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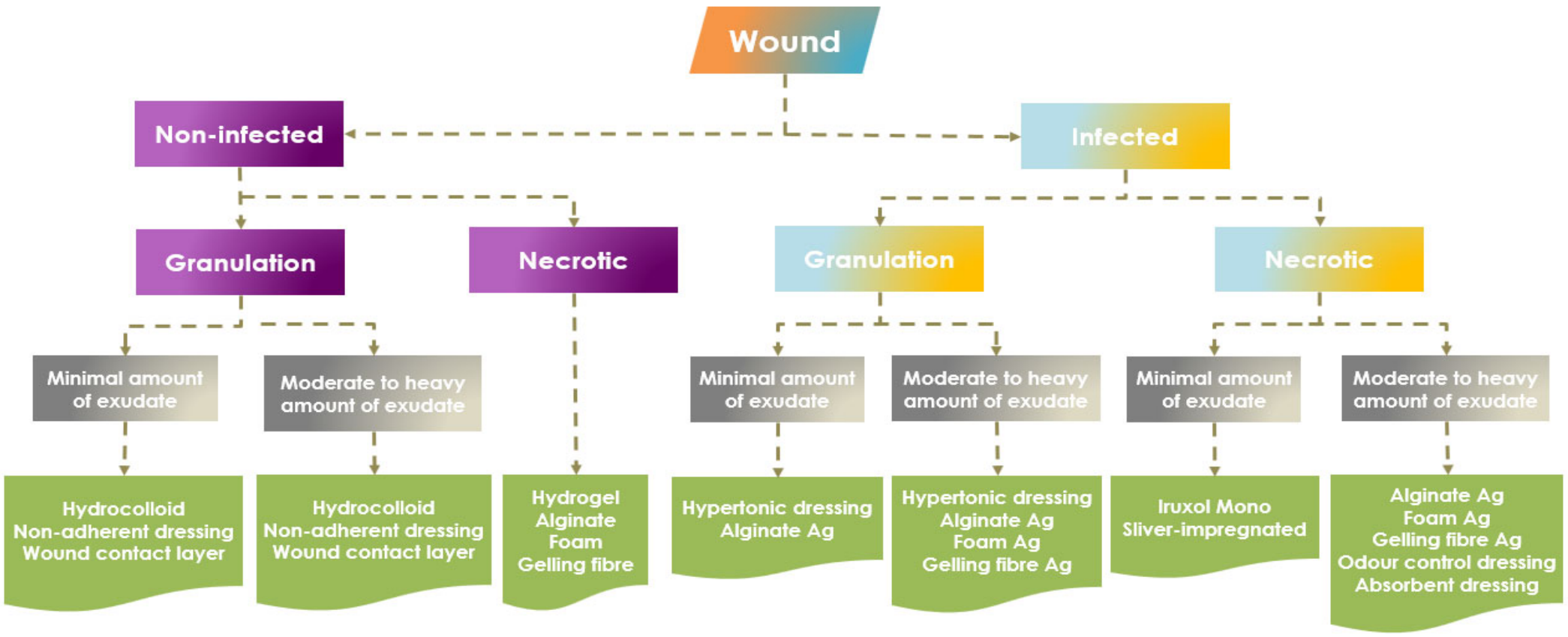
Wound Dressing Recommendations

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KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

