

TODAY'S WOUND CARE TREATMENTS

SilvaSorb • Puracol Plus • Optifoam • Marathon • Skintegrity • Arglaes







Exuderm OdorShield • Suresite • Stratasorb • Maxorb Extra • FourFlex

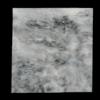






Skintegrity Wound Cleanser • ThreeFlex • Sureprep No-Sting • Medigrip







Medfix • Bordered Gauze • TenderWet Active • Optifoam Ag • Maxorb Extra Ag







Puracol • Puracol Plus Ag • Optifoam • Derma-Gel • MatriStem • Gentac

Today's Wound Care Treatments from Medline®

Assessing and treating wounds is a daily challenge. This is why Medline is committed to creating products and educational resources that empower clinicians to improve outcomes and reduce costs.

The DIMES® system of wound bed preparation and treatment provides a simple guide to assist you in selecting the right product, at the right time, for your patient's wounds.

What do DIMES have to do with chronic wound care?

DIMES serves as a framework for planning and implementing an effective treatment plan for wounds using valuable resources wisely.

We all realize that preparation is the key to care. This is also true in preparing wounds for healing. The Wound Bed Preparation (WBP) Paradigm is a practical guide for the treatment of chronic wounds (see Figure 1). 1.2.3.4

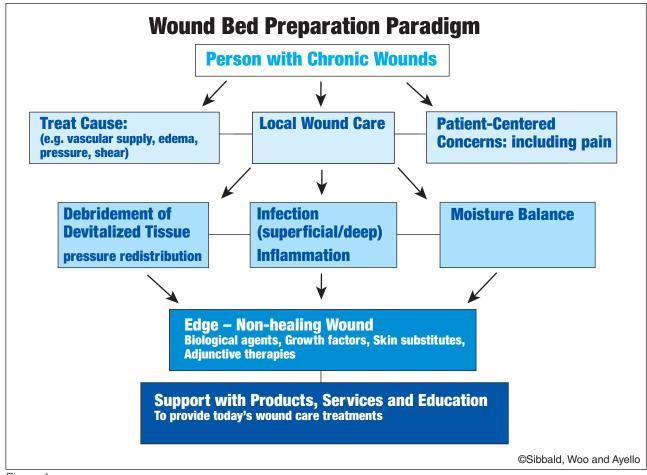


Figure 1

DIMES: an organized and consistent approach to **Wound Care**

As always, the patient comes first. Address patient-centered concerns and treat the cause of the wound before optimizing local wound care.¹

The components of local care are 1:

D	Debridement	The removal of nonviable tissue
	Infection/Inflammation	Addressing bioburden and inflammation within the wound
M	Moisture Balance	Achieving and maintaining moisture balance in and around the wound
E	Edge/Environment	Treating stalled wounds where epithelium fails to migrate
S	Supportive Products, Services and Education	Appropriate support promotes optimal outcomes

Evidence Based References

1. Woo KY, Ayello EA, Sibbald RG. Using DIMES to your advantage: Treating chronic wounds. Healthy Skin. 2008:5(1):22-27. 2. Sibbald RG, Williamson D, Orsted HL et al. Preparing the wound bed: debridement, bacterial balance and moisture balance. Ostomy Wound Management. 2000;46(11): 14-22, 24-8, 30-5; quiz 36-7. 3. Sibbald RG, Orsted H, Schultz GS, Coutts P, Keast D. International Wound Bed Preparation Advisory Board. Canadian Chronic Wound Advisory Board. Preparing the wound bed 2003: focus on infection and inflammation. Ostomy Wound Management. 2003; 49(11): 23-51. 4. Sibbald RG, Orsted HL, Coutts PM, Keast DL. Best practice recommendations for preparing the wound bed: update 2006. Advances in Skin & Wound Care. 2007;20:390-405. 5. Woo K, Ayello EA, Sibbald RG. The edge effect: Current therapeutic options to advance the wound edge. Advances in Skin & Wound Care. 2007; 20(2): 99-117.

It is important to understand that DIMES is not just an acronym but a roadmap for practice.1

Debridement The first step in wound healing is the removal of necrotic tissue that can impede the growth and proliferation of healthy granulating tissue.1 Infection/Inflammation All wounds contain a level of bacteria. Since all wounds are different it is important that a clinician evaluate the wound and determine the proper antimicrobial treatment.1 **Moisture Balance** Achieving the right moisture balance can be a challenge. Too much moisture can lead to periwound maceration and skin breakdown, while too little moisture can impede cellular activities and promote eschar formation, resulting in poor wound healing.1 **Edge/Environment** If the wound edge is not migrating after appropriate wound bed preparation (debridement, infection/inflammation, moisture balance) and healing is stalled, then advanced therapies should be considered.1 Supportive Products, There are other products that complement DIMES but do **Services and Education** not fit into one of the above categories. Therefore, always consider the "other" supportive products to complete the treatment. Additionally, supportive services and education are

Table of Contents

Connecting the **right product** to the **right application** is critical. *Today's Wound Care Treatments* from Medline is organized using the first letter of each component of care, D-I-M-E-S. To make it even easier we've provided a chart to guide you through each component of the DIMES system and solutions that Medline provides. Note each section is color coded by letter.

DIMES Components Products

Page No.

	ize compendite		r ago rio.
D	Debridement	TenderWet® Active	6
I	Infection/Inflammation	Arglaes® Maxorb® Extra Ag Optifoam® Ag SilvaSorb®	8 10 12 14
M	Moisture Balance	 Derma-Gel® Exuderm OdorShield™ Maxorb® Extra Optifoam® Skintegrity® Suresite® 	16 18 20 22 24 26
Ε	Edge/Environment	Puracol® Plus Puracol® Plus Ag+ MatriStem®	30 30 32
S	Supportive Products	 Bordered Gauze FourFlex Gentac® Marathon® Medfix Medigrip Skintegrity® Wound Cleanser Stratasorb® Sureprep® Sureprep® No Sting ThreeFlex Unna-Z 	43 34 40 45 41 36 44 43 46 46 34 38
	Services and Education	 Compass Educare Hotline Educare Seminars Educational Packaging Medline University Product Selection Guide Wound and Skin Care Product Specialists Product Support 	51 53 53 50 54 48 53 53

Evidence Based References

^{1.} Woo KY, Ayello EA, Sibbald RG. Using DIMES to your advantage: Treating chronic wounds. Healthy Skin. 2008:5(1):22-27.

- Shallow No/minimal drainage
- Primary dressing

- Moderate/Heavy drainage () Secondary dressing

TenderWet® Active

Polyacrylate Debriding Wound Dressing

POLYMER GEL PAD

About TenderWet Active

- Debrides necrotic wounds¹
- Absorbs and retains microorganisms²
- Uses physiologically-compatible Ringer's solution3
- More effective than wet gauze therapy⁴
- Will not stick to wound bed, which helps ease the pain of dressing changes5
- Cost-effective^{4,6}
- Helps create an ideal moist healing environment
- High fluid retention
- Easy application and removal

Indications

Pressure ulcers

Partial and full-thickness wounds

Leg ulcers

Diabetic ulcers

Surgical wounds

Lacerations and abrasions

Skin tears

Dry, light and moderately draining wounds

First- and second-degree burns

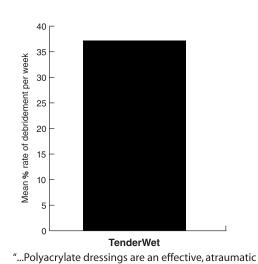
Contraindications

Change Frequency

TenderWet may be left in place for up to 24 hours

Dressing change frequency will depend on the amount of drainage

TenderWet Debridement Rate²



Recommended Secondary Dressings

Medfix Tape

Bordered Gauze

Stratasorb Composite

Evidence-Based References

1. Paustian C, Stegman MR. Preparing the wound for healing: the effect of activated polyacrylate dressing on debridement. Ostomy/Wound Management. 2003;49(9):34-42. **2.** Bruggisser R. Bacterial and fungal absorption properties of a hydrogel dressing with a superabsorbent polymer core. Journal of Wound Care. 2005;14(9):1-5. 3. Biocompatibility data on file. 4. Coyne N. Eliminating wet-to-dry treatments. Remington Report. 2003:8-11. 5. Mueller V, Doucette M, Jasper J, VandenBeld K. Reduction of Pain Through the Utilization of Polyacrylate Activated Dressings. Presented at SAWC. Orlando, FL. 2004. 6. Edwards J. Wound Care is Not What it Used to Be: Finding the Most Efficient Debridement Method for Chronic Wounds. Presented at SAWC. Orlando, FL. 2004. 7. Flemister B. The use of a superabsorbent wound dressing pad for interactive moist wound healing. Presented at the 13th Annual Symposium on Advanced Wound Care. Dallas TX, April 1-4, 2000.

and easy to use method of debriding chronic wounds".



D = Debridement

Ordering Information

Debrides necrotic wounds while providing an ideal, moist wound-healing environment.

To order by the box, add a "Z" to the end of the item number.

