

NHS
Somerset
Clinical Commissioning Group



Somerset Partnership **NHS**
NHS Foundation Trust

NHS
Musgrove Park Hospital

**SOMERSET
WOUND FORMULARY**

DECEMBER 2019

INTRODUCTION

It is anticipated that this wound formulary will be suitable for the vast majority of wounds and the hope is that there will be 80% compliance with the formulary – if there is no suitable product for the wound please report using an exception reporting form

This formulary is aimed at aiding clinical staff select the most appropriate dressing for wounds healing by secondary intention.

Dressing selection is only a small part of the management of a patient with a wound. Prior to selecting a dressing for a wound there should be a full holistic assessment of the patient, as this is critical to enable effective planning and evaluation of the care provided.

An initial holistic assessment should include:

- Medical History
- Cause of wound
- Chronic Conditions
- Acute Illness
- Nutritional status
- Mobility
- Support from carers/relatives
- Psychological problems
- Lifestyle factors
- Patient's age
- Measure of Ankle Brachial Pressure Indices if leg ulcer
- Medications
- Smoking
- Allergies

A wound assessment should also take place which includes:

- Wound Type
- Location
- Category if pressure ulceration
- Size
- Classification of wound bed
- Exudate colour and amount
- Odour
- Pain
- Surrounding skin
- Clinical signs of infection/local or systemic

Wound Bed Assessment

Necrotic	Sloughy	Granulating	Epithelialising	Infected	Fungating
					
Identified by black or brown tissue	Identified by viscous yellow or brown layer of tissue	Identified by granular appearance, appears red	Identified by pink appearance, tissue is extremely fragile	Identified by redness, pain, swelling, heat and odour	Identified by nodular 'fungus' or 'cauliflower' shaped growth
Aim to rehydrate hard or dehydrated tissue	Aim to remove all debris and aid autolysis	Aim to promote angiogenesis and wound healing	Aim to protect and promote new tissue growth	Aim to treat underlying infection and reduce symptoms	Aim to control exudate, malodour, bleeding and pain

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An ideal dressing should:

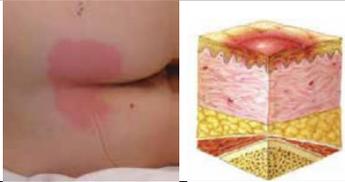
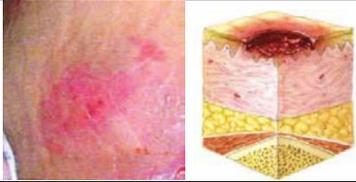
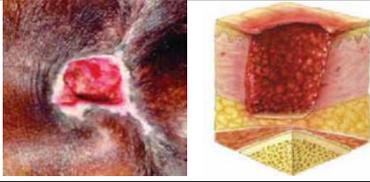
- Manage exudate
- Be comfortable
- Stay in place
- Be easy to remove
- Be cost effective
- **Please be mindful of costs and remember to only order the number dressings which are actually required**

The formulary should provide sufficient dressing choice for the majority of the patients. However, there will always be some patients who will need a more specialist dressing and these should be discussed with the local Tissue Viability Link Nurse to agree the treatment plan and to guide alternative product choice.

Against each dressing there is a short amount of product information. This provides a very brief description of the main indication of the product but does not replace the manufacturer's information which should be consulted if the clinician is not familiar with the product.

The dressings in the formulary are colour-coded according to a traffic light system. The Formulary Dressing in **GREEN** is the recommended choice, **AMBER** dressings have a note attached for caution and some may require additional training / competencies to use, and **RED** dressings indicate that specialist knowledge is needed, and will be accessed via TVN's / Vascular Teams; these will require a different ordering process for Community patients.

