Oxford Health NHS
NHS Foundation Trust

NHS
Oxfordshire Clinical Commissioning Group

Topical Antimicrobial Dressing Formulary

for the community of Oxfordshire

At a glance summary

This formulary refers to the **topical** management of local (wound bed) infection.

Treatment should be commenced following the diagnosis of local (wound bed) infection. This can be assisted by using the Assessment and Management of Bacterial Loading (AMBL) tool.

The maximum time any one dressing should be used is **two weeks** during which the wound state should be re-assessed regularly.

If there is still evidence of local wound bed infection after 2 weeks, seek advice from community tissue viability team. tissueviability@oxfordhealth.nhs.uk or oxfordhealth.tissueviability@nhs.net

Dressings detailed within this formulary are available on FP10 and should be single patient use only. Select the number of dressings required for a two week period based on frequency of dressing changes.

First line choice should be medical grade honey. There are a number of dressings available and should be chosen based on wound type. These include:

- Actilite
- Algivon plus/ and ribbon
- Algivon standard
- Medihoney gel sheet
- Medihoney antibacterial wound gel

Second line choice (If honey not tolerated or contraindicated) – Cadexomer iodine, a slow release product and is only appropriate for use on locally infected wounds with moderate to high exudate levels. Products include:

- Iodosorb paste
- Iodoflex

Topical Antimicrobial Dressings

Healthcare professionals should refer to the Oxford Health guidelines: *the effective diagnosis and management of local wound bed infection and bacterial colonisation* to aid clinical judgement and effective patient diagnosis.

If localised wound bed infection or colonisation has been clinical diagnosed using the AMBL (assessment and management of bacterial loading) tool, the use of a topical antimicrobial dressing is indicated. The maximum time any one dressing should be used is two weeks during which the wound state should be re-assessed regularly.

Prior to use it is important a clinician is familiar with the modality, indications of use and contraindications of the antimicrobial dressing you are considering.

Those antimicrobial dressings detailed within this formulary are available on FP10 and should be single patient use only. The prescription request should detail: - dressing name and composition, size, **number of individual dressings required** and where able, the PIP code.

NOTE: - *these products are only available on prescription. Clinicians should order a specified number of individual dressings to meet the required treatment period. Pharmacy dispensaries have the ability to and should split boxes to avoid over ordering costs. This should be made clear on the prescription.*

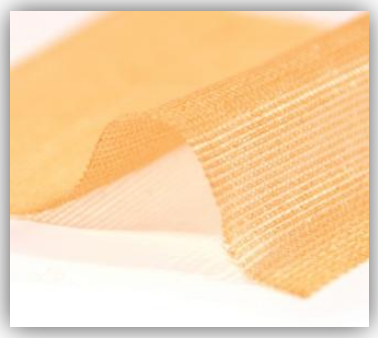
First Line Option: - Medical Grade Honey

Honey is a broad-spectrum topical antimicrobial with varying therapeutic properties which include:-

- Bacterial cells require water to survive. Through the osmotic effects of honey, water is drawn from the bacteria cells and therefore damages their infrastructure.
- Honey produces Hydrogen Peroxide the components of which decomposes bacteria and renders them ineffective
- Honey support moist wound healing and therefore can create an environment for autolytic debridement of devitalised tissue and reduce wound odour. Therefore honey can play a significant role in would bed preparation by managing bacterial load.

Note: - this should only be considered as part of an antimicrobial treatment plan for treating local wound bed infection or colonisation.

Recommended dressing options include:-

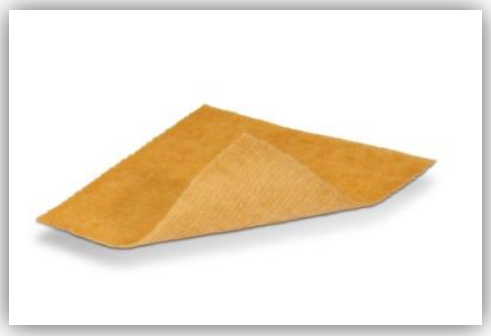


Actilite

Viscose gauze impregnated with 99% manuka honey and 1% manuka oil. This product offers antibacterial protection whilst promoting a moist wound healing environment.

