgical wound**	**Aim of treatment:** To debride sloughy tissue, to enable wound healing. **Tissue:** Slough - may be dry or wet tissue - needs debridement/ removal. **Infection:** Monitor for clinical signs. **Moisture:** Dry or low exudate: **Actiform Cool or Cutimed Gel or Medihoney Gel or Flaminal Hydro with Allevyn** Moderate to high exudate: **Medihoney Apinate/ Urgoclean or Urgoclean rope for cavity wounds with premier or Zetuvit Plus pad secured with Omnifix** **Edge:** Measure wound and photograph to monitor. **Refer/ Regenerate:** Consider mechanical debridement with Debrisoft or UCS cloth. Larvae may need to be considered if not debriding well – refer to WCS or podiatry if diabetic. **Surrounding skin:** Protect with barrier film. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.

Red wound– granulation tissue (this advice can be taken for a granulating wound on any anatomical location, except the foot)  **Possible aetiolgies:** - **Pressure** - **Surgical wound**	**Aim of treatment:** To promote continued growth of granulation tissue and maintain a moist wound healing environment. **Tissue:** Granulating – red healthy tissue. **Infection:** Monitor for clinical signs. **Moisture:** Dry or low exudate: **Superficial wounds can be dressed with Allevyn gentle border or Allevyn classic.** **Cavity wounds can be dressed with Flaminal Hydro and Allevyn** Moderate to high exudate: Superficial wounds can be dressed with Atrauman and **premier or Zetuvit Plus pad secured with Omnifix/ film.** **Cavity wounds can be dressed with Aquacel Extra with premier or Zetuvit Plus pad secured with Omnifix/ film.** **Edge:** Measure wound and photograph to monitor. **Refer/ Regenerate:** For large wounds or wounds with high exudate, consider referral to WCS for VAC therapy. **Surrounding skin:** Protect with barrier film. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.
Red/ pink wound – epithelialising wound 	**Aim of treatment:** To promote continued growth of epithelial tissue and protect new tissue growth. **Tissue:** Epithelialising tissue, remains vulnerable. **Infection:** Monitor for clinical signs. **Moisture:** Exudate is likely to be minimal: **Allevyn gentle border or Allevyn classic.** If no exudate, consider whether a dressing is indicated or if the area can just be protected with a skin barrier. **Edge:** If there are open/ granulating areas, measure these, photograph to monitor. **Refer/ Regenerate:** If wound becomes static, assess for inflammation/ infection. Refer to WCS if no progress. **Surrounding skin:** Protect with barrier film. **Social:** Provide information/ education for patient/ carers. Ensure there is no pressure to the wound. Ensure pressure relieving equipment and repositioning is in place.

Infected wounds (localised infection and biofilm) or wounds at high risk of infection e.g. Pilonidal sinus'   	Please refer to the Sirona lower limb and compression pathways for guidance on managing infection in lower limb wounds. Please urgently escalate any foot wounds on diabetic patients to podiatry and/ or GP. For all other wounds (not lower limb or foot wounds), the following antimicrobial dressings are suggested (please see additional guidance for individual dressings in the first part of this document): Moderate to high exudate **First line - Aquacel AG or Urgoclean AG, or Flaminal Forte if a sinus wound.** **Second line - Medihoney Apinate or Iodoflex or Cutimed Sorbact.** **Third line – Consider antimicrobials on specialist formulary (see above).** Low to moderate exudate **First line – Urgotul AG Silver, or Flaminal Hydro if a sinus wound.** **Second line – Cutimed Sorbact or Medihoney wound gel if a sinus wound.** **Third line – Consider antimicrobials on specialist formulary (see above).**