TenderWet Active Ideal for all wounds							
	Item Number	Description	HCPCS	Packaging			
	MSC8301	1.6" (4.1 cm) round	A6242	7/bx, 6 bx/cs			
	MSC8302	2.2", (5.6 cm) round	A6242	7/bx, 6 bx/cs			
Charles of the Control of the Contro	MSC8303	3" x 3", (7.6 cm x 7.6 cm) square	A6242	7/bx, 6 bx/cs			
	MSC8305	4" x 5", (10.2 cm x 12.7 cm) rectangle	A6243	7/bx, 6 bx/cs			

TenderWet Active Cavity Ideal for all wounds						
	Item Number	Description	HCPCS	Packaging		
	MSC8401	1.6", (4.1 cm) round	A6242	7/bx, 6 bx/cs		
	MSC8402	2.2", (5.6 cm) round	A6242	7/bx, 6 bx/cs		
	MSC8403	3" x 3", (7.6 cm x 7.6 cm) square	A6242	7/bx, 6 bx/cs		
	MSC8405	4" x 5", (10.2 cm x 12.7 cm) rectangle	A6243	7/bx, 6 bx/cs		
	MSC8438	3" x 8", (7.6 cm x 20.3 cm) rectangle	A6243	7/bx, 6 bx/cs		



- Shallow No/Minimal drainage*
- Primary dressing

** Powder only

* Film Only

■ Moderate/Heavy drainage** ■ Secondary dressing

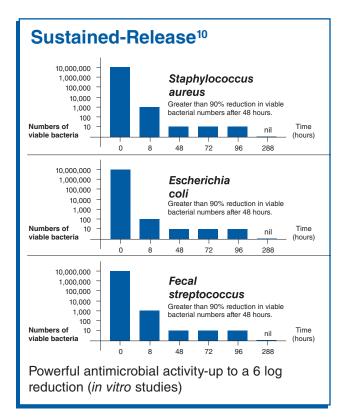
Arglaes[®]

Antimicrobial Silver Wound Dressing

POWDER AND FILM WITH SILVER

About Arglaes

- Manages bacterial burden¹
- Continuous antimicrobial protection¹
- Extended wear time¹
- Non-staining
- Can convert any other dressing to an antimicrobial (Arglaes Powder)



Indications

Pressure ulcers

Diabetic foot ulcers²

Partial and full-thickness wounds

Leg ulcers

Central lines, CVPs and PICC lines (Arglaes Film only)6

Surgical wounds78

(Arglaes Film only)6

Negative pressure wound therapy (Arglaes Powder only)9

Grafted wounds (Arglaes Powder only)

Donor sites

Lacerations and abrasions

First- and second-degree burns

Contraindications

Third-degree burns

Patients with a known sensitivity to silver

As a surgical implant

Do not use topical antibiotics in conjunction with Arglaes

Change Frequency

Arglaes Film may be left in place for up to 7 days

Arglaes Island and Arglaes Powder may be left in place for up to 5 days

Dressing change frequency will depend upon the amount of drainage

Recommended Secondary Dressings (Powder)

Stratasorb Composite

Bordered Gauze

Suresite 123+Pad



I = Infection/Inflammation

Ordering Information

Controlled-release, ionic silver for targeted antimicrobial protection.

To order by the box, add a "Z" to the end of the item number.

Arglaes Powder Ideal for difficult to dress wounds. Single patient use, multi dose vial								
A	Item Number	Description	HCPCS	Packaging				
	MSC9205	5 gm bottle	A6262	5/bx, 4 bx/cs				
	MSC9210	10 gm bottle	A6262	5/bx, 4 bx/cs				

Arglaes Film Ideal for post-op incisions and line sites						
	Item Number	Description	Packaging			
	MSC9023	2¾" x 3½" (6 cm x 8 cm)	10/bx, 10 bx/cs			
	MSC9045	4" x 4¾" (10.2 cm x 12.1 cm)	10/bx, 10 bx/cs			
	MSC9314	31/4" x 14", Post-Op Style (8.3 cm x 35.6 cm)	10/bx, 5 bx/cs			

Arglaes Island Manages fluid and bioburden					
	Item Number	Description	Packaging		
	MSC9123	2 ³ / ₈ " x 3 ¹ / ₈ ", 1" x 2" pad (6 x 8 cm), (2.5 x 5.1 cm)	10/bx, 10 bx/cs		
	MSC9145	4" x 4 ³ / ₄ ", 2" x 2" pad (10.2 x 12.1 cm), (5.1 x 5.1 cm)	10/bx, 10 bx/cs		
	MSC9169	4 ³ / ₄ " x 10", 2 ³ / ₄ " x 8" pad (12.1 x 25.4 cm), (7 x 20.3 cm)	10/bx, 5 bx/cs		

Evidence Based References

1. Internal report on file. 2. LaJoie J. Improving diabetic foot ulcer outcomes with hyperbaric oxygen and ionic silver powder. Presented at SAWC. San Diego, CA. 2005. 3. Rogers RS, Patel M, Alvarez OM. Effect of a silver ion containing wound dressing on the bacterial burden of chronic venous ulcers. Presented at SAWC. Dallas, TX. 2000. 4. Sparks-Evans K. Charcot-Marie-Tooth Foot Deformities, Osteomyelitis with Open Wounds on a Child. Presented at Clinical Symposium on Advances in Skin and Wound Care. Phoenix, AZ. 2004. 5. Strilko BL, Barna A. The versatile use of a silver aliginate powder in the treatment of a variety of wounds. Presented at WOCN. Salt Lake City, Utah. 2007. 6. Brooks KL, Dauenhauer SA, Evans JT. Decreased incidence of central line-related bloodstream infections associated with use of silver impregnated dressings at central venous catheter sites. Presented at Decennial International Conference on Nosocomial and Healthcare Associated Infections. Atlanta, GA. 2000. 7. Pittman J, Tape J, Tanner D, Peliccia J. Comparative study of the use of antimicrobial barrier film dressing in post-operative care. Presented at WOCN. Las Vegas, NV. 2005. 8. Gonzalez VR, Segal CG, Tillman C, Houston S, Pruitt V. Changing clinical practice to reduce sternal surgical site infections (S-SSI) in open bypass surgery. Presented at Association for Professionals in Infection Control and Epidemiology, Inc. Seattle, WA. 2001.

 Curran M, Paz-Altschul OJ. The use of silver antimicrobial powder with negative pressure wound therapy. Presented at Clinical Symposium on Advances in Skin and Wound Care. Dallas, TX. 2002. 10. Independent study preformed by Wickham Laboratories Limited, Hampshire, England.

- Shallow \(\cap \) No/minimal drainage
- Primary dressing

- Deep
- Moderate/Heavy drainage Secondary dressing

Maxorb Extra Ag

Antimicrobial Silver Wound Dressing

ALGINATE WITH SILVER

About Maxorb Extra Ag

- Helps manage bacterial burden^{1,2}
- Continuous antimicrobial protection^{1,3}
- Cost-effective⁴
- Easy dressing changes
- Highly absorbent⁵
- Superior gelling and fluid handling⁵
- Reduces odor⁶
- Fluid will not wick laterally

Modified ASEPSIS Index⁹

Up to 21-day protection

Indications

Pressure ulcers^{6,7}

Leg ulcers

First- and second-degree burns8

Moderate to heavily draining partial and full-thickness wounds

Diabetic foot ulcers

Surgical wounds

Graft and donor sites

Trauma wounds

Contraindications

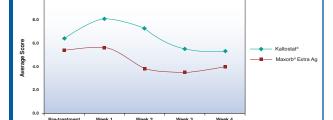
Third-degree burns

Dry or lightly draining wounds

Patients with a known sensitivity to alginates or silver

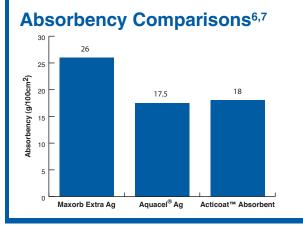
To control heavy bleeding

As a surgical implant



Asepsis index is a measure of 10 wound healing parameters.

A lower score is preferable.



Change Frequency

Maxorb Extra Ag may be left in place for up to 21 days9

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Stratasorb Composite

Bordered Gauze

Suresite 123+Pad



I = Infection/Inflammation

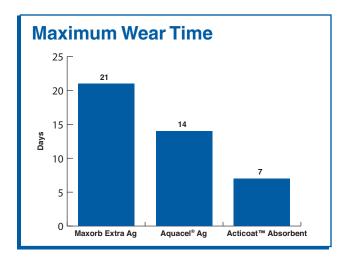
Ordering Information

Ionic silver for targeted antimicrobial protection and fluid management.

To order by the box, add a "Z" to the end of the item number.

Maxorb Extra Ag For moderate to heavily draining, partial and full-thickness wounds					
	Item Number	Description	HCPCS	Packaging	
	MSC9422EP	2" x 2" (5.1 cm x 5.1 cm)	A6196	10/bx, 10 bx/cs	
	MSC9445EP	4" x 43/4" (10.2 cm x 12.1 cm)	A6197	10/bx, 5 bx/cs	
	MSC9448EP	4" x 8" (10.2 cm x 20.3 cm)	A6197	5/bx, 10 bx/cs	
	MSC94812	8" x 12" (20.3 cm x 30.5 cm)	A6198	5/bx, 10 bx/cs	

Maxorb Extra Ag Rope For moderate to heavily draining, partial and full-thickness wounds						
	Item Number	Description	HCPCS	Packaging		
	MSC9412EP	1" x 12" (2.5 cm x 30.5 cm), rope	A6199	5/bx, 4 bx/cs		



Evidence Based References

1. Chakravarthy D, Falconio-West M. A comparison of the antimicrobial efficacy of two silver ion containing absorptive fiber dressings. Presented at SAWC. Las Vegas, NV. 2006. 2. Chakravarthy D, Fleck C, Falconio-West M. An evaluation of two polysaccharide-silver based high absorbency wound dressings. Presented at SAWC. Las Vegas, NV. 2006. 3. Freeman R, Bradford C. 21 day in vitro study of sustained antimicrobial activity of a new silver alginate dressing. Presented at Wounds UK. Harrogate. 2006. 4. DeLeon J, Nagel M, Hill D, Fudge M, Lucius A, Garcia B. Cost comparison of silver impregnated Hydrofiber® and alginate dressings. Presented at SAWC. Las Vegas, NV. 2006. 5. Data on file. 6. Chakravarthy D, Freeman R, Beele H, Meuleneire F, Nahuys M. Detailed clinical report: prospective randomized open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Internal report on file. 7. Freeman R, Beele H, Meuleneire F, Nahuys M. Results of a multicentre randomized prospective open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Presented at Wounds UK Conference. Harrogate. 2006. 8. Serena T, Chakravarthy D. Maxorb® Ag in the treatment of burn wounds. Symposium on Advanced Wound Care. Tampa, FL. 2007. 9. Bradford C. Freeman R. Percival SL. in vitro study of sustained antimicrobial activity of a new silver alginate dressing. The Journal of the American College of Certified Wound Specialists, Volume 1, Issue 4, Pages 117-120.