Pressure Ulcer Categorisation

Category 1	Category 2	Category 3	Category 4	Deep Tissue Injury	Unstageable
					
<p>Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.</p>	<p>Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or sero-sanguinous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising*. This category should not be used to describe skin tears, tape burns, incontinence associated dermatitis, maceration or excoriation.</p> <p>*Bruising indicates deep tissue injury.</p>	<p>Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a Category/Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers. Bone/tendon is not visible or directly palpable.</p>	<p>Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunneling. The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis or osteitis likely to occur. Exposed bone/muscle is visible or directly palpable.</p>	<p>Purple or maroon localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.</p>	<p>Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, the true depth cannot be determined.</p>

Formulary Products

Manufacturer	Product	Educational Link
Acelity	<ul style="list-style-type: none"> • Adaptic Touch (large size) • KCI Negative Pressure Wound Therapy • Inadine 	http://www.acelity.com/products
Advanced Medical Solutions	<ul style="list-style-type: none"> • ActivHeal Alginate • ActivHeal Foam • ActivHeal Hydrogel • ActivHeal Silicone 	http://www.activheal.com/home/training-education.aspx
Advancis	<ul style="list-style-type: none"> • Actilite • Algivon Plus • Activon Tube • Wound Probe 	http://www.advancis.co.uk/products
BBraun	<ul style="list-style-type: none"> • Calgitrol Thin (Askina) • Prontosan 	https://www.bbraun.co.uk/en/products-and-therapies/wound-management.html
BioMonde	<ul style="list-style-type: none"> • Larvae Therapy 	http://biomonde.com/en/hcp/product/larvae100-200
BSN Medical	<ul style="list-style-type: none"> • Cutimed Sorbact • Hypafix 	http://www.bsnmedical.co.uk/products/wound-care-vascular/category-product-search/advanced-wound-care/infection-management/cutimedr-sorbactr.html
Coloplast	<ul style="list-style-type: none"> • Comfeel Plus Transparent 	www.coloplast.co.uk/wound
Convatec	<ul style="list-style-type: none"> • Aquacel Extra • Aquacel Ag+ • Aquacel Ag + Extra • Duoderm extra thin 	https://www.convatec.co.uk/wound-skin/
Clinisupplies Ltd.	<ul style="list-style-type: none"> • Clinipore tape 	https://www.clinisupplies.co.uk/products/16/detail.aspx?pid=16
Flen Health UK	<ul style="list-style-type: none"> • Flaminal Hydro • Flaminal Forte 	http://www.flenhealth.co.uk/
Paul Hartmanns Ltd.	<ul style="list-style-type: none"> • Zetuvit E • Atrauman • Hydroclean Plus • Zetuvit Plus • Atrauman Ag 	www.hartmannhelp.co.uk www.hartmann.info/en-GB
L&R Medical	<ul style="list-style-type: none"> • Actilymph • Activa Hosiery • Actico • Suprasorb X Plus PHMB • Activa Hosiery Kit • Actiform Cool • Debrisoft • Readywrap 	http://www.smith-nephew.com/uk/products/wound_management/product-search
Medicareplus	<ul style="list-style-type: none"> • Medi Derma-S • Medi Derma-Pro 	http://medicareplus.co.uk/
Richardson Healthcare	<ul style="list-style-type: none"> • Softpore 	https://www.richardsonhealthcare.com/wound-care/
Sallis Healthcare Ltd.	<ul style="list-style-type: none"> • Eesigauze 	http://sallis.co.uk/products/bandages/
Smith & Nephew	<ul style="list-style-type: none"> • Iodoflex • Allevyn Gentle Border • Opsite Flexi - Grid • Allevyn Adhesive (classic) • Opsite Flexi – Fix • Opsite Post-Op 	https://www.smith-nephew.com/uk/education/wound-care-education/online-learning/
Synergy Health	<ul style="list-style-type: none"> • Comfifast 	http://www.comfi-range.com/
Urgo	<ul style="list-style-type: none"> • K Band • K Plus • K Two • Urgotul Silver • UrgoStart Plus • K Lite • K Soft • K Flex • UrgoClean • K Three C 	http://www.urgo.co.uk/239-compression
Welland Clinimed	<ul style="list-style-type: none"> • Clinisorb 	http://www.clinimed.co.uk/Wound-Care/Products/CliniSorb/How-to-Use.aspx
Juzo	<ul style="list-style-type: none"> • Toe Caps 	https://www.juzo.com/en-uk/products