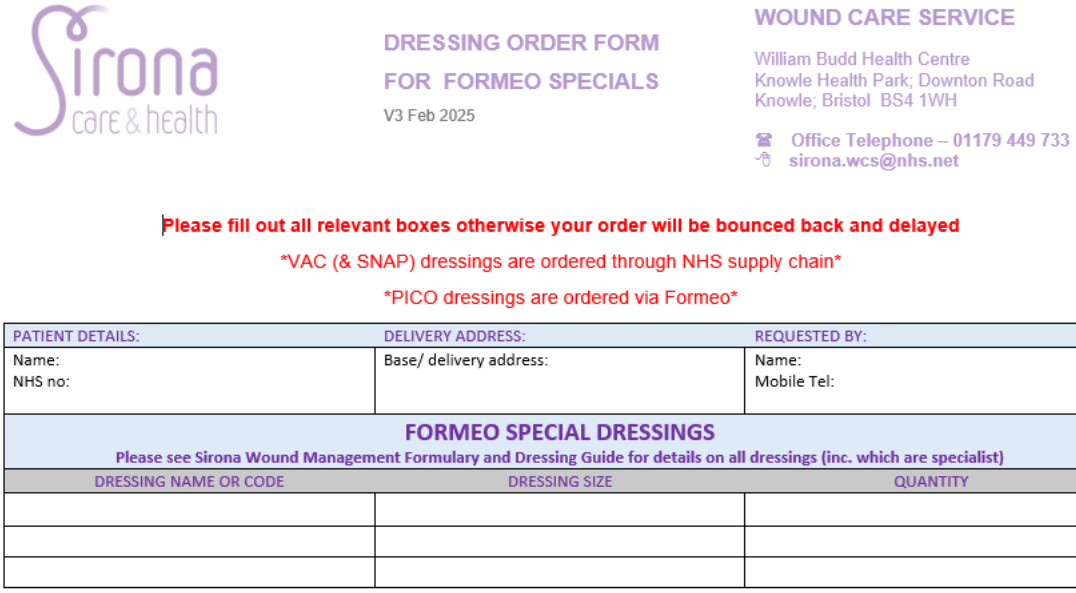
Wound edges and surrounding skin	
	**Excoriation** When the surrounding skin becomes irritated because of wound exudate not being managed effectively. Excoriation can also be caused by picking or scratching of the skin. Skin should be protected by using a barrier film or emollient. The frequency of dressing changes and dressing choice should also be considered.

	**Maceration** When skin is in contact with moisture such as wound exudate, urine or sweat, for too long, it becomes wet/ soggy, resulting in maceration. Skin should be protected by using a barrier film or emollient. The frequency of dressing changes and dressing choice should also be considered.
 Hyperkeratosis  Dry skin	**Dry skin and hyperkeratosis** Skin can become rough, scaly, and flaky, because of a lack of water in the skin. This can be due to aging, medical conditions, medications, environmental factors and much more. Skin should be hydrated by using an emollient. The frequency of skin care should also be considered. Lotions/ gels - Mild dry skin conditions. Creams – Mild to moderate dry skin conditions Ointments – Severely dry skin conditions. Further information on emollients can be found: https://remedy.bnssg.icb.nhs.uk/media/yxem05va/emollients-table-v94-update-feb-24.pdf

Dressing order form can be downloaded via:

https://remedy.bnssg.icb.nhs.uk/media/6405/wcs-dressing-order-form-july-2023.docx

Please see screen shot of form below:



DRESSING ORDER FORM
FOR FORMEO SPECIALS
V3 Feb 2025

WOUND CARE SERVICE
William Budd Health Centre
Knowle Health Park; Downton Road
Knowle; Bristol BS4 1WH
Office Telephone – 01179 449 733
sirona.wcs@nhs.net

Please fill out all relevant boxes otherwise your order will be bounced back and delayed

VAC (& SNAP) dressings are ordered through NHS supply chain

PICO dressings are ordered via Formeo

PATIENT DETAILS:	DELIVERY ADDRESS:	REQUESTED BY:
Name: NHS no:	Base/ delivery address:	Name: Mobile Tel:

FORMEO SPECIAL DRESSINGS

Please see Sirona Wound Management Formulary and Dressing Guide for details on all dressings (inc. which are specialist)

DRESSING NAME OR CODE	DRESSING SIZE	QUANTITY