Shallow \(\cap \) No/minimal drainage

Primary dressing

Deep

Moderate/Heavy drainage Secondary dressing

Optifoam[®] Ag

Antimicrobial Silver Wound Dressing

FOAM WITH SILVER

About Optifoam Ag

- Ionic silver provides antimicrobial barrier¹
- Continuous antimicrobial protection¹
- Highly absorbent¹
- Conformable¹
- Can manage repeated bacteria introduction
- Non-staining

Fluid Handling Comparative Study¹ Moisture Vapor Loss Absorption g/10cm2/72hrs Optifoam Ag Adhesive Contreet® Ag Foam DuoDERM® CGF Hydrocolloid Powerful ability to manage wound fluids.

Indications

Pressure ulcers

Partial and full-thickness wounds

Surgical wounds

Wounds with colonization

Leg ulcers

Diabetic foot ulcers

Donor sites

Lacerations and abrasions

Skin tears

First- and second-degree burns

Under compression bandages

Contraindications

Third-degree burns

Lesions with active vasculitis

Change Frequency

Optifoam Ag may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Medfix Tape

Gentac Tape

Elastic Net

Medigrip Tubular Bandage



I = Infection/Inflammation

Ordering Information

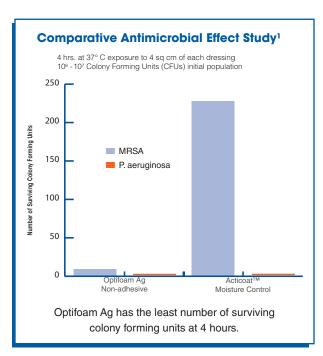
Ionic silver foam dressing for targeted antimicrobial protection and fluid management.

To order by the box, add a "Z" to the end of the item number.

Optifoam Ag Adhesive For wounds with intact periwound skin						
	Item Number	Description	HCPCS	Packaging		
[" "]	MSC9604EP	4" x 4" (10.2 cm x 10.2 cm), 2½" x 2½" (6.4 cm x 6.4 cm) pad	A6212	10/bx, 10 bx/cs		
	MSC9606EP	6" x 5.6" (15.5 x 14.2 cm), sacral	Pending	10/bx, 10 bx/cs		

Optifoam Ag Non-Adhesive For wounds with fragile periwound skin							
Item Number	Description	HCPCS	Packaging				
MSC9614EP	4" x 4" (10.2 cm x 10.2 cm)	A6209	10/bx, 10 bx/cs				
	Item Number	Item Number Description	Item Number Description HCPCS				

Optifoam Ag Post Op For post-operative wounds							
a st	Item Number	Description	HCPCS	Packaging			
By By	MSC96316	3" x 16" (7.6 cm x 40.6 cm)	Pending	10/bx, 10 bx/cs			
a a		1" x 14" (2.54 cm x 35.6 cm) add on					
By							



- Shallow No/minimal drainage
- Primary dressing

- Deep
- Moderate/Heavy drainage () Secondary dressing

SilvaSorb[®]

Antimicrobial Silver Wound Dressing

HYDROGEL WITH SILVER

About SilvaSorb

- Helps manage bacterial burden^{1,2}
- Continuous antimicrobial protection^{1,3}
- Gentle for the patient^{4,5}
- Advanced fluid management¹
- Extended wear time^{3,6,7}
- Non-staining¹

Indications

Pressure ulcers

Partial and full-thickness wounds

Leg ulcers

Diabetic foot ulcers

Graft wounds and donor sites

Skin tears

Surgical wounds

Lacerations and abrasions

First- and second-degree burns

Patients with a known sensitivity to silver

Change Frequency

Contraindications

Sheets may be left in place for up to 7 days

Amorphous gel may be left in place for up to 3 days

Dressing change frequency will depend on amount of drainage



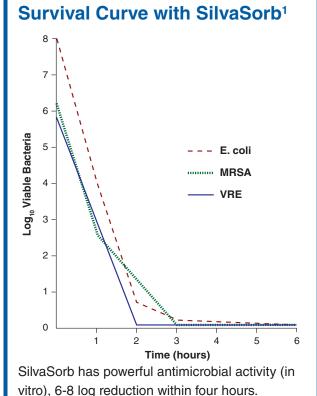
Stratasorb Composite

Bordered Gauze

Suresite 123+Pad

Evidence Based References

1. Data on file 2. Castellano JJ, Shafil SM, Ko F, Donate G, Wright TE, Mannari RJ, Payne WG, Smith DJ, Robson MC. Comparative evaluation of silver containing antimicrobial dressings and drugs. Int Wound Journal. 4: 114-122. 3. Nametka M. Silver antimicrobial hydrophilic dressing benefits management of recurrent non-healing wounds. Symposium on Advanced Wound Care. Baltimore. 2002. 4. Copty T, Kiran R, Glat P. Assessing the risk of skin irritation with the use of a silver based site* dressing on pediatric patients. Symposium on Advanced Skin and Wound Care. Orlando, FL. 2007. 5. Nametka M. Antimicrobial silver polymer contact layer for treatment of venous leg ulcers. Symposium on Advanced Wound Care. Las Vegas. 2001. 6. Nametka M. A hydrophilic silver antimicrobial wound dressing for site preparation and maintenance of human skin equivalent grafts to venous leg ulcers Technical and clinical considerations. Clinical Symposium on Advances in Skin & Wound Care, Nashville. 2000. 7. Nametka M. Silver antimicrobial absorbent wound dressing can contribute to cost control in home care. Annual Clinical Symposium on Advances in Skin and Wound Care. Dallas. 2002. 8. US Patent 6,605,751.





I = Infection/Inflammation

Ordering Information

Controlled-release⁸, ionic silver for targeted antimicrobial protection.

SilvaSorb Gel For dry wounds				
	Item Number	Description	HCPCS	Packaging
SILVASORB GEL	MSC93025EP	.25 oz tube	A6248	25/bx
an in a surprise county GEL	MSC9301EP	1.5 oz tube	A6248	12/cs
	MSC9303EP	3 oz tube		12/cs
	MSC9308EP	8 oz tube	A6248	6/cs
	MSC9316	16 oz net wt. jar	A6248	8/cs

To order by the box, add a "Z" to the end of the item number.

SilvaSorb Sheets For flat wounds with no to moderate drainage					
	Item Number	Description	HCPCS	Packaging	
	MSC9322EP	2" x 2" (5.1 cm x 5.1 cm)	A6242	5/bx, 5 bx/cs	
	MSC9344EP	4.25" x 4.25" (10.8 cm x 10.8 cm)	A6243	5/bx, 5 bx/cs	
	MSC9348EP	4" x 8" (10.2 cm x 20.3 cm)	A6243	5/bx, 5 bx/cs	

SilvaSorb Perforated Sheets For flat wounds with moderate to heavy drainage					
	Item Number	Description	HCPCS	Packaging	
	MSC9340EP	4.25" x 4.25" (10.8 cm x 10.8 cm)	A6243	5/bx, 5 bx/cs	
	MSC93410EP	4" x 10" (10.2 cm x 25.4 cm)	A6243	5/bx, 5 bx/cs	

SilvaSorb Cavity For cavity wounds with all drainage levels					
April 100 Per	Item Number	Description	HCPCS	Packaging	
	MSC9360EP	6 gram	A6262	5/bx, 5 bx/cs	

Recommended Wound Conditions Shallow No/Minimal drainage Primary dressing

Moderate/Heavy drainage Secondary dressing

Derma-Gel

Hydrogel Sheet Wound Dressing

HYDROGEL SHEET

About Derma-Gel

- Manages bacterial burden¹
- Highly absorbent²
- Cushions and protects wound³
- Helps create moist wound environment
- Easy to apply and remove

Pressure ulcers

Indications

Partial and full-thickness wounds4,5

Leg ulcers

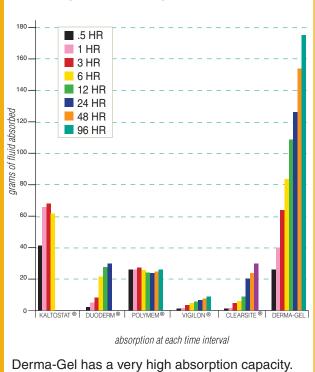
Deep

Surgical wounds

Lacerations and abrasions

First- and second-degree burns





Contraindications

Patients with known hypersensitivity to glycerin

Change Frequency

Derma-Gel may be left in place for up to 5 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Medfix Tape

Suresite® Film (for waterproofing)

Elastic Net

Medigrip Tubular Bandage

Evidence Based References

 Oliveria-Gardia M, Davis SC, Mertz PM. Can occlusion dressing composition influence proliferation of bacterial wound pathogens? WOUNDS. 1998;10(1):4-11. 2. Independent study performed by NAMSA, Northwood, Ohio. 3. Morse, K. Elasto-Gel: A Product with Unique Properties Especially Suited for the Treatment of Infants and Children with Special Needs. Presented at SAWC. Reno, NV. 1996. 4. Kollenberg, LO. A Clinical Comparison of a Glycerine Hydrogel Sheet or a Thin Hydrocolloid to the Standard of Care on Heel Blisters Presented at Clinical Symposium on Advances in Skin and Wound Care. Denver, CO. 1999. 5. Harris AH. When Underlying Problems Make Total Healing an Unobtainable Goal. GM Associates, Inc. 1994:1(3)



M = Moisture Balance

Ordering Information

Soft and flexible, Derma-Gel promotes a moist environment and can absorb up to five times its weight.