	Formulary choice	Product Information	Sizes Available	Units in pack	Comments
Mechanical Wound debridement	Debrisoft	A mechanical debridement pad for removing wound debris and dead skin cells	<u>Pad</u> 10cm x 10cm <u>Lolly</u> 5cm x 2cm	5 5	Use to remove debris or dead skin cells.
Pressure Relieving Pad	KerraPro	KerraPro works by redistributing pressure over a larger area to reduce the peak pressure at any one point (usually a bony area like the heel or the sacrum). Instead, the force is spread over a larger area, reducing the average pressure on the skin.	<u>Sheet</u> 10 x 10 x 0.3cm 10 x 10 x 1.2cm <u>Strip</u> 30 x 5 x 0.3cm 50 x 2.5 x 0.3cm <u>Heel</u> <u>Sacrum/Ankle Wrap</u>	5 5 5 5 2 1	Single patient use. Can be reused provided washed in soapy water and allowed to dry. Only for use on intact / undamaged skin. Not under compression bandages / garments. If any damage occurs or the pad loses its natural tack PLEASE REPLACE.
Wound Irrigation Solution	Prontosan	Wound irrigation solution containing betaine which is a gentle effective surfactant which penetrates, disturbs and removes Biofilm and wound debris, and PHMB to help control bacterial levels.	350ml	10	To be used for removal of Biofilm Can be used for 10-15 minutes soak, or in conjunction with Debrisoft. Single patient use.
Hydrogel	ActivHeal hydrogel	A gel which is applied directly to wound bed to aid debridement and desloughing through rehydration. A secondary dressing will be required.	15g	10	Dressing changed every 2 – 3 days or as indicated by clinical condition of wound

Hydrogel Sheet	Actiform Cool	A non adhesive, high water content hydrogel product. Used to balance moisture levels at the wound bed. Can be used to hydrate wound or absorb exudates. The gel is permeable to water vapour, gases and small protein molecules, but impermeable to bacteria.	5cm x 6.5cm	5	Should be changed as often as the wound/condition dictates. Dressing should be frequently monitored to ensure it does not dry out and adhere to the wound. The dressing should be changed when it becomes cloudy or opaque from fluid absorption.
			10cm x 10cm	5	
			10cm x 15cm	3	
Hydrofibre/ Protease Matrix	Flaminal Hydro	For use on light to moderately exuding wounds. An alginate gel applied directly to the wound bed with antimicrobial properties. A secondary dressing will be required	15g	5 tubes	The maximum dressing wear time is 4 days but should be changed according to exudates levels or as indicated by clinical condition of the wound Single patient use. The tube is self-sterilising and can be reused on the same patient after opening for up to two years.
	Flaminal Forte	For use on moderate to highly exuding wounds. This gel has a higher proportion of alginate than Flaminal Hydro is therefore more absorbent. It also has antimicrobial properties. A secondary dressing will be required	15g 50g	5 tubes 1	The maximum dressing wear time is 4 days but should be changed according to exudates levels or as indicated by clinical condition of the wound Single patient use. The tube is self-sterilising and can be reused on the same patient after opening for up to two years.
Alginate	ActivHeal Alginate	Dressing made from calcium alginate fibres which aids and maximizes absorption, quickly forms a soft amorphous gel on contact with exudates. Suitable for moderate to heavy exudates. May also be used as a haemostat for managing minor bleeding in wounds. A secondary dressing will be required	<u>Flat Dressings</u> 5 x 5cm 10 x 10cm 10 x 20cm <u>Packing</u> 2g/30cm rope	10 10 5 5	Maximum wear time 7 days but should be changed according to exudates levels or as indicated by clinical condition of the wound