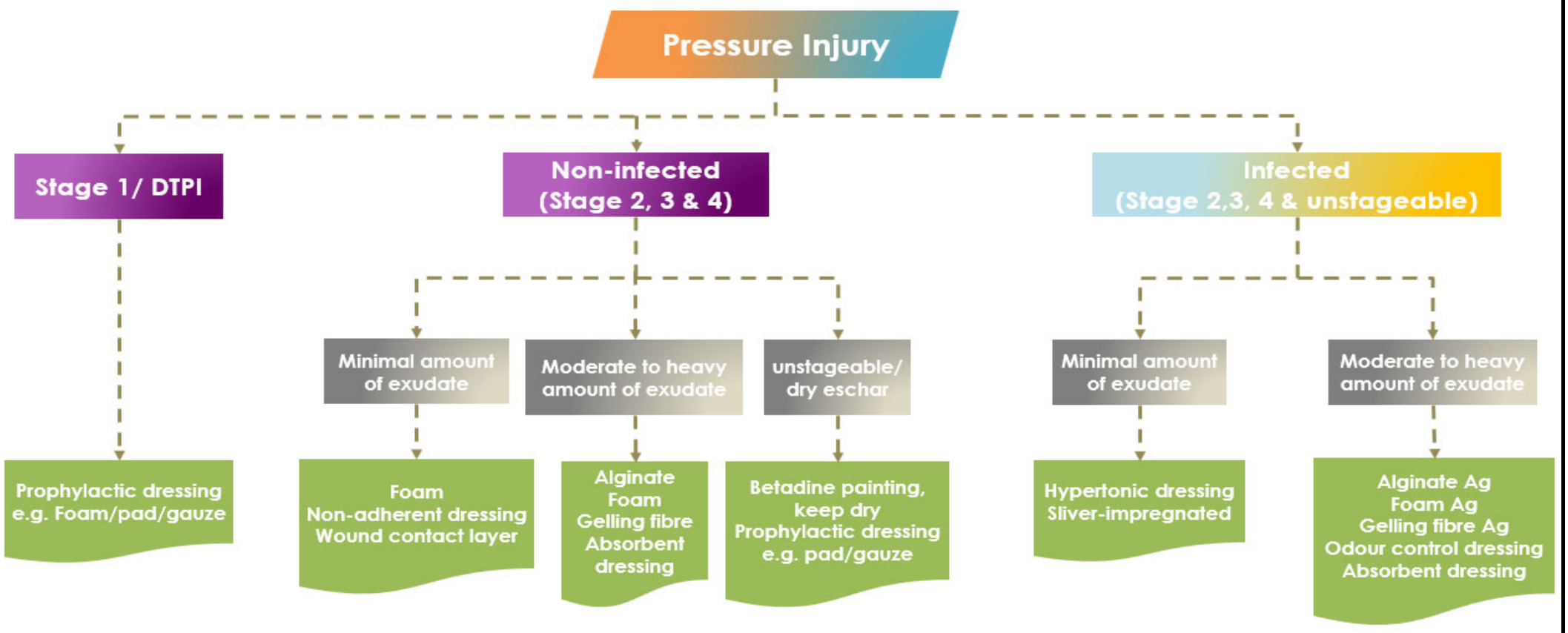
TABLE of CONTENTS	TOPICS	Please click the LINKS for details
Flowchart A	Wound Dressing Products Selection Flow Chart (Non-infected and infected wound)	Flowchat A'!Print_Area
Flowchart B	Wound Dressing Products Selection Flow Chart(Pressure injury)	Flowchart B'!Print_Area
Part A	General Advice on Dressing Selection and Application	Part A'!Print_Area
Part B	Wound Packing Products	Part B'!Print_Area
Part C	Dressing for Paediatric	Part C'!Print_Area
Part D	General Wound Management and Dressing Recommendations	Part D'!Print_Area
Part E	Pressure Injury and Dressing Recommendations	Part E'!Print_Area
Part F	Pressure Injury on Heels and Dressing Recommendations	Part F'!Print_Area
Part G	Leg and Foot Ulcer and Dressing Recommendations	Part G'!Print_Area
Part H	Venous Ulcer and Dressing Recommendations	Part H'!Print_Area
Part I	Arterial Ulcer and Dressing Recommendations	Part I'!Print_Area
Part J	DM Foot Ulcer and Dressing Recommendations	Part J'!Print_Area
Part K	Cancerous Wound and Dressing Recommendations	Part K'!Print_Area

Flowchart A
Wound Dressing Products Selection Flow Chart
(Non-infected and infected wound)



Back to TABLE of CONTENTS

Flowchart B
Wound Dressing Products Selection Flow Chart
(Pressure injury)



PART A: General Advice on Dressing Selection and Application:

- Follow the manufacturer's recommendations on product usage.
- Do not apply the dressing on patients suspected of hypersensitivity to the active ingredient.
- Duration of use should be individualized and based on regular wound assessment.
- The period of use should be reviewed in about two weeks or earlier and the management plan adjusted accordingly.
- Some dressings may not be compatible with imaging studies and should be removed beforehand.
- Certain dressings should not be used with topical medication unless advised.
- Certain dressings should not be cut to avoid leaving loose dressing pieces.
- Most dressings require a secondary dressing.
- Some dressings can be used as primary and secondary dressing.
- If wound packing is indicated, follow the wound packing guideline.
- **Review the application of silver, charcoal, iodine containing dressing within 2-4 weeks.**
- **The products shared are not an exhausted list.** All recommendations should be applied with consideration to the wound, the person, the health professional and the clinical context.

PART B: Wound Packing Products:

- Example: ***Aquacel Ag Extra Plus Ribbon, Aquacel Ribbon, Mesalt Ribbon, Hydrofera Blue Tunneling Dressing, PolyWic Silver Rope, Ribbon Gauze.***
- Applying packing material to a cavity/ undermining/ tunnelling for filling the dead space in preventing haematomas/ abscesses formation, absorbing drainage from wound.
- Select and prepare appropriate wound packing material that the texture is not easy to break; easy to remove; size is suitable for the wound.
- Pack wound with **ONE continuous piece** of dressing in its **original size as far as possible**; leave a reasonable length of distal end/ visible tail of the packing (e.g. at least 3 cm depending on the site and size of wound); if cutting is inevitable, sterile scissors should be used.
- Documentation of wound packing of quantity, type, and size of selected wound packing materials. **One in One out**.
- Cover the wound packing with a different dressing to avoid confusing material identification upon removal. For example, packing the wound with Mesalt can be covered by foam while packing with Aquacel can be covered by gauze



PART C: Dressing for Paediatric:

1. Hydroactive wound gel:

Duoderm Gel, Hydrosorb Gel Sheet

Indication:

- Release moisture to dry wound
- Necrotic & sloughy wound
- Aid in autolytic debridement



2. Alginate:

Alginate, Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb

Indication:

- Moderate to heavy exudating wound
- Local management of bleeding wounds
- Partial to full thickness skin loss wound
- Cavity or sinus wound

Remark:

Potential calcium absorption may occur with prolonged application over an extensive wound



3. Gelling Fibre:

Aquacel, Durafiber, Exufiber

Indication:

- Moderate to heavy exudating wound
- Cavity and sinus wound



4. Foam:

Allevyn, Biatain, Mepilex, Polymen, Lyofoam

Indication:

- Partial to full thickness skin loss wound
- Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue
- Use in combination with compression therapy
- Over-granulation wound



5. Honey:

Actilite Manuka Honey, Algivon, Medihoney Wound Gel

Indication:

- Superficial to partial thickness skin loss wound
- Tunnel and undermining wounds



6. Non-adherent dressing:

Vaseline Gauze, Melolin

Indication:

- Superficial wound, laceration and abrasion wound
- Prevent skin breakdown in fragile skin



Back to TABLE of CONTENTS

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

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KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

PART D: General Wound Management and Dressing Recommendations

Wound Type	Dressing Type/Example/Indication	Examples of Dressings (not an exhaustive list)	Remarks
1. Infected Wound  	**1.1 Hypertonic dressing**: ***Mesalt*** Indication: • Infected wound; wound with hyper- granulation tissue		If the dressing is used on large wound for a long period of time in the following patients, risk of sodium absorption should be monitored: • Patient with End Stage Renal Failure • Patient who has heart disease and requires low sodium diet • Patient with hypernatraemia • Neonates / paediatric population
	1.2 Silver impregnated dressing: ***Acticoat Absorbent, Acticoat flex, Aquacel Ag, Atrauman Ag, Biatain Ag, Exufiber Ag, Melgisorb Ag, Mepilex Ag, Polymen Ag, PolyWic Silver Rope, Seasorb Ag, Urgotul Ag*** Indication: • Moderate to high exudating infected wound as prophylaxis in patients who are vulnerable to infection **Review the use within 2-4 weeks*		• Local toxicity of high concentration of silver ion may affect fibroblasts and keratinocytes. • Should not be used on wounds undergoing enzymatic debridement • Majority of silver dressing is NOT compatible with zinc or oil-based products, e.g., paraffin dressing • Some may cause local skin discoloration or staining • Avoid to use in patient undergoing MRI
	1.3 Chlorhexidine impregnated paraffin gauze: ***Bactigras*** Indication: • Infected, and potential infected wound • Lacerations, abrasions and other skin loss wound		• Should not be used on more than 10% of body area • Avoid contact with eyes, middle ear, meninges and brain • Do not use with oxidizing wound cleaning agents e.g. hydrogen peroxide, potassium permanganate
	1.4 Iodine impregnated: ***Inadine, Iodosorb*** Indication: • Infected wound with bacteria and fungus • Wound with risk of infection Features: • Allow exudate to pass through • Low adherent knitted viscose fabric containing 10% Povidone Iodine • Board spectrum of antimicrobial activity with efficacy against MRSA, bacteria, microbacteria, fungi, protozoa and viruses • Release iodine into wounds in the presence of wound exudate then it changes from brown-organge colour to white which indicates that the dressing should be changed	  	***Inadine*** • Pregnant or lactating mother • Young children • Patient with thyroid disease ***Iodosorb*** • Contraindicated in Hashimoto's thyroiditis and history of Graves disease • Avoid using before and after radio-iodine diagnostic tests or therapy • Do not use during pregnancy and lactation • Use with caution in patients with thyroid disease • Use with caution in new-born and infants less than 6 months old • Thyroid function should be monitored if large areas are being treated for a prolonged period of time • May cause stinging when applied • Need prescription by doctor in some hospitals **Review the use within 2-4 weeks*
	1.5 Polyacrylate: ***HydroClean*** Indication: • Infected wound; light to moderate exudating wound • Partial and full-thickness skin loss wound		• Avoid using in patient with known sensitivity to Polyacrylate & Polyhexamethylene biguanide • **Do NOT cut dressing**
	1.6 Honey: ***Actilite Manuka Honey, Algivon, Medihoney Wound Gel*** Indication: • Superficial to partial thickness skin loss wound • Tunnel and undermining wound Features: • Sterilized medical grade honey with board spectrum antimicrobial effect due to low pH (3.5 – 4.5) property which inhibits many pathogens and carry anti-inflammatory effect • Contain carbohydrate, enzymes and amino acid • Produce hydrogen peroxide or methylglyoxal • High osmotic activity assists in autolytic debridement, maintains a moist wound environment and reduces wound odour • May be used for patients with diabetes as the honey does not interfere with blood sugar level		• May cause transient stinging • May increase the amount of exudate due to its osmotic effect
	1.7 Antibiotic	Medication	• Topical antibiotic ointment or cream need doctor prescription

Back to TABLE of CONTENTS

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

(Scan to download)

KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

2. Dry Black/ Brown Eschar Wound 	**2.1 Hydroactive wound gel:** ***Duoderm Gel, Granudacyn Gel, Hydrocyn Gel, Intrasite Gel, Hydrosorb Gel Sheet, Prontosan Wound Gel, Purilon Gel*** <u>Indication:</u> • Release moisture to dry wound • Necrotic & sloughy wound <u>Features:</u> • Aid in autolytic debridement • Prontosan gel contains Polihexanide, also known as Polyhexamethylene biguanide (PHMB), specifically used for infected wounds and to remove biofilm • Have high water content to hydrate dry necrotic tissue and facilitate autolytic debridement • Have soothing effect on application • Some contain antiseptics which are suitable for infected wounds • In gel or sheet forms		• Protect periwound skin from maceration
3. Yellow Slough Wound  	**3.1 Hydroactive wound gel:** ***Duoderm Gel, Granudacyn Gel, Hydrocyn Gel, Intrasite Gel, Hydrosorb Gel Sheet, Prontosan Wound Gel, Purilon Gel*** <u>Indication:</u> • Release moisture to dry wound • Necrotic & sloughy wound <u>Features:</u> • Aid in autolytic debridement • Prontosan gel contains Polihexanide, also known as Polyhexamethylene biguanide (PHMB), specifically used for infected wounds and to remove biofilm • Have high water content to hydrate dry necrotic tissue and facilitate autolytic debridement • Have soothing effect on application • Some contain antiseptics which are suitable for infected wounds • In gel or sheet forms		• Protect periwound skin from maceration • Not for use on the central nervous system or meninges, middle or inner ear, eyes or hyaline cartilage during surgery
	3.2 Polyacrylate: ***HydroClean*** <u>Indication:</u> • Infected wound; light to moderate exudating wound • Partial and full-thickness skin loss wound		• Avoid using in patient with known sensitivity to Polyacrylate & Polyhexamethylene biguanide • **Do NOT cut dressing**
	3.3 Enzymatic agent: ***Iruxol Mono Ointment*** <u>Indication:</u> • Debride chronic dermal ulcer and severely sloughy burned wound <u>Features:</u> • Contain clostridiopeptidase A (collagenase and associated proteases) which activate enzymatic debridement of necrotic wounds, including leg and decubitus ulcer. • Stimulate cells associated with angiogenesis and epithelization to promote wound healing		• May have signs of local irritation such as burning sensation and pain • May cause periwound skin irritation • Apply 2 mm thick of ointment over the treatment area once to twice per day • For dry wound, moist the wound base with 0.9% NaCl • Discontinue treatment when the whole surface of the wound is clean • Avoid contact with eye and mucosa • **Incompatible with silver impregnated dressing** • Do not use in the presence of antiseptics, heavy metals, detergents and soaps • Need prescription by doctor in some hospitals
	3.4 Honey: ***Actilite Manuka Honey, Algivon, Medihoney Wound Gel*** <u>Indication:</u> • Superficial to partial thickness skin loss wound • Tunnel and undermining wound <u>Features:</u> • Sterilized medical grade honey with board spectrum antimicrobial effect due to low pH (3.5 – 4.5) property which inhibits many pathogens and carry anti-inflammatory effect • Contain carbohydrate, enzymes and amino acid • Produce hydrogen peroxide or methylglyoxal • High osmotic activity assists in autolytic debridement, maintains a moist wound environment and reduces wound odour • May be used for patients with diabetes as the honey does not interfere with blood sugar level		• May cause transient stinging • May increase the amount of exudate due to its osmotic effect
			Back to TABLE of CONTENTS

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

(Scan to download)

KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

4. Red Granulating Wound 	**4.1 Non-adherent pad**: *Melolin* Indication: • Use as protective dressing for superficial abrasion		• Always place the shiny side of the dressing to the wound bed.
	4.2 Paraffin gauze: *Jelonet, Lomatuell H* Indication: • Lacerations, abrasions and superficial skin loss wound		• Incompatible with majority silver impregnated dressing
	4.3 Hydrocolloid: *Comfeel, Duoderm CGF, Suprasorb H* Indication: • Low to moderate exudating wound, postoperative clean wound and abrasion wound • Rehydrate necrotic eschar		• Suggest using with alginate dressing. • Not recommended to infected wound and extremely fragile skin.
	4.4 Alginate: *Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb* Indication: • Moderate to heavy exudating wound • Local management of bleeding wound • Partial to full thickness skin loss wound • Cavity or sinus wound		• Potential calcium absorption may occur with prolonged application over an extensive wound
	4.5 Gelling Fibre: *Aquacel, Durafiber, Exufiber* Indication: • Moderate to heavy exudating wound • Cavity and sinus wound		
	4.6 Foam: *Allevyn, Biatain, Lyofoam, Mepilex, Polymen* Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
5. Pink Epithelializing Wound 	**5.1 Non-adherent pad**: *Melolin* Indication: • Use as protective dressing for superficial abrasion		
	5.2 Paraffin gauze: *Jelonet, Lomatuell H* Indication: • Lacerations, abrasions and superficial skin loss wound		• Incompatible with majority silver impregnated dressing
	5.3 Hydrocolloid: *Comfeel, Duoderm CGF, Suprasorb H* Indication: • Low to moderate exudating wound, postoperative clean wound and abrasion wound • Rehydrate necrotic eschar		• Suggest using with alginate dressing
	5.4 Foam: *Allevyn, Biatain, Lyofoam, Mepilex, Polymen* Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		

Back to TABLE of CONTENTS

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

(Scan to download)

KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

PART E: Pressure Injury and Dressing Recommendations

Remark: Please refer to PART D: General Wound Management and Dressing Recommendations for Infected Pressure Injury.