To order by the box, add a "Z" to the end of the item number.

Derma-Gel				
	Item Number	Description	HCPCS	Packaging
	NON8000	4" x 4" (10.2 cm x 10.2 cm)	A6242	25/bx, 4 bx/cs

- Shallow No/Minimal drainage
- Primary dressing

- Light/Moderate drainage
- Secondary dressing

Exuderm OdorShield

Hydrocolloid Wound Dressing

HYDROCOLLOID WITH ODOR CONTROL

About Exuderm OdorShield

- Absorbs odor with cyclodextrin technology^{1,2}
- Not inactivated by wound protein²
- Manages drainage³
- Longer wear time
- Low residue formula⁴
- Protective, occlusive barrier
- Satin finish backing

Indications

Pressure ulcers

Partial and full-thickness wounds

Leg ulcers

Donor sites

Wounds with light to moderate drainage

Lacerations and abrasions

First- and second-degree burns

Contraindications

Third-degree burns

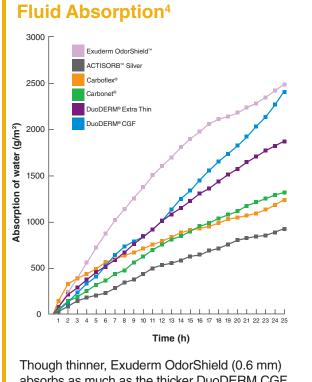
Change Frequency

Exuderm OdorShield can be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

N/A



absorbs as much as the thicker DuoDERM CGF.

Evidence Based References

1. Lipman RDA, Van Bavel D. Odor absorbing hydrocolloid dressings for direct wound contact. Wounds. 2007;19(5):138-146. 2. Lipman R, Van Bavel D, Chakravarthy D. Odor absorbing hydrocolloid dressings that are not inactivated by serum protein. Presented at Symposium on Advanced Wound Care. Tampa, FL. 2007. 3. Absorption properties of some commercial hydrocolloid dressings, compared to Exuderm OdorShield. Internal report. May 5. 2006. 4. Data on file.

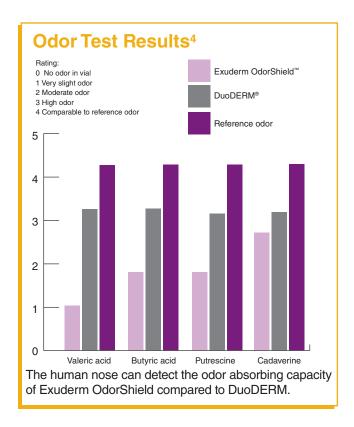
PRODUCT

Ordering Information

Odor absorbing technology combined with excellent fluid management.

Exuderm OdorShield Ideal for shallow wounds with odor					
	Item Number	Description	HCPCS	Packaging	
	MSC5522	2" x 2" (5.1 cm x 5.1 cm)	A6234	10/bx	
	MSC5544	4" x 4" (10.2 cm x 10.2 cm)	A6234	10/bx	
	MSC5566	6" x 6" (15.2 cm x 15.2 cm)	A6235	5/bx	
	MSC5588	8" x 8" (20.3 cm x 20.3 cm)	A6236	5/bx	

Exuderm OdorShield Sacral Ideal for sacral wounds with odor				
	Item Number	Description	HCPCS	Packaging
	MSC5570	4" x 3.6" (10.2 cm x 9.1 cm)	A6234	10/bx
	MSC5575	6.4" x 6.5" (16.3 cm x 16.5 cm)	A6235	5/bx



- Shallow () No/Minimal drainage
- Primary dressing

- Deep
- Moderate/Heavy drainage Secondary dressing

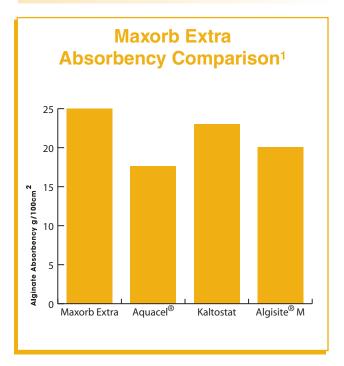
Maxorb Extra

CMC/Alginate Wound Dressing

CMC/ALGINATE

About Maxorb Extra

- Highly absorbent
- Superior fluid handling
- Fluid will not wick laterally
- Easy dressing changes



Indications

Pressure ulcers

Partial and full-thickness wounds

Leg ulcers

Diabetic ulcers

Surgical wounds

Donor sites

Lacerations and abrasions

First- and second-degree burns

Contraindications

Third-degree burns

For use as a surgical sponge

Dry wounds

Patients with a known sensitivity to alginates

Change Frequency

Maxorb Extra may be left in place for up to 5 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Stratasorb Composite

Bordered Gauze

Suresite 123+Pad

Evidence Based References

Ordering Information

Fast-acting absorption without lateral wicking.

To order by the box, add a "Z" to the end of the item number.

Maxorb Extra For moderate to heavily draining, partial and full-thickness wounds				
	Item Number	Description	HCPCS	Packaging
	MSC7022EP	2" x 2" (5.1 cm x 5.1 cm)	A6196	10/bx, 10 bx/cs
	MSC7044EP	4" x 4" (10.2 cm x 10.2 cm)	A6196	10/bx, 5 bx/cs
	MSC7048EP	4" x 8" (10.2 cm x 20.3 cm)	A6197	5/bx, 10 bx/cs

Maxorb Extra Rope For moderate to heavily draining, partial and full-thickness wounds				
	Item Number	Description	HCPCS	Packaging
	MSC7012EP	1" x 12" (2.5 cm x 30.5 cm), rope	A6199	5/bx, 4 bx/cs

Maxorb Extra Post-Op Rope For moderate to heavily draining, partial and full-thickness wounds					
	Item Number	Description	HCPCS	Packaging	
	MSC7112EP	1" x 12" (2.5 cm x 30.5 cm), post-op, flat	A6196	5/bx, 4 bx/cs	

Shallow No/Minimal drainage

Primary dressing

Moderate/Heavy drainage Secondary dressing

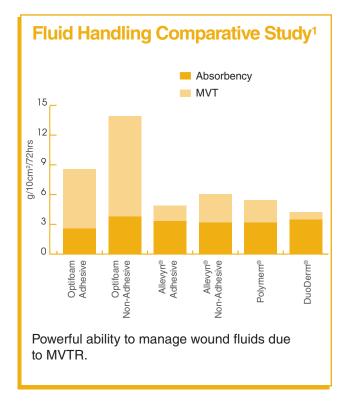
Optifoam®

Foam Wound Dressing

FOAM

About Optifoam

- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Will not curl at edges
- Highly absorbent
- Helps create ideal healing environment
- Waterproof outer layer protects wound and keeps bacteria out



Indications

Pressure ulcers

Partial and full-thickness wounds

Leg ulcers

Donor sites

Lacerations and abrasions

Skin tears

First- and second-degree burns

Contraindications

Third-degree burns

Lesions with active vasculitis

Change Frequency

Optifoam may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Medfix Tape (for Optifoam Non-Adhesive)

Elastic Net (for Optifoam Non-Adhesive)

Optifoam Thin and Optifoam can be used as a secondary dressing

Evidence Based References

Ordering Information

Soft, conformable foam dressing.

To order by the box, add a "Z" to the end of the item number.

