




Pressure Ulcer Product Formulary


Mass. Pressure Ulcer Collaborative
Educational Conference Call
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Statistics 10/2009-9/2010


- # of ostomy patients: 219
- # of new ostomies: 104 (colostomy: 38, ileostomy: 57, urostomy: 9)
- # of ostomy visits: 753

- # of wound patients: 630
- # of wound visits: 1063



Products at Your Institutions/Agencies

- Does your facility have a contract with a certain company?
- How are wound products ordered (Does a certain % have to come from one co.)?
- How are new wound products brought into your facility/agency?
- Do you know the sales representative for the different wound product companies you use?



Products at Your Institutions/Agencies

- Most wound product companies have printed educational material about wounds & their products & are free of charge
- Sales representatives can present educational programs to your staff



Selection of Wound Products for a Patient Situation

- Like baking an apple pie
- Take into consideration patient comfort, healing, staff concerns & cost
- If patient is severely incontinent would try incontinent cleansers creams & not a foam dressing that would be changed 3-4x a day
- Look at the total patient & all that is going on



Skin

- Body's largest major organ
 - Gives you clues to what is happening on the inside
 - Wounds may not heal with numerous co-morbidities
 - Product selection would then focus on patient comfort

Selection of Wound Products for a Patient Situation

- Be sure to also evaluate:
 - risk assessment for breakdown
 - nutritional status
 - basic skin care
 - turning
 - pressure redistribution surface
 - management of incontinence
 - management of friction & shear
 - if applicable improve mobility/activity



Total Picture

- The wound product will not cause healing all by itself
- Complete/thorough treatment plan must be put into place for healing to occur



Product Formulary

- Developed from 2010/2011 Wound Source Magazine (Kestrel Wound Product Sourcebook)
- www.WoundSource.com



Product Formulary

- Product category
- Name of product/company who manufacturers the product is listed
- Not endorsing one company or one product



Debriding Agents

- Indicated for debridement of necrotic tissue & liquefaction of slough in acute & chronic wounds
- Must be covered with a primary dressing



Static Compression

- Used for management of venous stasis & venous ulcers to reduce edema & aid return of venous blood to the heart.
- Includes plain & paste bandages, multi-layer bandage regimens, tubular bandages & elastic stockings
- Commonly used in wound clinics/VNAs



Wound Drainage Collectors/Pouches

- Designed to collect & contain wound drainage
- Especially useful for fistulas/wounds with large volumes of exudate allowing accurate measurement of fluid



Absorptives

- Multi-layer wound covers designed to minimize adherence to the wound & manage exudate

Alginates

- Non adhesive pads composed of natural polysaccharide fibers or xerogel derived from seaweed
- On contact with exudate these dressings form a moist gel through a process of ion exchange.
- Absorbs higher amounts of drainage, can debride
- Requires a secondary dressing



Collagens

- Derived from bovine, porcine or avian sources
- Come as gels, pads, particles, paste, powders, sheets or solutions
- Usually require a secondary dressing



Antimicrobial Dressings

- Wound dsg that deliver the effects of agents (silver) to maintain efficacy against common infectious bacteria
- Indicated to help reduce risk of infection in partial & full-thickness wounds, over line sites, surgical incisions
- Available as sponges, impregnated gauzes, absorptive products or combination of materials
- Secondary dsg required

Composites

- Wound dsgs that combine physically distinct components into a single product to provide multiple functions (bacterial barrier, absorption & adhesions)
- Usually comprised of multiple layers & have a non adherent pad that covers the wound
- Can function as a primary or a secondary dressing



Contact Layers

- Thin, non-adherent sheets placed on an open wound bed to protect tissue from direct contact with other agents or dressings applied to the wound.
- Porous & allow exudate to pass through
- Secondary dsg required
- Indicated for partial & full-thickness wounds, infected wounds, donor sites & split-thickness skin grafts

Foams

- Desigs of foamed polymer solutions with small open cells capable of holding fluids.
- Absorption capability depends on thickness & composition
- Area in contact with the wound is non-adhesive for easy removal
- Available with an adhesive border
- Indicated for partial & full thickness wounds



Honey (Active Leptospermum)

- Contain medical grade Active Leptospermum honey
- Promote optimal healing environment
- Acts by reducing edema, lowering wound PH, debriding slough & eschar
- Indicated for partial & full thickness wounds
- Requires a secondary dressing

Hydrocolloids

- Wafers, powders or pastes composed of gelatin, pectin or carboxymethylcellulose
- Absorption capability depends on thickness & composition
- Comes in various shapes/sizes, with/without adhesive border
- Powders & pastes require a secondary dsg
- Indicated for partial & full thickness wounds with or without necrotic tissue



Hydrogels

- Formulations of water, polymers & other ingredients designed to maintain a moist healing environment
- Does not macerate surrounding skin
- Indicated for partial & full-thickness wounds, minor burns & radiation tissue damage
- May require a secondary dsg

Impregnated Hydrogels

- Gauzes & non-woven sponges, ropes & strips saturated with an hydrogel
- Designed to donate moisture to a dry wound & to maintain a moist healing environment
- Indicated for partial & full-thickness wounds, wounds with necrosis & deep wounds with tunneling or sinus tracts



Hydrogels: Sheets

- Dsgs composed of hydrogels
- Highly conformable & permeable & can absorb various amounts of drainage
- Indicated for partial/full thickness wounds, wounds with necrosis, minor burns & radiation damage.
- Usually require a secondary dsg



Impregnated Dressings

- Gauzes & non-woven sponges, ropes & strips saturated with a solution, an emulsion, oil or some other agent or compound
- Indications vary based on the compound
- Non adherent
- Require a secondary dsg



Transparent Films

- Polymer membranes of varying thickness coated on one side with an adhesive
- Impermeable to liquid, water or bacteria but permeable to moisture vapor & atmospheric gases
- Wound can be visualized
- Indicated for partial thickness wounds
- Careful consideration for use with skin tears

Wound Fillers

- Beads, creams, foams, gels, ointment, pads, pastes, powders that are non adherent
- Function to maintain a moist environment & manage exudate
- Indicated for partial/full thickness wounds, infected wounds, draining wounds & wounds that require packing
- Require a secondary dsg



Documentation

- Type of wound (surgical wound, pressure ulcer, venous ulcer, arterial ulcer, diabetic ulcer)
- Location
- Length/width/depth
- Presence of undermining or tunneling
- Color
- Drainage
- Odor
- Condition of surrounding skin



Article

- “Legal Issues in the Care of Pressure Ulcer Patients: Key Concepts for Healthcare Providers-A Consensus Paper from the International Expert Wound Care Advisory Panel”
- Skin & Wound Care, Volume 23, Number 11, November 2010, pages 493-507



Skin & Wound Care

- Author: Cathy Thomas Hess
- Sixth Edition/2008
- Wolters Kluwer/Lippincott Williams & Wilkins
- Part 1: Wound Care & Prevention, pages 1-164
- Part 2: Skin & Wound Care Products, pages 165-568