Hydrofibre	Aquacel Extra	A dressing forming a gel which absorbs and retains exudates. For use in moderate to highly exuding wounds . Conforms to the wound surface to form an intimate contact and removes in one piece. Supports wound healing by providing a moist wound healing environment. A secondary dressing will be required	<u>Flat Dressing</u> 5 x 5cm 10 x10cm 15 x15cm <u>Packing / Ribbon</u> 1cm x 45cm 2cm x45cm	10 10 5 5 5	Maximum wear time 7 days but should be changed according to exudates levels or as indicated by clinical condition of the wound This is a wound contact layer. Aquacel Ribbon is not produced in the Aquacel Extra dressing range.
Non adherent primary contact dressing	Atrauman	Fine mesh fabric made of hydrophobic polyester fibres. Counteracts adhesion to the wound making dressing easy to remove with minimal disturbance. A secondary dressing will be required	5 x 5cm 7.5 x 10cm 10 x 20cm 20 x 30cm	50 50 30 10	Maximum wear time 7 days dependent on clinical condition of wound
Foam Dressing	<u>For Frequent Dressing Changes</u> ActivHeal Foam	Foam dressing for everyday wound care. Absorbs excess exudate away from wound and creates moist wound healing environment.	<u>Adhesive</u> 7.5 x 7.5cm 10 x 10cm 12.5 x 12.5cm 15 x 15cm 20 x 20cm <u>Non Adhesive</u> 5 x 5cm 10 x 10cm 20 x 20cm	10 10 10 10 10 10 10 10 10	Maximum wear time 7 days but should be changed dependent on clinical condition of wound
Foam Dressing	<u>For Longer Wear</u> Allevyn Adhesive (Classic)	Foam dressing which absorbs and retains exudate thus reducing the risk of leakage and maceration.	<u>Adhesive</u> 7.5 x 7.5cm 10 x 10cm 12.5 x12.5cm 17.5 x17.5cm	10 10 10 10	Maximum wear time 7 days but should be changed according to exudate levels or as indicated by clinical condition of the wound

Foam Dressing with Silicone	Allevyn Gentle Border	For fragile skin. Foam dressing which absorbs and retains exudates thus reducing the risk of leakage and maceration with silicone adhesive.	7.5 x7.5cm 10 x 10cm 12.5 x 12.5cm 15 x 15cm 17.5 x 17.5cm	10 10 10 10 10	Maximum wear time 7 days but should be changed according to exudate levels or as indicated by clinical condition of the wound
Film Dressing	Opsite Flexi – Fix Opsite Flexi - Grid	Standard film dressing. Used as a primary or post-operative dressing to protect and cover non-exuding wounds or as a secondary dressing for fixation	10cm x 10meters 6 x 7cm 10 x 12cm 15 x 20cm	1 100 50 10	Maximum wear time 7 days dependent on clinical condition of wound
Film Dressing with pad	Opsite Post - Op	Post-operative dressing with an absorbent wound pad, to protect exuding wound.	6 x 5cm 8.5 x 15.5cm 25 x 10cm 30 x 10cm	100 20 20 20	Maximum wear time 7days dependent on clinical condition of wound
Soft Cloth Dressing with Pad	Softpore	Latex free surgical adhesive (non-woven) dressing for low to moderate exudate levels.	6 x 7cm 10 x 10cm 10 x 20cm	60 50 30	Maximum wear time 7 days dependent on clinical condition of wound

Hydrocolloid	Comfeel Plus Transparent	Used for treatment of no-to-low exuding chronic wounds and superficial acute wounds in the final stages of wound healing. Also used for protection of the skin from breakdown due to friction and trauma	5 x 7 cm 10 x 10 cm 15 x 15 cm 9 x 14 cm	10 10 5 10	The dressing can stay on the wound for up to 7 days depending on the specific wound characteristics
	Duoderm Extra Thin	Hydrocolloid ideal for use on epithelialising wounds and for protection of the skin from breakdown due to friction and trauma	7.5 x 7.5cm 10 x 10cm 15 x 15cm 5 x 10cm 9 x 15cm	5 10 10 10 10	Maximum wear time 7 days dependent on clinical condition of wound. USED FOR PERIWOUND PROTECTION IN CONJUNCTION WITH NEGATIVE PRESSURE WOUND THERAPY
Silicone Contact Layer Dressing	ActivHeal Silicone	Silicone dressing with porous structure which allows exudate to pass into an outer absorbent dressing. Ideal for skin tears, burns and grafts. Soft tack silicone to facilitate application and atraumatic removal	5 x 7cm 10 x 10cm 15 x 15cm	10 10 10	Maximum wear time 14 days depending on the condition of the wound. The secondary dressing can be changed as required – this reduces the necessity for frequent primary dressing changes.
Odour Absorbing	Clinisorb	Activated charcoal dressing sandwiched between two layers of rayon used to control odour. Use as a secondary dressing rather than in direct contact with the wound.	10 x 10cm 10 x 20cm 15 x 25cm	10 10 10	Can remain in situ for up to 7 days or until becomes wet.
Waterproof No- Sting Barrier Film	Derma-S	A protective liquid barrier film.	1ml Applicator 3ml Applicator 30ml Spray 28g Cream 92g Cream	5 5 1 24 1	If used under adhesive tape, dressing or device reapply at each dressing change. If used for protectant against body fluids, faeces or urine reapply every 24 – 72hrs Refer to Trust Skin Protection Pathway for application / uses.

