

Top Tips for Reducing Wound Care Visit Time and/or Frequency during the COVID-19 outbreak

In these challenging times when Community Staff are being encouraged to reduce visit time and frequency here are some Tips to help.

Please use your clinical judgement in each situation to assess their suitability.

Tip 1 - Wear Time of Dressings - Remember that the majority of dressings have a wear time of 7 days if you choose the correct absorbency. Check antimicrobial dressings as these vary from 2-7 days.

Tip 2 –Prontosan soaks/irrigation can be stopped and replaced with Gel X - Apply a 2-3mm thick layer of Prontosan Gel X under non-antimicrobial primary dressings to disrupt biofilm/reduce colonisation. Prontosan Gel X is active for up to 7 days.

Tip 3 – Absorbent primary dressings - If you are using absorbent primary dressings such as Aquacel or Alginates consider layering the product more than normal to last/be effective for longer.

Tip 4 - Appropriate Foam/Secondary Dressing -

- Consider changing to a more absorbent secondary dressing or see tip 3 above.
- Choose a LARGE enough dressing if wound is wet: e.g. at least 5-7cm larger than the wound, to provide more absorbency. Small dressings will fall off more quickly.
- Click below or see page 2 for foam/secondary dressing absorbency guidance



Choosing appropriate foam dr

Tip 5 – Layering Super-Absorbers - For very wet wounds remember that Kerramax can be layered as it does not have a backing. Do not apply more than two layers as this will become heavy.


Tip 6 - Consider Location of wound on body: Shaped dressings can improve wear time on areas that are difficult to dress such as sacrum, heels, e.g. Tegaderm® Foam Adhesive (tends to adhere well), Allevyn Life®, Comfeel®Plus Contour, Aquacel® Foam Adhesive, Biatain® Super adhesive .

Tip 7 -‘Window’ reinforcement - Adhesive dressings can be reinforced with strips of appropriate tape around the edge of the dressing (**NOT** completely over the dressing , allowing the dressing to still ‘breathe’/ MVTR) e.g. strips of Tegaderm® Film Consider MEPITAC® (2cm/4cm wide) for sensitive skins <https://www.molnlycke.co.uk/products-solutions/mepitac/>

Tip 8 - Consider Patient/Carer Involvement (Community)





- Consider if patient/carers could remove leg ulcer bandages and wash legs before visit
- Between visits consider how patients and carers could manage wound care.
- Please note the new documentation to support your patients/carers with their wound care [COVID-19 Community Tissue Viability Resources](#)

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Choosing an appropriate FOAM or SECONDARY Dressing

Supporting the Lothian Joint Formulary www.ljf.scot.nhs.uk

No/Low Exudate	Moderate Exudate	High Exudate	Very High Exudate
<p>Comfeel® Plus Ulcer or Comfeel® Transparent dressing or Kliniderm® foam silicone lite or Kliniderm® foam border lite</p> 	<p>Tegaderm® Foam or Tegaderm® Foam Adhesive</p> <p>For fragile skin/painful wounds: Kliniderm® Foam silicone or Kliniderm® Foam silicone border</p> 	<p>AQUACEL® Foam dressing Or AQUACEL® Foam Adhesive Or Allevyn® Life</p> <p>If extra absorbency required add: Aquacel® Extra under foams</p> 	<p>Super Absorbent dressing Kerramax® Care Or Zetuvit® Plus</p> <p>Specialist shapes: Biatain® Super (adhesive) Or Eclipse® Boot/foot shape</p> 

Remember to 'step up' and 'step down' dressings as exudate levels change
All dressings can be left in place for up to 7 days

Foams:
Use as a primary or secondary dressing
Should not be applied to dry wounds, scabs or eschar (black dry necrosis)

AQUACEL® Foam dressing is a more cost-effective alternative to the combination of AQUACEL® Extra™ and foam dressing

Superabsorbents should be used for fluid management where dressings need to be changed daily or more often

For full information on dressing choices see the Lothian Joint Formulary website www.ljf.scot.nhs.uk TV Service /LJF Feb 2017 Review date: Feb 2020