Optifoam Adhesive An all-in-one dressing for fluid handling



Item Number	Description	HCPCS	Packaging
MSC1044EP	4" x 4" (10.2 x 10.2 cm),	A6212	10/bx, 10 bx/cs
	2.5" x 2.5" (6.4 x 6.4 cm) pad		
MSC1066EP	6" x 6" (15.2 x 15.2 cm),	A6213	10/bx, 10 bx/cs
	4.5" x 4.5" (11.4 x 11.4 cm) pad		
MSC1065EP	6" x 5.5" (15.5 x 14.2 cm), sacral	A6212	10/bx, 10 bx/cs
MSC1097EP	9.6" x 7.6" (24.4 x 19.3 cm), sacral	A6213	10/bx, 10 bx/cs

Optifoam Non-Adhesive Superb fluid handling with a variety of applications



Item Number	Description	HCPCS	Packaging
MSC1244EP	4" x 4" (10.2 x 10.2 cm)	A6209	10/bx, 10 bx/cs
MSC1266EP	6" x 6" (15.2 x 15.2 cm)	A6210	10/bx, 10 bx/cs

Optifoam Thin Extremely conformable, protective dressing



Item Number	Description	HCPCS	Packaging
MSC1523	2" x 3" (5.1 x 7.6 cm)	A6209	10/bx, 20 bx/cs
MSC1544	4" x 4" (10.2 x 10.2 cm)	A6209	10/bx, 10 bx/cs

Optifoam Basic For general wounds or tube site care



Item Number	Description	HCPCS	Packaging
MSC1133	3" x 3" (7.6 x 7.6 cm)	A6209	10/bx, 10 bx/cs
MSC1133F	3" x 3" (7.6 x 7.6 cm)	A6209	10/bx, 10 bx/cs
	with fenestration		
MSC1145	4" x 5" (10.2 x 12.7 cm)	A6210	10/bx, 10 bx/cs

Optifoam Site Designed specifically for tube sites with radial slit and starburst opening



Item Number	Description	HCPCS	Packaging
MSC1104	4" (10.2 cm) round, 2" (5.1 cm) pad	A6212	30/bag, 4 bags/cs

Shallow No/Minimal drainage

Primary dressing

Moderate/Heavy drainage Secondary dressing

Skintegrity[®]

Hydrogel Wound Dressing

HYDROGEL

About Skintegrity

- Helps create a moist wound environment
- Balanced formulation
- Easy irrigation

Cytotoxicity Test For Skintegrity Hydrogel¹

Using Murine L929 Embryo Fibroblasts Agar Overlay Neutral Red Assay

Test Material	IDRCC #278 (Wound Gel)	Negative Control	Positive Control
Concentration % Exposure (Time)	100% 21 Hours	N/A 21 Hours	100% 21 Hours
Zone of Inhibition (mm)	0	0	0
Comments/ Observations (Grade and Reactivity)	0 / None	0 / None	Entire disk was clear/ cells dead

Skintegrity Hydrogel is not harmful to tissue.

Indications

Pressure ulcers

Partial and full-thickness wounds

Leg ulcers

Surgical wounds

Lacerations, abrasions and skin tears

First- and second-degree burns

Contraindications

Patients with a known sensitivity to components of the gel

Heavily draining wounds

Change Frequency

Skintegrity may be left in place for up to 3 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Stratasorb Composite

Bordered Gauze

Suresite 123+ Pad

Evidence Based References

1. Independent cytotoxicity study performed by Thomas J. Stephens & Associates, Inc. Study Number 93-0070 (AOL).

Ordering Information

Clear, colorless gel for providing a moist wound environment.

Skintegrity Hydrogel Ideal for dry-to-moist clean wounds							
	Item Number	Description	HCPCS	Packaging			
<u> </u>	MSC6102	Bellows Bottle, 1 oz. (29.5 ml)	A6248	30/cs			
	MSC6104	Tube, 4 oz. (118 ml)	A6248	12/cs			
Skintegrity-							

Skintegrity Hydrogel Impregnated Gauze For convenience to fill deeper wounds **HCPCS Item Number Description Packaging** MSC6022 2" x 2" (5.1 x 5.1 cm), 12-ply A6231 1/pk, 50 pk/cs 4" x 4" (10.2 x 10.2 cm), 12-ply MSC6044 A6231 1/pk, 30 pk/cs MSC6144 4" x 4" (10.2 x 10.2 cm), 12-ply A6231 2/pk, 30 pk/cs

Shallow	
---------	--

o No/Minimal drainage		No/Minimal	drainage
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Primary dressing

O Deep O Moderate/Heavy drainage O Secondary dressing

Suresite[®]

Transparent Film Wound Dressing

TRANSPARENT FILM

About Suresite

- Traditional moisture vapor transmission rate (MVTR)
- Conformable
- Won't stick to itself.
- Microporous technology
- Permits continuous observation.
- Variety of delivery systems

Indications

Partial-thickness wounds

Full-thickness wounds (secondary dressing)

Peripheral and central I.V. lines

Skin tears

Lacerations and abrasions

To help prevent skin breakdown caused by friction to epidermis

Contraindications

Contraindicated as a primary dressing on wounds with moderate to heavy drainage

Change Frequency

Suresite may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

N/A



Ordering Information

Ideal dressing for a variety of wound situations.

Suresite Window An easy-to-use window frame delivery						
	Item Number	Description	HCPCS	Packaging		
11600	MSC2302	2.38" x 2.75" (6 x 7 cm)	A6257	100/bx		
	MSC2304	4" x 4.5" (10.2 x 11.4 cm)	A6257	50/bx		

To order by the box, add a "Z" to the end of the item number.

Suresite 123 Easy to apply transparent film with thumbprint design						
	Item Number	Description	HCPCS	Packaging		
Jan San San San San San San San San San S	MSC2701	1.52" x 1.52" (3.9 x 3.9 cm)	A6257	100/bx, 4 bx/cs		
427	MSC2703	2.4" x 2.8" (6.1x 7.1 cm)	A6257	100/bx, 4 bx/cs		
The state of the s	MSC2705	4" x 4.8" (10.2 x 12.2 cm)	A6257	50/bx, 4 bx/cs		
	MSC2706	6" x 8" (15.2 x 20.3 cm)	A6258	25/bx, 4 bx/cs		
	MSC2710	4" x 10" (10.2 x 25.4 cm)	A6258	25/bx, 4 bx/cs		
	MSC2712	8" x 12" (20.3 x 30.5 cm)	A6259	25/bx, 4 bx/cs		

Suresite 123+Pad Easy delivery of an all-in-one cover dressing with minimal absorbtion						
	Item Number	Description	HCPCS	Packaging		
The state of the s	MSC2603	2.4" x 2.8" (6.1 x 7.1 cm), 1.3" x 1.6" (3.3 x 4.1 cm) pad	A6203	100/bx, 4 bx/cs		
	MSC2605	4" x 4.8" (10.2 x 12.2 cm), 2.4" x 3.2" (6.1 x 8.1 cm) pad	A6203	50/bx, 4 bx/cs		
	MSC2610	3.5" x 10" (8.9 x 25.4 cm), 1.5" x 8" (3.8 x 20.3 cm) pad	A6203	25/bx, 4 bx/cs		
	MSC2636	3.5" x 6" (8.9 x 15.2 cm), 1.5" x 4" (3.8 x 10.2 cm) pad	A6203	25/bx, 4 bx/cs		
	MSC2638	3.5" x 8" (8.9 x 20.3 cm), 1.5" x 5.5" (3.8 x 14 cm) pad	A6203	25/bx, 4 bx/cs		

Suresite continued

Transparent Film Wound Dressing

TRANSPARENT FILM

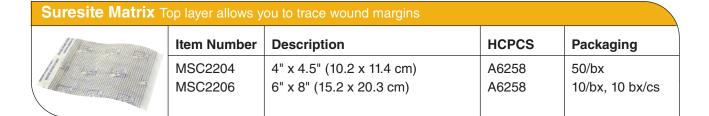
Ordering Information continued

Ideal dressing for a variety of wound situations.

Suresite Roll Allows for customization of size and shape of transparent film					
	Item Number	Description	HCPCS	Packaging	
X X	MSC2402	2" x 11yd. (5.1 cm x 10 m)	Pending	1 roll/bx, 12 bx/cs	
100	MSC2404	4" x 11yd. (10.2 cm x 10 m)	Pending	1 roll/bx, 12 bx/cs	

Suresite I.V. Convenient, sized for I.V. sites							
11	Item Number	Description	HCPCS	Packaging			
	MSC2002	2" x 3" (5.1 cm x 7.6 cm)	A6257	100/bx			

Sureview Film Fabric Frame Easy to apply I.V. cover dressing					
Vi -	Item Number	Description	HCPCS	Packaging	
	MSC2502	2.37" x 2.75" (6 cm x 7 cm)	A6257	50/bx	
	MSC2504	4" x 41/2" (10.2 cm x 11.4 cm)	A6257	25/bx	



Suresite 2 Handle Traditional delivery system				
11	Item Number	Description	HCPCS	Packaging
	MSC2104	4" x 5" (10.2 x 13 cm)	A6258	50/bx

- Shallow No/minimal drainage
- Primary dressing

- Moderate/Heavy drainage Secondary dressing

Puracol[®] Plus / Puracol Plus Ag⁺

Collagen Microscaffold™ Wound Dressing ______

COLLAGEN / COLLAGEN WITH SILVER

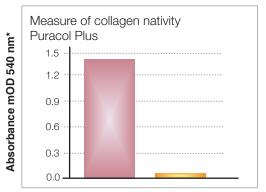
About Puracol Plus

- 100% collagen with a high degree of nativity1,2
- High gel integrity³
- Helps promote natural healing
- Jump-starts stalled wounds^{4,5,6}
- Biodegradable

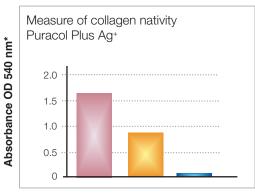
About Puracol Plus Ag+

In addition to all the benefits of Puracol Plus:

- Ionic silver provides antimicrobial barrier^{8,9}
- Non-staining



- * Proportional to the extent of nativity, higher nativity is desirable.2,7
- Puracol Plus Collagen/ORC



- * Proportional to the extent of nativity, higher nativity is desirable.
- Puracol Plus Ag Collagen/ORC-Silver
- Denatured Collagen-CMC-Alginate-Silver-EDTA

Indications

Pressure, Venous, Diabetic Ulcers

Partial and full-thickness wounds

Ulcers caused by mixed vascular etiologies

Burns

Donor sites and other surface wounds

Abrasions

Traumatic wounds healing by secondary intention

Dehisced surgical wounds

Contraindications

Active vasculitis or patients with known sensitivity to collagen and/or silver

Change Frequency

Puracol Plus and Puracol Plus Ag+ may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Stratasorb Composite

Bordered Gauze

Optifoam® Adhesive

Suresite 123+Pad



E = Edge/Environment

Ordering Information

Advanced, native collagen with a unique three dimensional structure that helps promote cell growth.