Skin Cleanser and Barrier Cream	Derma-Pro	Derma-Pro Foam and Spray cleanser and ointment is a pH balanced skin cleanser and skin protectant indicated for intact and injured skin associated with incontinence.	250ml Spray 115g Ointment	1 1	Refer to Trust Skin Protection Pathway or application / uses.
Absorbent Pad	Zetuvit E (MPH - Xupad see pg. 19)	A highly absorbent dressing pad for moderate to heavily exuding wounds	<u>Sterile Pads</u> 10 x 10cm 10 x 20cm 20 x 20cm 20 x 40cm	25 25 15 10	The frequency of change of these dressings will be determined by wound exudate levels but can remain in situ for up to 7 days .
Super Absorbent Pad	Zetuvit Plus	A soft pad which rapidly absorbs exudates away from the wound into super absorbent particles. Suitable for heavily exuding wounds	10 x 10cm 10 x 20cm 15 x 20cm 20 x 25cm 20 x 40cm	10 10 10 10 5	The frequency of change of these dressings will be determined by wound exudate levels but can remain in situ for up to 7 days . Can be used under compression.
Retention bandage	K Band	Retention Bandage, lightweight knitted fabric containing viscose and nylon.	5cm x 4meters 10cm x 4meters 15cm x 4meters	20 20 20	Apply as per manufacturers guidelines.
Bandages	K Soft Long K Lite Long	Padding Layer Supportive bandage to retain non-adhesive dressings	10cm x 4.5m 10cm x 5.25m	24 16	Apply as per manufacturers guidelines. Latex free.
Tubular bandage/ Stockinette	Comifast	An elasticated tubular bandage, used for dressing retention.	10m Blue Line 10m Yellow Line 10m Beige Line	1 1 1	Apply as per manufacturers guidelines.

Tubular bandage/ Stockinette	Eesigauze	A tubular stockinette to support retention of dressing.	20m Size 01 (finger/toe)	1	Apply as per manufacturers guidelines.
			20m size 12 (finger/toe)	1	
			20m size 56 (adult limb)	1	
			20m size 78 (adult large limb)	1	
Tape	Clinipore	Adhesive tape to secure bandages / dressings	1.25cm x 10m 2.5cm x 10m	12	Caution with fragile skin. Latex free. If individuals require other adhesive products a prescription will be required.
Soft Cloth Tape	Hypafix	Permeable, apertured, non-woven synthetic adhesive tape, more conformable.	5cm x 10m	1	
			10cm x 10m	1	
Probe	Wound Probe	Specialist wound care wound measurement device, cm markings, bulb type end.	10cm	10 50	Probes must be utilised to measure cavities, tunneling or tracking as part of a full, holistic wound assessment. Can be useful to aid packing of wound.

Antimicrobial (honey-based products)	Activon Tube	Manuka honey in a tube providing antibacterial effect; osmotic effect aiding debridement and desloughing and reduction in odour. Secondary dressing will be required	25g	12	NB. Initial higher levels of exudate may be experienced with this product. May be left in place for up to 7 days . Use within 90 days once opened. Single patient use.
	Algivon Plus	A non adherent alginate dressing impregnated with Manuka honey to provide antibacterial effect; osmotic effect aiding debridement and desloughing and reduction in odour. A secondary dressing will be required	5 x 5cm 10 x 10cm 2.5cm x 20cm + plastic probe	5 5 5	NB. Initial higher levels of exudate may be experienced with this product. May be left in place for up to 7 days
	Actilite	A low adherence dressing coated with Activon Manuka Honey to reduce bacterial colonization, protect the wound and allow passage of exudates. A secondary dressing will be required	5cm x 5cm 10 x 10cm 10 x 20cm	10 10 5	NB. Initial higher levels of exudate may be experienced with this product. May be left in place for up to 7 days
Antimicrobial (Antiseptic)	Inadine	Povidone iodine non adherent dressing with antiseptic effect. A secondary dressing will be required	5 x 5cm 9.5 x 9.5cm	25 25	Can remain in situ for 7 days according to exudates and clinical condition of the wound. Change when colour of dressing changes from orange to white.
	Iodoflex	A cadexomer dressing with iodine for desloughing chronic exuding wounds. A secondary dressing will be required.	5g 10g 17g	5 3 2	Do not apply more than 50g in any single application or 150g in any one week. Can remain in situ for up to 3 days according to exudates and clinical condition of the wound. Iodoflex should be used with caution in patients with iodine sensitivity, renal disorders or with thyroid disorders. Used for a maximum of 3 months .