Wound Type	Dressing Type/Example/Indication	Examples of Dressings (not an exhaustive list)	Remarks
1. Stage 1 Pressure Injury 	**1.1 Prophylactic dressing**		
	1.2 Padding for off loading: *Heels protectors, foot elevators*		
2. Stage 2 Pressure Injury 	**2.1 Non-adherent pad**: *Melolin* Indication: • Use as protective dressing for superficial abrasion		
	2.2 Hydrocolloid: *Comfeel, Duoderm CGF, Suprasorb H* Indication: • Low to moderate exudating wound, postoperative clean wound and abrasion wound • Rehydrate necrotic eschar		• Suggest using with alginate dressing
3. Stage 3 Pressure Injury 	**3.1a Hydroactive wound gel:** *Duoderm Gel, Granudacyn Gel, Hydrocyn Gel, Intrasite Gel, Hydrosorb Gel Sheet, Prontosan Wound Gel, Purilon Gel* Indication: • Release moisture to dry wound • Necrotic & sloughy wound Features: • Aid in autolytic debridement • Prontosan gel contains Polihexanide, also known as Polyhexamethylene biguanide (PHMB), specifically used for infected wounds and to remove biofilm • Have high water content to hydrate dry necrotic tissue and facilitate autolytic debridement • Have soothing effect on application • Some contain antiseptics which are suitable for infected wounds • In gel or sheet forms		• Protect periwound skin from maceration • Not for use on the central nervous system or meninges, middle or inner ear, eyes or hyaline cartilage during surgery • Prontosan wound gel should not be combined with other wound cleansers or ointments
	3.1b Enzymatic agent: *Iruxol Mono Ointment* Indication: • Debride chronic dermal ulcer and severely sloughy burned wound Features: • Contain clostridiopeptidase A (collagenase and associated proteases) which activate enzymatic debridement of necrotic wounds, including leg and decubitus ulcer. • Stimulate cells associated with angiogenesis and epithelization to promote wound healing		• May have signs of local irritation such as burning sensation and pain • May cause periwound skin irritation • Apply 2 mm thick of ointment over the treatment area once to twice per day • For dry wound, moist the wound base with 0.9% NaCl • Discontinue treatment when the whole surface of the wound is clean • Avoid contact with eye and mucosa • **Incompatible with silver impregnated dressing** • Do not use in the presence of antiseptics, heavy metals, detergents and soaps • Need prescription by doctor in some hospitals
	3.1c Honey: *Actilite Manuka Honey, Algivon, Medihoney Wound Gel* Indication: • Superficial to partial thickness skin loss wound • Tunnel and undermining wound Features: • Sterilized medical grade honey with board spectrum antimicrobial effect due to low pH (3.5 – 4.5) property which inhibits many pathogens and carry anti-inflammatory effect • Contain carbohydrate, enzymes and amino acid • Produce hydrogen peroxide or methylglyoxal • High osmotic activity assists in autolytic debridement, maintains a moist wound environment and reduces wound odour • May be used for patients with diabetes as the honey does not interfere with blood sugar level		• May cause transient stinging • May increase the amount of exudate due to its osmotic effect
	3.2a Hypertonic dressing: *Mesalt* Indication: • Infected wound; wound with hyper- granulation tissue		If the dressing is used on large wound for a long period of time in the following patients, risk of sodium absorption should be monitored: • Patient with End Stage Renal Failure • Patient who has heart disease and requires low sodium diet • Patient with hypernatraemia • Neonates / paediatric population
	3.2b Alginate: *Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb* Indication: • Moderate to heavy exudating wound • Local management of bleeding wound • Partial to full thickness skin loss wound • Cavity or sinus wound		• Potential calcium absorption may occur with prolonged application over an extensive wound
	3.2c Gelling Fibre: *Aquacel, Durafiber, Exufiber* Indication: • Moderate to heavy exudating wound • Cavity and sinus wound		

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

(Scan to download)

KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

	3.3 Foam: *Allevyn, Biatain, Lyofoam, Mepilex, Polymen* Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
	3.4 Polyacrylate: *HydroClean* Indication: • Infected wound; light to moderate exudating wound • Partial and full-thickness skin loss wound		• Avoid using in patient with known sensitivity to Polyacrylate & Polyhexamethylene biguanide • **Do NOT cut dressing**
4. Stage 4 Pressure Injury 	**4.1a Hydroactive wound gel:** *Duoderm Gel, Granudacyn Gel, Hydrocyn Gel, Intrasite Gel, Hydrosorb Gel Sheet, Prontosan Wound Gel, Purilon Gel* Indication: • Release moisture to dry wound • Necrotic & sloughy wound Features: • Aid in autolytic debridement • Prontosan gel contains Polihexanide, also known as Polyhexamethylene biguanide (PHMB), specifically used for infected wounds and to remove biofilm • Have high water content to hydrate dry necrotic tissue and facilitate autolytic debridement • Have soothing effect on application • Some contain antiseptics which are suitable for infected wounds • In gel or sheet forms		• Protect periwound skin from maceration • Not for use on the central nervous system or meninges, middle or inner ear, eyes or hyaline cartilage during surgery • Prontosan wound gel should not be combined with other wound cleansers or ointments
	4.1b Enzymatic agent: *Iruxol Mono Ointment* Indication: • Debride chronic dermal ulcer and severely sloughy burned wound Features: • Contain clostridiopeptidase A (collagenase and associated proteases) which activate enzymatic debridement of necrotic wounds, including leg and decubitus ulcer. • Stimulate cells associated with angiogenesis and epithelization to promote wound healing		• May have signs of local irritation such as burning sensation and pain • May cause periwound skin irritation • Apply 2 mm thick of ointment over the treatment area once to twice per day • For dry wound, moist the wound base with 0.9% NaCl • Discontinue treatment when the whole surface of the wound is clean • Avoid contact with eye and mucosa • **Incompatible with silver impregnated dressing** • Do not use in the presence of antiseptics, heavy metals, detergents and soaps • Need prescription by doctor in some hospitals
	4.2a Hypertonic dressing: *Mesalt* Indication: • Infected wound; wound with hyper- granulation tissue		If the dressing is used on large wound for a long period of time in the following patients, risk of sodium absorption should be monitored: • Patient with End Stage Renal Failure • Patient who has heart disease and requires low sodium diet • Patient with hypernatraemia • Neonates / paediatric population
	4.2b Alginate: *Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb* Indication: • Moderate to heavy exudating wound • Local management of bleeding wound • Partial to full thickness skin loss wound • Cavity or sinus wound		• Potential calcium absorption may occur with prolonged application over an extensive wound
	4.2c Gelling Fibre: *Aquacel, Durafiber, Exufiber* Indication: • Moderate to heavy exudating wound • Cavity and sinus wound		
	4.3 Foam: *Allevyn, Biatain, Lyofoam, Mepilex, Polymen* Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
	4.4 Polyacrylate: *HydroClean* Indication: • Infected wound; light to moderate exudating wound • Partial and full-thickness skin loss wound		• Avoid using in patient with known sensitivity to Polyacrylate & Polyhexamethylene biguanide • **Do NOT cut dressing**