To order by the box, add a "Z" to the end of the item number.

Puracol Plus Ideal for wounds that are chronic or stalled				
	Item Number	Description	HCPCS	Packaging
	MSC8622EP	2" x 2.3" (5.1 x 5.7 cm)	A6021	10/bx, 5 bx/cs
	MSC8644EP	4.3" x 4.5" (10.8 x 11.4 cm)	A6022	10/bx, 5 bx/cs

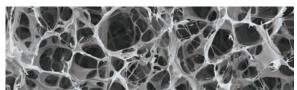
Puracol Plus Ag+ When the antibacterial properties of silver are desired					
	Item Number	Description	HCPCS	Packaging	
	MSC8722EP	2" x 2.3" (5.08 x 5.7 cm)	A6021	10/bx, 5 bx/cs	
	MSC8744EP	4.3" x 4.5" (10.8 x 11.43 cm)	A6022	10/bx, 5 bx/cs	

Microscopic View¹



The intact super-structure provides strong evidence that the nativity of the collagen triple helix is preserved.

Puracol Plus Microscaffold¹



The open porous structure increases the internal surface area for maximal interaction with wound fluids and wound fibroblasts.

Reduction in bacteria levels with Puracol Plus Ag+

Test Organism	Log Reduction with Puracol Plus Ag ⁺
Staphylococcus aureus (MRSA)	5.20
Enterobacter cloacae	5.08
Pseudomonas aeruginosa	5.18
Enterococcus faecalis (VRE)	5.11
Escherichia coli	5.20
Staphylococcus epidermidis	5.08

Log reduction in bacteria levels (in vitro) was observed in testing of large populations of selected microorganisms, including MRSA, that came into contact with the Puracol Plus Ag+. (Method: AATCC-100)

 Data on file.
 Picrosirius Assay to Determine Relative Nativity of Two Collagenous Dressings, internal report.
 Comparative Physical Properties of Two Collagenous Dressings, Promogran and Puracol Plus, data on file.
 Driver V, French M, Cain J, Hagen H, Hijazin M, Patel M. The Use of Native Collagen Dressings on Chronic Lower Extremity Wounds: Case Studies. Presented at SAWC. Tampa, FL. 2007. 5. A Clinical Safety and Efficacy Evaluation on Seriously Chronic Wounds with a Native Collagen Dressing, data on file. 6. Rogers LC, Armstrong DG. The promise of stem cells. Podiatry Management. June/July 2007:65-70. 7. Fliegel S et al. Collagen Degradation in Aged/Photodamaged Skin In Vivo and After Exposure to Matrix Metalloproteinase-1 In Vitro. J Invest Dermatol 12: 842-848, 2003. 8. Sibbald RG et al, Increased bacterial burden and infection, the story of NERDS and STONES, Advances in Skin and Wound Care 19: 447-61, 2006. **9.** The antimicrobial benefits of silver and the relevance of Microlattice® technology. Ostomy/Wound Management. 49 (2A), 4-7, 2003.

- Shallow No/minimal drainage
- Primary dressing

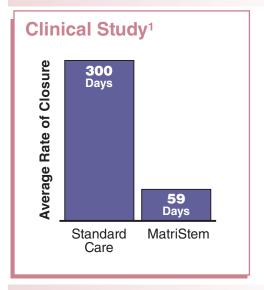
- Deep
- Moderate/Heavy drainage Secondary dressing

MatriStem[®]

Extracellular Matrix (ECM) Wound Sheet & MicroMatrix™ Particles

About MatriStem Devices

- An ECM derived from porcine tissue
- Maintains and supports a healing environment for wound management¹
- Jump-starts stalled wounds
- Biodegradable
- Basement membrane unique to MatriStem contains a number of proteins^{2,3,4}
- Supports the natural healing process



- MatriStem is supported by a clinical study on patients with chronic wounds
- Average area of closure per day:
 - MatriStem 0.08 cm²
 - Control 0.04 cm²

Indications

Partial and full thickness wounds

Pressure ulcers

Venous ulcers

Diabetic ulcers

Donor sites and graft sites

Dehisced surgical wounds

Abrasions

Burns

Contraindications

Patients with a known sensitivity or allergy to porcine materials

Third degree burns

Change Frequency

MatriStem may be reapplied every 2-7 days

Recommended Secondary Dressings

For wet wounds: a non-adherent dressing followed by an absorptive dressing

Non-adherent dressings: Medline's oil emulsion dressing, Non-Adherent Pad, Xeroform or any other non-adherent dressing

Absorptive dressings: Maxorb Extra calcium alginate, Optifoam foam or any other absorptive dressing

For dry wounds: a non-adherent dressing (as listed above) followed by a hydrogel dressing such as Skintegrity Hydrogel to keep the wound moist.



E = Edge/Environment

Ordering Information

A natural extracellular matrix that maintains and supports a healing environment for wound management

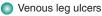
To order one dressing, add "H" to the end of the item number.

	Item Number	Description	Packaging
-	MSC1811EP	3 cm x 3.5 cm (1.2" x 1.4")	5 ea/bx
and a second	MSC1813EP	3 cm x 7 cm (1.2" x 2.7")	5 ea/bx
	MSC1815EP	10 cm x 15 cm (3.9" x 5.9")	5 ea/bx

MatriStem MicroMatrix™ Particles for deep, tunneling or hard-to-reach wounds			
· Profession	Item Number	Description	Packaging
	MSC1830EP	30mg	5 ea/bx
	MSC1860EP	60mg	5 ea/bx

Evidence Based References

1. Human use of ACell® wound matrix: Use of UBM in leg ulcers. Internal Report, 2005. 2. Brown B, Lindberg K, Reing J, Stolz DB, Badylak SF. The basement membrane component of biologic scaffolds derived from extracellular matrix. Tissue Eng. 2006 Mar;12(3):519-26. 3. US Pat. No. 6,576,265. 4. US Pat. No. 6,849,273.



FourFlex and ThreeFlex

Multi-Layer Bandage System

COMPRESSION BANDAGE

About FourFlex and ThreeFlex

- Effective appropriate compression
- Extended wear time
- Absorbs drainage
- Efficient packaging

ABI Chart

To determine the Ankle Brachial Index (ABI). divide the ankle systolic pressure by the brachial systolic pressure.

> **Ankle Pressure Brachial Pressure**

= ABI

Interpretation of the Ankle Brachial Index			
Greater than 1.3	Abnormally high range (more studies are needed)		
0.95 to 1.3	Normal Range		
0.80 to 0.95	Compression is considered safe at this level		
0.50 to 0.80	Indicates mild to moderate arterial disease, compression should only be used under direct medical supervision		
Below 0.5	Severe arterial insufficiency, compression is contraindicated		

Indications

Treatment of chronic venous insufficiency

Contraindications

Patients with an Ankle Brachial Pressure Index (ABI) of less than 0.8. An ABI of less than 0.8 may mean that the patient has arterial insufficiency or the leg ulcer is of mixed etiology.

Change Frequency

Multi-layer compression bandages may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Usually no secondary dressing is required





Ordering Information

Effective compression treatment for venous insufficiency or venous stasis disease.

To order 1 kit, add "H" to the end of the item number.

FourFlex For the treatment of Chronic Venous Insufficiency					
	Item Number	Description	HCPCS	Packaging	
1	MSC4400	FourFlex Kit		8 kits/cs	
2	Components Inclu	ıde:	1		
	1) Padding	4" x 3.8 yd. (10.2 cm x 3.5 m), unstretched	A6441		
4	2) Light Conforming	4" x 3 yd. (10.2 cm x 2.7 m), unstretched	A6449	NEW! Longer	
3	3) Compression	4" x 5 yd. (10.2 cm x 4.6 m), unstretched	A6452	Third/Fourth Layer	
5	4) Cohesive	4" x 3.2 yd. (10.2 cm x 2.9 m), unstretched	A6454	,	
,	5) Medi-Strips				

hreeFlex For ligh	nter compression or fo	or mixed etiology		
1	Item Number	Description	HCPCS	Packaging
3 2	MSC4300	ThreeFlex Kit		8 kits/cs
	Components Inclu	ude:		<u>I</u>
	1) Padding	4" x 3.8 yd. (10.2 cm x 3.5 m), unstretched	A6441	
	2) Light Conforming	4" x 3 yd. (10.2 cm x 2.7 m), unstretched	0.2 cm x 2.7 m), A6449	NEW! Longer
	3) Cohesive	4" x 3.2 yd. (10.2 cm x 2.9 m), unstretched	A6454	Third Layer
7	4) Medi-Strips			

Secondary dressing

Venous leg ulcers

Medigrip

Elastic Tubular Bandage

ELASTIC BANDAGE

About Medigrip

- Provides excellent support for joints
- Easy to apply and reapply
- Wide range of applications
- Good for securing dressings
- Can be used as mild compression when doubled

Indications

Edema

Treatment of chronic venous insufficiency

Dislocations

Sprains

Hypertrophic scarring

Contraindications

None

Change Frequency

Medigrip may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

N/A

Compression Testing of Bandages

Based on principles contained in BS 66121

Test Material	Test	Limb Circumference (cm)	Pressure (mm/Hg)
Medigrip	1	17.2	7.2
Tubigrip	1	17.2	5.8
Medigrip	2	18.7	7.0
Tubigrip	2	18.7	6.1

Summary:

Although the statistical analysis indicated that the pressures produced by the two products are different, this difference is unlikely to prove significant in the clinical situation.