Silver dressings are only to be used for a period of two weeks in line with National Guidance.

A reassessment should be carried out at this point and consider referring to TVN.

Patients with MRSA colonised wounds will need to follow the MRSA decolonisation pathway.

Once the pathway is complete, reassess the wound and adjust your plan of care.

Antimicrobial (Silver)	Atrauman AG	First Line silver non-adherent contact layer dressing for simple, colonised / infected wounds.	5 x 5cm	10	Dressing effective for up to 7 days
			10 x 10cm	10	
			10 x 20cm	10	
Antimicrobial (Silver)	Calgitrol Thin (Askina)	Second line silver dressing for superficial colonised / infected wounds. Thin layer of silver alginate matrix.	5 x 5cm	10	Dressing effective for up to 7 days
			10 x 10cm	10	
			15 x 15cm	10	
			20 x 20cm	5	
Hydrofibre (Silver)	Aquacel Ag + Extra	Broad spectrum silver antimicrobial for managing moderate to heavily exuding critically colonized or clinically infected wounds. A secondary dressing will be required	5 x 5cm	10	Dressing effective for up to 7 days
			10 x 10cm	10	
			15 x 15cm	5	
			20 x 30cm	5	
	Aquacel Ag +	Broad spectrum silver antimicrobial for managing moderate to heavily exuding critically colonized or clinically infected wounds. A secondary dressing will be required	<u>Ribbon</u>		Dressing effective for up to 7 days
	1cm x 45cm		5		
			2cm x 45cm	5	

Antimicrobial	Suprasorb X Plus PHMB	A moist wound dressing for critically colonised and infected wounds. Rapidly kills multi-resistant pathogens including MRSA and VRE without damaging surrounding healthy cells	Flat 5cm x 5cm 9cm x 9cm 14cm x 20cm Rope 2cm x 21cm	5 5 5 5	May be left in place for up to 7 days. A secondary dressing is required. Should be changed as required and an infected wound will need to be checked on a regular basis according to clinical need
Mechanical Antimicrobial	Cutimed Sorbact	Wound contact layer coated in DACC (Dialkyl Carbamoyl Chloride) which works by principle of hydrophobic interaction to bind bacteria + fungi to dressing.	4cm x 6cm 7cm x 9cm	5 5	May be left in place for up to 7 days. A secondary dressing is required. Should be changed as required and an infected wound will need to be checked on regular basis according to clinical need. MUST NOT BE USED WITH OINTMENTS OR CREAMS AS IMPAIRS BINDING EFFECT.
Compression Bandages	K Plus Long Ko Flex Long	Part of the multilayer compression system.	10cm x 10.25m 10cm x 7meters	24 18	To use any form of compression in a treatment plan staff must attend a full Leg Ulcer Management course and complete a competency document under the supervision of a competent mentor. Compression should only be applied to patients following an up to date full patient assessment including ABPI's.
	K-Three-C	Part of compression bandage system for ankle circumference greater than 25cms	10 cm x 3meters	24	
	Actico	Short Stretch Bandage – cohesive bandage	10cm x 6meters 8cm x 6meters 12cm x 6meters	1 1 1	
	K Two	Two layer compression bandage system	Ankle circ. 18 – 25cm Ankle circ. 25 – 32cm	1 1	
	K Two Reduced	Two layer compression bandage system	Ankle circ. 18 – 25cm Ankle circ. 25cm – 32cm	1 1	