Best suited to;- superficial, low exuding wounds requiring bacterial loading management or basic debridement. Such as Leg ulceration, **category two pressure ulcers**

Size	Pack Size	PIP Code
10cm x 10cm	10	335-4917
10cm x 20cm	10	335-4925

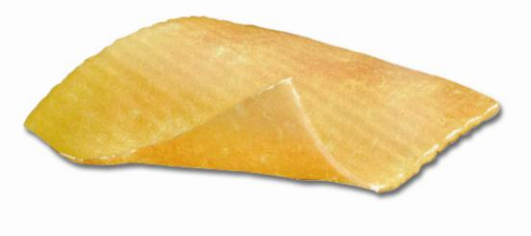


Algivon Plus

A reinforced, soft alginate dressing impregnated with 100% manuka honey. The reinforced alginate fibres enable a sustained, slower release of honey whilst maintaining the integrity of the dressing.

Best Suited to:-moderate-high exuding wounds such as cavity pressure ulcers or large circumferential leg ulceration. Due to its conformability, this product could be used to debride large areas of necrosis or slough in line with reducing bacterial loading.

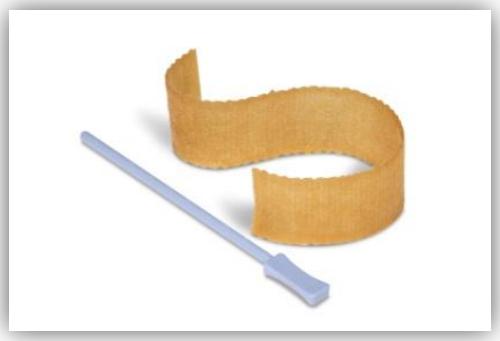
Size	Pack Size	PIP Code
5cm x 5cm	5	374-9496
10cm x 10cm	5	374-9512



Algivon standard alginate

Similarly to Algivon plus, this product is a soft alginate impregnated with 100% manuka honey. The difference between the two is that Aligvon Plus has reinforced alginate fibres which can mean for certain wound surfaces the product is more conformable and less likely to break apart.

There is a misconception that as the honey does not fill the entire dressing it is less effective. The initial location of the honey is predominately due to manufacturing processes. As the honey warms against the wound bed it spreads across the entire dressing and delivers the correct amount of antimicrobial required.



Algivon Plus Ribbon

This product holds the same profile as Algivon Plus but is available as a reinforced, soft alginate ribbon. The ribbon is conformable and therefore shapes within cavities and sinuses meaning the wound can be packed easily. This product can also be used on anatomically challenging wound beds to reduce the need for tailoring other dressings.

A reinforced, flexible probe is available with the product to aid application.

It is advisable to measure and clearly document the wound cavity depth and/or sinus length by use of a wound probe along with the length of ribbon inserted into the wound.

Best suited to:- Large cavity, undermining or sinus wounds requiring light packing for exudate management and bacterial loading management, challenging anatomical wound beds such as dehisced abdominal wounds or sacral pressure ulcers.

Note: *- Clinicians should not pack cavity or sinus wounds where the wound bed is not fully visible (blind) or the length/direction of sinus tracking is unobtainable. To avoid risks associated with retained dressing products packing such wounds is not advocated. Patients should be investigated further to determine underlying structure involvement or deep seated infection prior to treatment. Please see advice from Tissue Viability is concerned.*

Size	Pack Size	PIP Code
2.5cm x 20cm	5	374-4653

Medihoney Gel Sheet

A non-adherent wound dressing comprising of 80% medihoney antibacterial honey and 20% sodium alginate. This product resembles a putty-like, conformable dressing and therefore is ideal for anatomically challenging wound beds such as cavity pressure ulcers.

Best Suited to;- Mild to moderately exuding wound beds and autolytic debridement of large of areas of slough or necrosis.

Size	Pack Size	PIP code
5cm x 5cm		340-3995
10cm x 10cm		340-4001

Medihoney Antibacterial Wound Gel

This product has been formulated combining 80% honey with waxes to provide a high viscosity gel that is easy to apply. To ensure the product is in full contact with the wound bed a layer of approximately 3mm in depth should be applied.

Best suited to:- leg ulcers, exit/entry site infections, surgical incision sites such as episiotomies.

Note: - this product is not absorbed by the body therefore will need irrigating or washing off at each dressing change. This is to help prevent residue build-up on the wound bed.

Urgosorb alginate dressing or ribbon can be saturated with this product to aid anatomically challenging wound management. .