Independent study performed by SMTL, Bridgend, Wales

¹ British Standards Institution, "Graduated Compression Hosiery", BS6612, (1985, 1993)

D I M E S

S = Supportive Products



Ordering Information

Provides even support and pressure to reduce edema and assist in venous return.

Medigrip Each roll is 11 yards (10 meters) in length					
Item Number	Size	Width	Application	HCPCS	Packaging
MSC9500	Α	1¾" wide (4.5 cm)	Infant feet and arms	A6457	1 roll/bx
MSC9501	В	2½" wide (6.3 cm)	Small hands and limbs	A6457	1 roll/bx
MSC9502	С	25/8" wide (6.8 cm)	Adult hands, arms or legs	A6457	1 roll/bx
MSC9503	D	3" wide (7.5 cm)	Large arms or legs	A6457	1 roll/bx
MSC9504	E	3½" wide (8.75 cm)	Legs or small thighs	A6457	1 roll/bx
MSC9505	F	4" wide (10 cm)	Large knees or thighs	A6457	1 roll/bx
MSC9506	G	4¾" wide (12 cm)	Large thighs	A6457	1 roll/bx

To order one dressing, add "H" to the end of the item number.

Medigrip Each roll is 11 yards (10 meters) in length					
Item Number	Size	Width	Application	HCPCS	Packaging
MSC9504YD	Е	3½" wide (8.75 cm)	Legs or small thighs	A6457	50/cs
MSC9505YD	F	4" wide (10 cm)	Large knees or thighs	A6457	30/cs
MSC9506YD	G	4¾" wide (12 cm)	Large thighs	A6457	30/cs

Medigrip Sizing Chart (For correct tension, always use a double layer of Medigrip)				
Limb Mea	surement*		Compression**	`
Inches	Centimeters	Low	Medium	High
4" - 5 5/16"	10 cm - 13.5 cm		В	
5 5/16" - 5 15/16"	13.5 cm - 15 cm	С	В	
5 15/16" - 9 5/8'	15 cm - 24.5 cm	D	С	В
9 5/8' - 14"	24.5 cm - 35.5 cm	E	D	С
14" - 17 11/16"	35.5 cm - 45 cm	F	Е	D
17 11/16" - 19 7/8"	45 cm - 50.5 cm	G	F	E
19 7/8" " - 23 7/8"	50.5 cm - 60.7 cm		G	F
23 7/8" - 27 11/16"	60.7 cm - 70.3 cm			G

^{*}For a full arm coverage, measure the largest part of the forearm. For a full leg or below the knee coverage, measure the widest point of the calf. And, for the hand, measure around metacarpophalangeal joint.

 $^{^{**}}$ Low = 5-10 mm Hg Mercury (for General edema) Medium = 10-20 mm Hg (for Varicose conditions/post burn scarring) High = 20-30 mm Hg (for Soft tissue injuries/joint effusions)

Recommended Wound Conditions



Venous leg ulcers

Unna-Z Unna-Boot Bandage

COMPRESSION BANDAGE

About Unna-Z

- Maintains a moist healing environment
- Impregnated with zinc oxide*
- Provides light compression
- Inner core for easy application

Indications

Venous leg ulcers

Contraindications

Patients with a known sensitivity to components (zinc and/or calamine)

Change Frequency

Unna-Z can be left in place for up to 7 days, depending on drainage

Recommended Secondary Dressings

Compression Coflex LF2 - MDS089004 Bulkee® Gauze Wrap - NON25865

^{*}Items NONUNNA3 and NONUNNA4 contain calamine and zinc oxide.

S = Supportive Products

Ordering Information

Maintains a moist healing environment and provides light compression for venous leg ulcers.

To order order one bandage, add an "H" to the end of the item number.

Unna-Z Maintains a moist healing environment and provides light compression for venous leg ulcers.

Item Number	Description	HCPCS	Packaging
NONUNNA13	3" x 10 yds (7.6 cm x 9.1 m),	Pending	12/cs
NONUNNA14	4" x 10 yds (10.2 cm x 9.1 m)	Pending	12/cs

Unna-Z	with Calamine Maintains a moist he	aling environment and provides light con	npression for venous lea ulcers.
--------	------------------------------------	--	----------------------------------

Item Number	Description	HCPCS	Packaging
NONUNNA3	3" x 10 yds (7.6 cm x 9.1 m),	Pending	12/cs
NONUNNA4	4" x 10 yds (10.2 cm x 9.1 m)	Pending	12/cs



Gentac[®]

Recommended Wound Conditions

Secondary dressing

Silicone Fixation Tape

DRESSING RETENTION TAPE

About Gentac

- Silicone adhesive
- Gentle for patient
- Cut to size needed
- Easy to apply
- Waterproof

Indications

To secure primary or secondary dressings

To secure gastrostomy tubes and other feeding tubes

Contraindications

Contraindicated as a primary dressing

Change Frequency

Gentac may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

N/A

Ordering Information

Gentle fixation tape.

To order one roll, add "H" to the end of the item number.

Gentac Silicone tape offers customized sizing					
Item Number	Description	HCPCS	Packaging		
MSC1583	.8" x 3.3 yd. (2 cm x 3 m)	A4452	12 rolls/bx		
MSC1585	2" x 5 yd. (5.1 cm x 12.7 m)	A4452	6 rolls/bx		
	Item Number MSC1583	Item NumberDescriptionMSC1583.8" x 3.3 yd. (2 cm x 3 m)	Item Number Description HCPCS MSC1583 .8" x 3.3 yd. (2 cm x 3 m) A4452		



S = Supportive Products

Medfix

Recommended Wound Conditions

Secondary dressing

Low Sensitivity Adhesive

DRESSING RETENTION TAPE

About Medfix

- Low sensitivity adhesive, gentle for the patient
- Medfix has a printed s-curve release liner
- Medfix EZ is linerless and perforated
- Water resistant

Indications

To secure primary dressings

To secure gastrostomy tubes and other feeding tubes

Contraindications

Contraindicated as a primary dressing

Change Frequency

Medfix may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

N/A

Ordering Information

Flexible, skin-friendly tape.

Medfix Printed-release liner allows flexibility and customized sizing



Item Number	Description	HCPCS	Packaging
MSC4002	2" x 11 yd. (5.1 cm x 10 m)	A4452	1 roll/bx
MSC4004	4" x 11 yd. (10.2 cm x 10 m)	A4452	1 roll/bx
MSC4006	6" x 11 yd. (15.2 cm x 10 m)	A4452	1 roll/bx

To order one roll, add "H" to the end of the item number.

Medfix EZ Linerless with 2" perforations



Item Number	Description	HCPCS	Packaging
MSC4102	2" x 11 yd. (5.1 cm x 10 m)	A4452	12 rolls/bx
MSC4104	4" x 11 yd. (10.2 cm x 10 m)	A4452	12 rolls/bx
MSC4106	6" x 11 yd. (15.2 cm x 10 m)	A4452	12 rolls/bx
MSC4124	4" x 2 yd. (10.2 cm x 1.8 m)	A4452	12 rolls/bx

For more information, visit www.medline.com/woundcare or contact your sales specialist.

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Recommended Wound Conditions

- Shallow No/Minimal drainage
- O Primary dressing

- Moderate/Heavy drainage Secondary dressing

Secondary Dressings

Adhesive Island Wound Dressings

SECONDARY DRESSINGS

About Secondary Dressings

- Deluxe soaker pad
- Non-woven adhesive border
- Waterproof backing (Stratasorb)
- Water resistant backing (Bordered Gauze)
- Ideal for incision sites

Indications

Pressure ulcers

Partial and full-thickness wounds

Incision sites

Contraindications

Third-degree burns

Patients with a known sensitivity to components of the dressing

Change Frequency

Change the dressing as indicated by the amount of drainage or as frequently as the primary dressing indicates

Recommended Secondary Dressings

N/A



Ordering Information

Island dressings protect, absorb and help maintain proper wound moisture.

To order by the box, add a "Z" to the end of the item number.

