### Primary Care Foam and Silicone Dressing Preferred Choices

#### Prescribing points to support best practice

<table>
<thead>
<tr>
<th>Point</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most advanced wound dressings</strong> are designed to control the environment for wound healing and regulate the amount of fluid in the wound bed.</td>
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<tr>
<td><strong>Wear time</strong> varies between products, and will also depend on both patient and wound related factors. A review of advanced dressings by the centre of evidence based purchasing in 2008 identified frequency of dressing changes and duration of treatment have the most impact on the total cost of treatment.</td>
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<tr>
<td><strong>Silicone and foam dressings</strong> are generally indicated for granulating and epithelialising wounds and should not be used independently for slough or necrosis without carrying out debridement.</td>
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<tr>
<td><strong>Consider basic dressings</strong> for non complex wounds or as secondary dressings.</td>
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<tr>
<td>Foam and silicone dressings are not usually suitable for heavily bleeding wounds as blood clots can cause the dressing to adhere to the wound surface.</td>
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<tr>
<td>If a silicone contact layer dressing is being used, depending on the level of wound exudate, a secondary absorbent dressing may be needed e.g. Zetuvit.</td>
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<tr>
<td>If changing silicone contact dressing more than once a week change to Atrauman or equivalent.</td>
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<tr>
<td>If a more costly, longer wear time product is being used in circumstances where frequent dressing changes are indicated, consider changing dressing type to a less costly alternative.</td>
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<tr>
<td>Dressing price can rise significantly with increasing size, so the smallest size dressing that is appropriate to the wound (allow for any necessary overlap onto healthy skin) should be selected.</td>
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<tr>
<td>Wound change in size and nature over time, so that suitability of different dressings is also likely to change. To help avoid wastage and stockpiling, the minimum quantity of dressings necessary to meet peoples’ needs should be prescribed.</td>
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<tr>
<td>The changing nature of wounds and need for regular reassessment means it is often inappropriate to prescribe dressings on repeat scripts.</td>
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NHS GGC ADTC therapeutics sub group: SLWG foam/ silicone and basic wound dressings – guide to using characteristics tables

**Exudate:** contact layer dressings should allow exudate to pass through to outer secondary absorbent dressing; Refer to second table for choices of secondary dressing

**Viscosity:** is the state of being thick, sticky and semi fluid in consistency: Colour and viscosity is an indicator of chronicity factors and biofilm formation, with a need to review care plan.

- **Low viscosity** – clear/straw in colour (serous exudate); this is usually present in acute wounds which would be expected to progress to healing
- **Medium viscosity:** changing to yellow brown in appearance, becoming stickier. The moisture content can still be sufficient to gel hydrofibre/alginate.
- **High viscosity:** tenacious, yellow/darker brown in appearance and adhering to wound bed – requires hydration and/or use of debridement to facilitate removal

Nb Always “read” the inside of your dressing on removal – will reveal template of the wound and help to indicate whether biofilm formation is occurring

**Perfusion:** determines the blood flow to the wound bed. A well perfused wound should progress to healing with reduced risk of infection.

- **Borderline perfusion:** can indicate those patients with reduced blood flow due to underlying conditions e.g. vascular disease, oedema, smoking etc which may delay healing
- **Poorly perfused wound:** with advanced vascular disease. Wound should be kept dry or require referral for vascular intervention.

Dressings which retain moisture at wound bed increase risk of anaerobic bacteria. Ensure that patient have a comprehensive care plan in place with referral for further vascular investigation if appropriate.

### Contact layer borderless (non absorbent)

<table>
<thead>
<tr>
<th>Dressing choice</th>
<th>Exudate levels produced at wound bed</th>
<th>Viscosity at wound bed</th>
<th>Perfusion (blood supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low to med</td>
<td>Med to high</td>
<td>Very high</td>
</tr>
<tr>
<td>N/A ultra</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrauman</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jelonet</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptic Touch</td>
<td>✓</td>
<td></td>
<td></td>
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</tbody>
</table>
Exudate: dressings which have different levels of fluid handling capacity. Aim to use product which will allow you to leave the wound undisturbed for sufficient time to manage exudate without causing peri wound maceration or strike through. Strike through is when exudate passes through to outside of dressing, it would be moist to touch and can increase risk of bacteria entering the wound. This should not be mistaken for dressings which tell when it is time to change which will discolour on surface as exudate passes vertically and latterly and should be changed when 80% discoloured. The outside of dressing will be dry to touch.

Viscosity: (see above)  Perfusion: see above

<table>
<thead>
<tr>
<th>Absorbent dressings adhesive and non adhesive</th>
<th>Viscosity at wound bed</th>
<th>Perfusion (Blood supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Exudate levels produced at wound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key: V - suitable; VC – use with caution//further specialist advice; S – use as secondary dressing only; blue box – not suitable</td>
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<td></td>
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</tbody>
</table>

- **Premierpore**
  - V
  - S
  - S

- **Telfa**
  - V
  - S

- **Absopad**
  - V
  - S

- **Celludress**
  - V
  - S

- **Kliniderm super absorber**
  - VC
  - V
  - S

- **Zetuvit E sterile**
  - V
  - S

- **Zetuvit Plus**
  - V
  - S

- **Flivasorb**
  - VC
  - V

- **Hydrofilm**
  - V
  - S
  - S
  - S

- **Hydrofilm Plus**
  - V
  - S
  - S

- **Duoderm**
  - V
  - S
  - S

- **Activheal foam adhesive**
  - V
  - V

- **Activheal silicone contact borderless**
  - V
  - V

- **Aquacel foam non adhesive**
  - V
  - V

- **Aquacel foam adhesive**
  - V
  - V

- **Allevyn Foam Gentle Adhesive**
  - V
  - V

- **Allevyn Life Adhesive**
  - V
  - V

- **Kliniderm Adhesive**
  - V
  - V

- **Polymem adhesive roll**
  - V

This guidance was developed by the members of the ADTC therapeutics Short Life Working Group on the use of foam and silicone dressings. Note this is not an exhaustive list of dressing properties but provides general principles to promote best practice.