Hosiery Kit	Activa Hosiery Kit	40mmHg leg ulcer treatment kit	Various sizes and colours available		Carers and HCA's / AP's can apply hosiery once they have been shown how to do so.
Compression hosiery	Activa	Class 1 British 14-17mmHg Class 2 British 18-24mmHg Class 3 British 25-35mmHg	Various sizes and colours available dependent on measurement of limb and patient preference		
	Actilymph	Class 1 European 18-21 mmHg Class 2 European 23-32mmHg Class 3 European 34-46mmHg	Various sizes and colours available dependent on measurement of limb and patient preference		
Waterproof Protectors	Limbo	Comfortable non-restrictive Neoprene seal.	Various sizes – Adult and Child		Latex free.

	Formulary choice	Product Information	Sizes Available	Units in pack	Comments
First Line Negative Pressure Wound Therapy	KCI	Community Nurses: All KCI products need to be ordered via the Tissue Viability Service based at South Petherton Community Hospital or via e-mail at: TVN@sompar.nhs.uk			Negative Pressure Wound Therapy should not be used without consultation with the Tissue Viability Team and completion of the appropriate competency. Foam dressings changed three times a week. Canisters can remain in situ for up to seven days (or replace when full). YDH: tissueviability@ydh.nhs.uk MPH: tissueviability@tst.nhs.uk
Larval Therapy	BioBag	Larvae are sealed within a finely woven net pouch containing a small piece of foam, which aid the growth of the larvae and manage exudate. BioBag comes in varying sizes and are applied according to the nature and size of the wound being treated. The larvae remain sealed within the dressing throughout the treatment.	2.5cm x 4cm 4cm x 5cm 5cm x 6cm 6cm x 12cm 10cm x 10cm	1 1 1 1 1	Community Patients: All orders for larval therapy are required to go through the Tissue Viability Team based as South Petherton Community Hospital. Email TVN@sompar.nhs.uk Acute Patients: Consult with TST, YDH, Vascular and Podiatry.
Larval Therapy	Free Range Larvae	Applied directly to the wound bed with fine mesh retention kit to keep in place. Free Range Larvae should be used on wounds where a BioBag is not suitable / effective.	Retention kit 30x30 cm kit with 1 vial Retention kit 30x30 cm kit with 2 vial Retention kit 30x30 cm kit with 3 vial Boot retention kit and 1 vial Boot retention kit and 2 vial Boot retention kit and 3 vial		

Antimicrobial (Silver)	Urgotul Silver	Broad Spectrum silver antimicrobial contact layer. Suitable for non to low exuding wounds. A secondary dressing will be required.	10 x 12cm 15 x 20cm	16 16	May be left in place for up to 7 days To be used for specific clinical indications i.e. burns, graft donor sites etc. To be discussed with TVN and sourced via prescription.
Toe Caps	Toe Caps	Available for left and right	Black Pepper Sesame		Community Patients: All orders are required to go through the Tissue Viability Team based at South Petherton Community Hospital. Email TVN@sompar.nhs.uk
Compression Wrap System	Readywraps	Available in beige and black. Foot left / foot right Calf, knee and thigh	Small Medium Large X Large		Please refer to manufacturers guidelines for measurements and sizing
Sacral Dressings	Allevyn Gentle Border Sacrum Allevyn Adhesive (Classic) Sacrum	Foam dressing which absorbs and retains exudates thus reducing the risk of leakage and maceration.	16.8 x 17.1cm	10	May be left in place for up to 5 days All orders are required to go through the Tissue Viability Team based at South Petherton Community Hospital. Email TVN@sompar.nhs.uk
			22 x 22cm	10	
			17 x 17cm 22 x 22cm	10 10	
Large Silicone Contact	Adaptic Touch	Silicone dressing with porous structure which allows exudate to pass into an outer absorbent dressing. Ideal for skin tears, burns and grafts. Soft tack silicone to facilitate application and atraumatic removal	20 x 32cm	5	May be left in place for up to 14 days Community Patients: All orders are required to go through the Tissue Viability Team based at South Petherton Community Hospital. Email TVN@sompar.nhs.uk
Hydro-Responsive Dressing	HydroClean Plus	Cleans, debrides, de-sloughs and absorbs. Soft, conformable pad pre-activated with Ringer's solution and PHMB.	4cm round 7.5 x 7.5cm 10 x 10cm	10 10 10	To be used under TVN / Vascular guidance. Community Patients: All orders are required to go through the Tissue Viability Team based at South Petherton Community Hospital. Email TVN@sompar.nhs.uk