Wound Dressing Recommendations

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KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

5. Unstageable Pressure Injury 	**5.1a Hydroactive wound gel:** ***Duoderm Gel, Granudacyn Gel, Hydrocyn Gel, Intrasite Gel, Hydrosorb Gel Sheet, Prontosan Wound Gel, Purilon Gel*** Indication: • Release moisture to dry wound • Necrotic & sloughy wound Features: • Aid in autolytic debridement • Prontosan gel contains Polihexanide, also known as Polyhexamethylene biguanide (PHMB), specifically used for infected wounds and to remove biofilm • Have high water content to hydrate dry necrotic tissue and facilitate autolytic debridement • Have soothing effect on application • Some contain antiseptics which are suitable for infected wounds • In gel or sheet forms		• Protect periwound skin from maceration • Not for use on the central nervous system or meninges, middle or inner ear, eyes or hyaline cartilage during surgery • Prontosan wound gel should not be combined with other wound cleansers or ointments
	5.1b Enzymatic agent: ***Iruxol Mono Ointment*** Indication: • Debride chronic dermal ulcer and severely sloughy burned wound Features: • Contain clostridiopeptidase A (collagenase and associated proteases) which activate enzymatic debridement of necrotic wounds, including leg and decubitus ulcer. • Stimulate cells associated with angiogenesis and epithelization to promote wound healing		• May have signs of local irritation such as burning sensation and pain • May cause periwound skin irritation • Apply 2 mm thick of ointment over the treatment area once to twice per day • For dry wound, moist the wound base with 0.9% NaCl • Discontinue treatment when the whole surface of the wound is clean • Avoid contact with eye and mucosa • **Incompatible with silver impregnated dressing** • Do not use in the presence of antiseptics, heavy metals, detergents and soaps • Need prescription by doctor in some hospitals
	5.1c Honey: ***Actilite Manuka Honey, Algivon, Medihoney Wound Gel*** Indication: • Superficial to partial thickness skin loss wound • Tunnel and undermining wound Features: • Sterilized medical grade honey with board spectrum antimicrobial effect due to low pH (3.5 – 4.5) property which inhibits many pathogens and carry anti-inflammatory effect • Contain carbohydrate, enzymes and amino acid • Produce hydrogen peroxide or methylglyoxal • High osmotic activity assists in autolytic debridement, maintains a moist wound environment and reduces wound odour • May be used for patients with diabetes as the honey does not interfere with blood sugar level		• May cause transient stinging • May increase the amount of exudate due to its osmotic effect
	5.2 Foam: ***Allevyn, Biatain, Lyofoam, Mepilex, Polymen*** Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
	**5.3 Polyacrylate**: ***HydroClean*** Indication: • Infected wound; light to moderate exudating wound • Partial and full-thickness skin loss wound		• Avoid using in patient with known sensitivity to Polyacrylate & Polyhexamethylene biguanide • **Do NOT cut dressing**
	5.4. Betadine solution painting ***Betadine solution*** Indication: • Stable non-infected eschar, especially in critical or EOL care settings		• Aim to keep dry, stabilize and prevent infection • Not recommend to debride
6. Deep Tissue Pressure Injury 	**6.1 Foam**: ***Allevyn, Biatain, Lyofoam, Mepilex, Polymen*** Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
7. Medical Device Related Pressure Injury 	Please refer to stage 1, 2, 3, 4, unstageable and deep tissue pressure injury above.		
8. Mucosal Membrane Pressure Injury 	• No consensus on dressing suggestion. • Provide management as per local healthcare setting policy. • Examples: antiseptic mouthwash for oral mucosal injury, antiseptic cleansing for penile mucosal injury, topical ointment as prescribed, etc. • Continue to monitor the progress of the injury.		

back to TABLE of CONTENTS

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

(Scan to download)

KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

PART F: Pressure Injury <u>on Heels</u> and Dressing Recommendations

Remark: For open wound, please refer to stage 2, 3, 4 pressure injury in PART E.