Size	Box Quantity	PIP Code
10g	1 single patient tube	314-1207
20g	1 single patient tube	314-1215

Recommendations:-

- The duration of time honey can be left in situ is for up to 5 days. However we would recommend dressing changes are in line with clinical judgement and treatment objectives. Generally dressings should be changed at a maximum of every third day to allow the product to be effective whilst monitoring changing wound needs closely.
- Honey-based dressings have the potential to cause skin maceration due to mode of action and increase in wound bed moisture levels. Therefore ensure the product is not in contact with peri-ulcer skin, moisture levels are managed effectively with a suitable absorbent pad and a suitable emollient therapy is in progress.
- Due to the osmotic effect of honey, moisture levels at the wound bed can temporarily increase during treatment. You might consider upgrading the absorbent pad used to aid maintaining an effective moisture balance.
- Practitioners should be cautious in implementing honey-based products in those patients with known allergy to bee-related products. There is limited clinical evidence to suggest honey can cause erratic blood sugars in those patients with diabetes.
- Although rare, transient discomfort can be experienced when honey is initially applied, depending on the sensitivity of the wound it may be necessary to consider an appropriate level of analgesia. An educational leaflet to support patients during this treatment is available on the Tissue Viability Portal:
  http://apps.oxfordhealth.nhs.uk/LandDPortal/clinical-and-Professional-Development/Introduction.aspx
- Store honey at room temperature. Due to the nature of honey it can harden at cold temperatures or become more liquid at warm temperatures. Depending on consistency the products can be warmed between hands to soften or placed in the fridge for a few minutes to stiffen.
- Shop-bought honey must not be used on wounds as there is a risk of introducing micro organisms. In the preparation of wound care products, manufacturers avoid risk by sterilising the honey with gamma radiation.

Second Line Option: Cadexomer Iodine Dressing

Cadexomer Iodine is a slow release product and is only appropriate for use on locally infected wounds with moderate to high exudate levels.

The release of iodine is activated by bacteria and wound exudate. Exudate is taken up and held in the absorbent molecules within the dressing and is gradually released**.** It is also effective at removing slough. Please take special note of dosing guidance, contraindications and length of treatment.

Iodosorb Ointment and Iodoflex Sachet dressings contain Cadexomer Iodine. They both consist of miccrospheres of chemically modified starch which contains 9% of elemental iodine which is released when the beads absorb water and swell.

Both can absorb excess exudate and debride slough from the wound bed and therefore reduce bacteria at the wound surface.

NOTE: - *these products are only available on prescription. Clinicians should order a specified number of individual dressings to meet the required treatment period. Pharmacy dispensaries have the ability to and should split boxes to avoid over ordering costs. This should be made clear on the prescription.*

Indications: -

- To treat clinically diagnosed wound colonisation and/or localised wound bed infection.
- To debride heavily colonised, sloughy wound beds whilst addressing increasing bacterial loading.

Iodosorb ointment:-

A dark brown paste which is available in 10g and 20g tubes.

Best Suited to: - superficial wounds such as leg ulcers or within an open cavity where the wound bed is visible.

Note:- This product is not absorbed by the body. Irrigation of the wound bed using warmed tap water would be required to reduce dressing residue. Not suitable for undetermined sinus or tracking wounds.

Size in Grams of Iodine	Box Quantity	Order Codes
10g	4	66151240
20g	2	661512230

Iodoflex Dressing:-

A dark brown paste dressing with a gauze backing on both sides available in various dressing sizes. This product can be moulded or cut to fit the wound bed.

Best suited to: - superficial or deep cavity wounds such as pressure ulcers in challenging anatomical areas or leg ulceration

Size with Grams of Iodine	Box Quantity	Order Codes
6cm x 4cm (5G)	5 sachets	6151330
8cm x 6cm (10G)	3 sachets	66151340
10cm x 8cm	2 sachets	66151360

Contraindications:-

The products should not be used on dry necrotic wound beds

Do not use in those patients with known sensitivities to Iodine-based products or components

Do not use in those patients with thyroid disorders, renal impairment, lactating and/or pregnant women or children.

Note:

A single application of Iodoflex or Iodosorb should not exceed 50g (equivalent to 5 x 10g sachets/tubes in a single application and not more than 150g (equivalent to 15 x 10g sachets/tubes) in one week.

The product should be changed when they become saturated with wound exudate and all the iodine has been released. This is indicated by loss of colour.

Generally this product should be changed every 2-3 days in highly exuding wounds it might be necessary to change daily.