1. Introduction

Welcome to the wound management formulary. We hope you find it a helpful resource in your everyday practice.

The Joint Wound Management Formulary is available for all practitioners prescribing and/or applying wound care products throughout the acute and primary care trusts. There are some variations between acute and primary care provision of products dependent upon appropriateness and availability. The formulary has been devised by a panel of practitioners, who have specialist knowledge and expertise in wound management. It aims to provide a clinically effective, appropriate and cost effective choice of products to manage the vast majority of wounds and will be evaluated and updated on a two yearly basis.

All the dressings in this formulary are for general use, with the exception of those indicated for specialist prescribing. All new products need to be approved by, the Joint Wound Management Formulary Group, before being added to the formulary.

Treatment for patients should be based on the best evidence of what does and does not work and what provides the best value for money.

It must be emphasised that an holistic wound assessment must take place prior to choosing a dressing.

1.1 Notes for using the formulary

- The formulary should not be used in isolation and should not replace sound clinical judgment.
- Practitioners with specialist wound care knowledge in each Trust should be referred to if necessary.
- Specialist products listed should only be used following discussion with/assessment by designated wound care specialists.
- It is expected that the vast majority of wound care products will be selected from this formulary. Should a product be required which is not listed, the rationale for this must be supplied in writing on the exception reporting form attached. This will aid in the updating process of the formulary. See appendix 1.
- Antimicrobial dressings should only be used on wounds which are clinically infected or critically colonised (where the level of bacterial load is hindering healing). Antimicrobial dressings should only be used for a two week period then reviewed. Refer to 6.0 for further information.
- When prescribing dressings practitioners should ensure there are sufficient dressings to last up to the next review date and not necessarily to the nearest pack size.