Protease Inhibitor	UrgoStart Plus	Comes in a pad or contact layer format. Inhibits matrix Metalloproteinase (MMP's) DO NOT USE ON INFECTED WOUNDS, CANCEROUS WOUNDS OR FISTULAS.	<u>Pad</u> 6 x 6cm 10 x 10cm 15 x 20cm <u>Contact</u> 5 x 7cm 10 x 10cm 15 x 20cm	10 10 10 10 10 10	Community Patients: All orders are required to go through the Tissue Viability Team based at South Petherton Community Hospital. Email TVN@sompar.nhs.uk Acute Trust Patients: To be used following consultation with TVN, Vascular or Podiatry.
De-sloughing	UrgoClean	Non adherent, slough trapping, poly-absorbent fibre dressing	6 x 6cm 10 x 10cm 15 x 20cm 2.5 x 40cm	10 10 10 5	
Foam dressing with cleansing agent & glycerol	PolyMem	Non-adhesive thin polyurethane foam – contains cleansing agents and glycerol.	10 x 10cm 13 x 13cm 17 x 19cm	15 15 15	
	PolyMem Max	MAX = 60% more absorbent than standard	20 x 20cm	5	
Protease Modulator	Promogram Prisma	For wounds clear of necrotic tissue stuck in inflammatory phase.	28cm ² (Hexagonal) 123cm ² (Hexagonal)	10 10	
Antimicrobial (antiseptic)	Iodosorb	Specialist wound care antimicrobial ointment cadexomer iodine sterile.	10g	4	Single patient use. Single use (dispose of product following single use).

MPH

For use in the Acute Trusts and may be required on discharge to facilitate continuity of Treatment Plans.

Silicone Foam	Mepilex XT	Highly conformable foam dressing that absorbs both low and high viscosity exudate.	11cm x 20cm	5	Liaise with TVN Service (Acute)
Antimicrobial (Silver)	Acticoat 7	Absorbent antimicrobial barrier dressing. Remains effective for a minimum of 7 days.	10cm x 12.5cm	5	
Barrier Cream	Medihoney Barrier Cream	A barrier cream containing Medihoney antibacterial honey. Test patch before use.	50g tube	1	
Odour control	Actisorb Silver Odour Control	An active charcoal dressing encased in a nylon sleeve. SHOULD NOT BE CUT.	6.5cm x 9.5cm	10	
Alginate Dressing	Kaltostat Alginate Dressing	Sterile, non-woven calcium-sodium alginate fibre dressing. Moderate to heavy exudating wounds, local management of minor bleeding.	2g Packing	5	
Primary Contact Layer	N-A Ultra	Knitted viscose rayon sheet with a silicone coating.	9.5cm x 9.5cm	40	
Absorbent Pad	Xupad	Latex free, ultra-absorbent dressing pad.	10cm x 12cm 20cm x 20cm 20cm x 40cm	25 / 100 15 / 25 8 / 12	

Exception Reporting Form

The formulary will be reviewed and updated on a regular basis. To aid development please complete a form where a product has been deemed not suitable and a non formulary product used instead

Wound Information

	Classification of Wound Bed	Level of Exudate (Low, Medium, High)	Cavity (Yes/No)
Epithelialising			
Granulating			
Sloughy			
Necrotic			
Infected			
Fungating			

Product Information

Formulary product tried	
Date Commenced	
Date Discontinued	
Reason product not suitable	

Non formulary product used	
Date commenced	
Date discontinued	
Reason product suitable	

Patient Outcome (please give date and results)

Wound improved	
Wound static	
Wound deteriorated	

I would like this product to be considered for the next formulary review	Yes/No
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Submitted by..... Date..... Base.....

Please send completed form to, Tissue Viability Manager, South Petherton Community Hospital
or E-mail to: TVN@sompar.nhs.uk