Wound Type	Dressing Type/Example/Indication	Examples of Dressings (not an exhaustive list)	Remarks
1. Deep Tissue Pressure Injury 	**1.1 Foam**: ***Allevyn, Biatain, Lyofoam, Mepilex, Polymen*** <u>Indication:</u> • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
	1.2 Dry gauze for protection		
	1.3 Prophylactic dressing		
	1.4 Padding for off loading: ***Heels protectors, foot elevators***		
2. Unstageable with Dry, Firm and Non-infected Eschar 	**2.1 Foam**: ***Allevyn, Biatain, Lyofoam, Mepilex, Polymen*** <u>Indication:</u> • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
	2.2 Dry gauze for protection		
	2.3 Prophylactic dressing		
	2.4 Padding for off loading: ***Heels protectors, foot elevators***		

Back to TABLE of CONTENTS

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

(Scan to download)

KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

PART G: Leg and Foot Ulcer and Dressing Recommendations

Wound Type	Dressing Type/Example/Indication	Examples of Dressings (not an exhaustive list)	Remarks
1. Ulcer Bed with Necrotic Tissue (excluded arterial ulcer) 	**1.1 Hydroactive wound gel:** ***Duoderm Gel, Granudacyn Gel, Hydrocyn Gel, Intrasite Gel, Hydrosorb Gel Sheet, Prontosan Wound Gel, Purilon Gel*** Indication: • Release moisture to dry wound • Necrotic & sloughy wound Features: • Aid in autolytic debridement • Prontosan gel contains Polihexanide, also known as Polyhexamethylene biguanide (PHMB), specifically used for infected wounds and to remove biofilm • Have high water content to hydrate dry necrotic tissue and facilitate autolytic debridement • Have soothing effect on application • Some contain antiseptics which are suitable for infected wounds • In gel or sheet forms		• Protect periwound skin from maceration • Not for use on the central nervous system or meninges, middle or inner ear, eyes or hyaline cartilage during surgery • Prontosan wound gel should not be combined with other wound cleansers or ointments
	1.2 Enzymatic agent: ***Iruxol Mono Ointment*** Indication: • Debride chronic dermal ulcer and severely sloughy burned wound Features: • Contain clostridiopeptidase A (collagenase and associated proteases) which activate enzymatic debridement of necrotic wounds, including leg and decubitus ulcer. • Stimulate cells associated with angiogenesis and epithelization to promote wound healing		• May have signs of local irritation such as burning sensation and pain • May cause periwound skin irritation • Apply 2 mm thick of ointment over the treatment area once to twice per day • For dry wound, moist the wound base with 0.9% NaCl • Discontinue treatment when the whole surface of the wound is clean • Avoid contact with eye and mucosa • **Incompatible with silver impregnated dressing** • Do not use in the presence of antiseptics, heavy metals, detergents and soaps • Need prescription by doctor in some hospitals
2. Infected Ulcer 	**2.2 Silver impregnated dressing**: ***Acticoat Absorbent, Acticoat flex, Aquacel Ag, Atrauman Ag, Biatain Ag, Exufiber Ag, Melgisorb Ag, Mepilex Ag, Polymen Ag, PolyWic Silver Rope, Seasorb Ag, Urgotul Ag*** Indication: • Moderate to high exudating infected wound as prophylaxis in patients who are vulnerable to infection **Review the use within 2-4 weeks*		• Local toxicity of high concentration of silver ion may affect fibroblasts and keratinocytes. • Should not be used on wounds undergoing enzymatic debridement • Majority of silver dressing is NOT compatible with zinc or oil-based products, e.g., paraffin dressing • Some may cause local skin discoloration or staining • Avoid to use in patient undergoing MRI
	2.2. Systemic antibiotics, topical antibiotic ointment or cream if indicated	Medication	• Need doctor prescription
3. Ulcer with Dermatitis/Eczema 	**3.1 Alginate**: ***Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb*** Indication: • Moderate to heavy exudating wound • Local management of bleeding wound • Partial to full thickness skin loss wound • Cavity or sinus wound		• Potential calcium absorption may occur with prolonged application over an extensive wound
	3.2 Foam: ***Allevyn, Biatain, Lyofoam, Mepilex, Polymen*** Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		
	3.3 Barrier cream or topical ointment as prescribed		
4. Granulating/Epithelializing Ulcer 	**4.1 Hydrocolloid**: ***Comfeel, Duoderm CGF, Suprasorb H*** Indication: • Low to moderate exudating wound, postoperative clean wound and abrasion wound • Rehydrate necrotic eschar		• Suggest using with alginate dressing
	4.2 Alginate: ***Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb*** Indication: • Moderate to heavy exudating wound • Local management of bleeding wound • Partial to full thickness skin loss wound • Cavity or sinus wound		• Potential calcium absorption may occur with prolonged application over an extensive wound
	4.3 Gelling Fibre: ***Aquacel, Durafiber, Exufiber*** Indication: • Moderate to heavy exudating wound • Cavity and sinus wound		
	4.4 Foam: ***Allevyn, Biatain, Lyofoam, Mepilex, Polymen*** Indication: • Partial to full thickness skin loss wound • Over-granulation wound • Use in conjunction with hydrogel for effective autolytic debridement of necrotic tissue • Use in combination with compression therapy		

back to TABLE of CONTENTS

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Wound Dressing Recommendations

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KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

PART H: Venous Ulcer and Dressing Recommendations

Remark:
- *Please refer to PART D: General Wound Management and Dressing Recommendations (Wound Type 1 - 4) for infected or non-infected venous ulcer accordingly.*
- *Compression therapy is the gold standard of treatment.*
- *Obtain ABPI (Ankle Brachial Pressure Index) to rule out arterial insufficiency. ABPI<0.8 may indicate poor circulation.*
- *Life-long compression stockinglet is needed after ulcer healed.*

Wound Type	Dressing Type/Example/Indication	Examples of Dressings (not an exhaustive list)	Remarks
Venous Ulcer 	**Compression bandage therapy** (for **Venous Ulcer** only) • Provide graduated high compression correctly • For therapeutic compression • Manage venous leg ulcer and reduce oedema • Design for ankle circumference between 18-25 cm Single layer: ***Setopress*** • Provide graduated high compression correctly Two layers: ***Rosidal K, Coban 2*** • For therapeutic compression Three layers: ***Dynaflex, 3-layer Tubular Bandage*** • Manage venous leg ulcer and reduce oedema Four layers: ***Profore, Comprifore*** • Design for ankle circumference between 18-25cm		• Perform by trained wound nurse ONLY • May require doctor to rule out deep vein thrombosis before the therapy because compression may dislodge blood clots • Contraindicate to patients with the following condications: *- Peripheral arterial disease* *- Cardiac, kidney or liver failure* *- ABI < 0.8mmHg* • Use with antibacterial treatment and products for infected venous ulcer

PART I: Arterial Ulcer and Dressing Recommendations

Remark:
- *Please refer to PART D: General Wound Management and Dressing Recommendations (Wound Type 1 - 4) for infected or non-infected venous ulcer accordingly.*
- *Obtain ABPI (Ankle Brachial Pressure Index) to identify the severity of arterial insufficiency. ABPI<0.8 may indicate poor circulation.*
- *Inform Vascular Surgeon if ischaemic condition is getting worse.*

Wound Type	Dressing
Arterial Ulcer 	• Keep dry, firm, non-infected eschar intact as biological cover • No moist wound healing method for non-healable arterial leg ulcer; use Betadine or Chlorhexidine paint on wound • Control and prevent wound infection • Compression therapy is **contraindicated**

PART J: DM Foot Ulcer and Dressing Recommendations

Remark:
- *Please refer to PART D: General Wound Management and Dressing Recommendations (Wound Type 1 - 4) for infected or non-infected venous ulcer accordingly.*
- *Monitor blood glucose level.*
- *Prescibe hypoglycemic agent by doctor.*
- *Refer P&O for proper footwear and offloading devices.*
- *Refer Podiatry for removal of callous.*

Wound Type	Dressing
DM Foot Ulcer 	• No moist wound healing method for non-healable DM Foot Ulcer • Use Betadine solution to paint on wound, let dry and apply absorbent dressing • Avoid using soaked gauze

back to TABLE of CONTENTS

九龍中醫院聯網
Kowloon Central Cluster

Wound Dressing Recommendations

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KCC Nursing Services Coordinating Committee (Stoma & Wound Care) - **2023**

PART K: Cancerous Wound and Dressing Recommendations

Remark:

- *The gold standard is to promote comfort and maximum physical function.*
- *Apply appropriate dressing to stop bleeding, absorb exudate, control odor, protect healthy skin from maceration and further injury.*

Wound Type	Dressing Type/Example/Indication	Examples of Dressings (not an exhaustive list)	Remarks
1. Dry 	**1.1 Non-adherent dressing:** ***Dry Gauze, Melolin*** Indication: • Superficial wound, laceration and abrasion wound • Prevent skin breakdown in fragile skin		
2. Exudating 	**1.2 Silver impregnated dressing**: ***Acticoat Absorbent, Acticoat flex, Aquacel Ag, Atrauman Ag, Biatain Ag, Exufiber Ag, Melgisorb Ag, Mepilex Ag, Polymen Ag, PolyWic Silver Rope, Seasorb Ag, Urgotul Ag*** Indication: • Moderate to high exudating infected wound as prophylaxis in patients who are vulnerable to infection **Review the use within 2-4 weeks*		• Local toxicity of high concentration of silver ion may affect fibroblasts and keratinocytes. • Should not be used on wounds undergoing enzymatic debridement • Majority of silver dressing is NOT compatible with zinc or oil-based products, e.g., paraffin dressing • Some may cause local skin discoloration or staining • Avoid to use in patient undergoing MRI
	2.2 Alginate: ***Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb*** Indication: • Moderate to heavy exudating wound • Local management of bleeding wound • Partial to full thickness skin loss wound • Cavity or sinus wound		• Potential calcium absorption may occur with prolonged application over an extensive wound
	2.3 Gelling Fibre: ***Aquacel, Durafiber, Exufiber*** Indication: • Moderate to heavy exudating wound • Cavity and sinus wound		
	2.4 Absorbent Dressing: ***Burn Pad*** Indication: • Light exudating wound • Superficial cuts and abrasion • Dry sutured wound		
	2.5 Charcoal dressing: ***Actisorb Plus 25, Askina Carbosorb, CarboFlex, Carbonet, Vliwaktiv Ag, Zorflex*** Indication: • Moderately to heavy exudating wounds • Infected wounds with malodor such as leg ulcer, pressure injury and fungating wounds **Review the application within 2-4 weeks*		
	2.6 Peri-wound skin protection: ***Barrier Cream*** Indication: • Prevent skin breakdown in fragile skin		
3. Bleeding 	**3.1 Alginate**: ***Algisite M, Biatain Alginate, Kaltostat, Melgisorb, Sorbalgon, Suprasorb A, Urgosorb*** Indication: • Moderate to heavy exudating wound • Local management of bleeding wound • Partial to full thickness skin loss wound • Cavity or sinus wound		• Potential calcium absorption may occur with prolonged application over an extensive wound
	3.2 Haemostatic sponge: ***Spongostan, , WoundClot Advanced Bleeding Control***		

back to TABLE of CONTENTS

NPIAP (2016). *NPIAP Staging Poster*. National Pressure Injury Advisory Panel. https://cdn.ymaws.com/npiap.com/resource/resmgr/NPIAP-Staging-Poster.pdf