Bordered Gauze Water resistant, easy-to-use secondary dressing					
	Item Number	Description	HCPCS	Packaging	
	MSC3222	2" x 2", (5.1 x 5.1 cm), 1" x 1", (2.5 x 2.5 cm) pad	A6219	15/bx, 10 bx/cs	
	MSC3244	4" x 4", (10.2 x 10.2 cm), 2½" x 2½", (6.4 x 6.4 cm) pad	A6219	15/bx, 10 bx/cs	
	MSC3245	4" x 5", (10.2 x 12.7 cm), 2½" x 2½", (6.4 x 6.4 cm) pad	A6219	15/bx, 10 bx/cs	
	MSC3248	4" x 8", (10.2 x 20.3 cm), 2" x 6", (5.1 x 15.2 cm) pad	A6219	15/bx, 10 bx/cs	
	MSC3266	6" x 6", (15.2 x 15.2 cm), 4" x 4", (10.2 x 10.2 cm) pad	A6220	15/bx, 10 bx/cs	
	MSC32410	4" x 10", (10.2 x 25.4 cm), 2" x 8", (5.1 x 20.3 cm) pad	A6219	15/bx, 10 bx/cs	
	MSC32414	4" x 14", (10.2 x 35.6 cm), 2" x 12", (5.1 x 30.5 cm) pad	A6220	15/bx, 10 bx/cs	

Stratasorb Composite Waterproof, convenient secondary dressing					
	Item Number	Description	HCPCS	Packaging	
1	MSC3044	4" x 4", (10.2 x 10.2 cm), 2½" x 2", (6.4 x 5.1 cm) pad	A6203	10/bx, 10 bx/cs	
	MSC3066	6" x 6", (15.2 x 15.2 cm), 4" x 4", (10.2 x 10.2 cm) pad	A6203	10/bx, 10 bx/cs	
	MSC3068	6" x 7½", (15.2 x 19.1 cm), 4" x 6", (10.2 x 15.2 cm) pad	A6204	10/bx, 10 bx/cs	
	MSC30410	4" x 10", (10.2 x 25.4 cm), 2" x 8", (5.1 x 20.3 cm) pad	A6203	10/bx, 10 bx/cs	
	MSC30414	4" x 14", (10.2 x 35.6 cm), 2" x 12", (5.1 x 30.5 cm) pad	A6204	10/bx, 10 bx/cs	

Skintegrity®

Wound Cleanser

WOUND CLEANSER

About Skintegrity Wound Cleanser

- Easy cleansing
- Adjustable trigger, PSI of 8.6 at 3"
- Within AHCPR guidelines

Indications

To clean a wide variety of wounds including:

Pressure ulcers

Partial and full-thickness wounds

Infected and non-infected wounds

Contraindications

Patients with a known sensitivity to ingredients in Skintegrity Wound Cleanser

Change Frequency

With every dressing change

Recommended Secondary Dressings

N/A

Ordering Information

Delivers gentle yet thorough cleansing.



To order one bottle, add "H" to the end of the item number.

Skintegrity Wound Cleanser					
	Item Number	Description	Packaging		
	MSC6008	8 oz. (236 ml) Spray Bottle	6/cs		
	MSC6016	16 oz. (472 ml) Spray Bottle	6/cs		
Skintegy Wand O					

Marathon®

Liquid Skin Protectant

CYANOACRYLATE FILM BARRIER

About Marathon Liquid Skin Protectant

- Robust, flexible and long-lasting
- No stinging: contains no solvents or activators
- Protects from the effects of friction
- Protects from moisture (urine, exudate, sweat, and other bodily fluids) that can cause maceration
- Can be used on intact or damaged skin
- Fast drying
- Breathable
- Marathon shows greater protective capabilities than 3M Cavilon® against corrosive fluids (synthetic urine) and wash-off.*

Indications

Damaged Skin

Fragile skin

Periwound skin

Peristomal skin

Contraindications

Second or third degree burns

Infected areas

Directly to the wound bed, or to deep puncture wounds

Change Frequency

Up to 3 days, reapply as needed

Recommended Secondary Dressings

N/A

Ordering Information

Helps create a barrier on normal to damaged skin that protects from friction and moisture.

Marathon Liquid Skin Protectant Item Number Description HCPCS Packaging MSC093005 .5 g ampule A6250 (Protectant) A5120 (Skin prep) 10/bx A5120 (Skin prep) MSC093001 .5 g ampule pending 5/box pending

^{*} Test data on file (independent lab).

Sureprep and Sureprep No-Sting

Sureprep

SKIN PROTECTIVE WIPES

About Sureprep and Sureprep No-Sting

- Protects from adhesive stripping^{1,2}
- Safe for delicate skin³
- Outperformed 3M Cavilon in controlled trials.4
- Fast drying⁵
- Vapor permeable
- Creates a waterproof barrier on periwound skin
- Protection from friction and body fluids
- Transparent

Indications

Periwound skin

Peristomal skin

Damaged skin (Sureprep No-Sting)

Incontinence Protection and Barrier

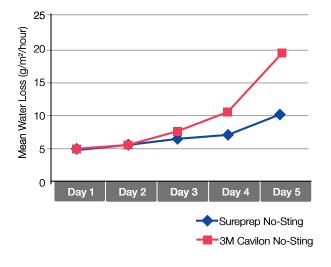
Contraindications

Direct application to wound bed

Denuded or macerated skin (Sureprep)

Change Frequency

With every dressing change



Transepidermal Water-Loss (TEWL)4

On day 4 and day 5 subjects using Sureprep No-Stings experienced significantly less water loss than subjects using 3M Cavilon No-Sting; indicating that Sureprep No-Sting provides greater protection from adhesive stripping.

Evidence Based References

 Chakravarthy D, Falconio-West M. A Randomized, Controlled Trial of Two Sting Free Polymeric Skin Barrier Products, One Water Based, the Other Solvent Based. Presented at Clinical Symposium on Advances in Skin and Wound Care. Nashville, TN. 2007. 2. Test data on file (independent lab). 3, 510(k) K051082, WOVE, 2005, 4, Shannon RJ, Chakravarthy D. Effect of a water-based no-sting, protective barrier formulation and a solvent containing similar formulation on skin protection from medical adhesive trauma. Int Wound J. 2009 Feb:6(1):82-8. 5. Data on file.



S = Supportive Products

Ordering Information

Helps create a barrier on periwound skin to protect from maceration, and adhesive stripping.

To order by the box, add a "Z" to the end of the item number.

To order one packet or bottle add an "H" to the end of the item number

Sureprep No Sting Ideal for damaged or delicate skin, alcohol free						
a county service at the county of the county	Item Number	Description	HCPCS	Packaging		
Conceptor To Stony Stony	MSC1505	No-Sting Protective Wipes	A5120	50/bx, 10 bx/cs		

Sureprep No-Sti	Sureprep No-Sting Wand Ideal delivery for damaged or delicate skin, alcohol free					
	Item Number	Description	HCPCS	Packaging		
	MSC1510	No-Sting Wand Applicator, 1 ml	A5120	25/bx, 5 bx/cs		
The state of the s	MSC1513	No-Sting Wand Applicator, 3 ml	Pending	25/bx, 4 bx/cs		

Sureprep No Sting Spray Ideal delivery for damaged or delicate skin, alcohol free					
	Item Number	Description	HCPCS	Packaging	
	MSC1528	Sureprep No-Sting Spray, 28 ml	Pending	12/cs	

Sureprep Ideal for routine periwound skin protection, contains alcohol						
atter A	Item Number	Description	HCPCS	Packaging		
Sureprep Protective Wide Review (Wide Figure 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	MSC1500	Skin Protective Wipes	Pending	50/bx, 20 bx/cs		

Adhesive Tape Remover Pads

Use to ease removal of adhesive tape and adhesive residue.

Adhesive Tap Ordering Info	latex free 6	
Item No.	<u>Description</u>	Packaging
MDS090855	Adhesive Remover Pad	100/bx, 1000/cs

Product Selection Guide

Based on Fluid Handling and DIMES®

		- DRAINAGE -			
	DRESSING	Dry/No Drainage	Moist/Minimal	Moderate	Heavy
D	Tenderwet Active Polyacrylate Gel Pad			TEND	ERWET ACTIVE
1	Arglaes Antimicrobial Silver Dressing	ARG	GLAES FILM ARGLA	AES ISLAND ARG	LAES POWDER
1	Maxorb Extra Ag Alginate				
1	Optifoam Ag Foam				
I	SilvaSorb Antimicrobial Silver Dressing		SILVASORB SI SILVASORB GEL		ED VASORB CAVITY
M	Derma-Gel Hydrogel Sheet				
M	Exuderm Odorshield Hydrocolloid				
M	Maxorb Extra Alginate				
M	Optifoam Foam		OPTIFOAM THIN		
M	Skintegrity Hydrogel	AMORPHOUS	AND GAUZE		
M	Suresite Transparent Film			AS A SECOND	ARY DRESSING
Е	Puracol Plus Puracol Plus Ag ⁺ Collagen				
Е	MatriStem				
S	Bordered Gauze			AS A SECOND	ARY DRESSING
S	Stratasorb Composite			AS A SECOND	ARY DRESSING
S	Sureprep/Marathon			AS A SKI	N PROTECTANT
S	Skintegrity Wound Cleanser			AS A WOL	JND CLEANSER

S = Supportive Services and Education

Classification of Tissue Destruction

Wounds not caused by pressure such as skin tears, donor sites, vascular ulcers, surgical wounds and burns are described as partial or full-thickness to indicate the depth of tissue destruction.

Partial-Thickness (like Stage II) Full-Thickness (like Stage III or IV)

Ulcers caused by pressure are staged. This is a method of classifying pressure ulcers, describing the degree of tissue damage observed. According to the NPUAP, pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. NPUAP, 2007

STAGE I



Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Further description:

The area may be painful, firm, soft, warmer or cooler as

compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons (a heralding sign of risk).

STAGE II



Partial-thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Further description:

Presents as a shiny or dry shallow ulcer without slough or bruising.* This stage should not

be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation. *Bruising indicates suspected deep tissue injury.

STAGE III



Full-thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Further description:

The depth of a stage III

pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

STAGE IV



Full-thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Further description:

The depth of a stage IV pressure ulcer varies by anatomical location. The bridge

of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

SUSPECTED Deep Tissue Injury (DTI



Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Further description:

Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

UNSTAGEABLE



Full-thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

Further description: Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and

therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed.

Educational Packaging

Many nurses find themselves in situations on a daily basis where valuable time is wasted searching for the right dressing. Often the wrong dressing is used or the dressing is not used properly. By listening to you, we found a way to improve this process and ensure that nurses have the information they need. It

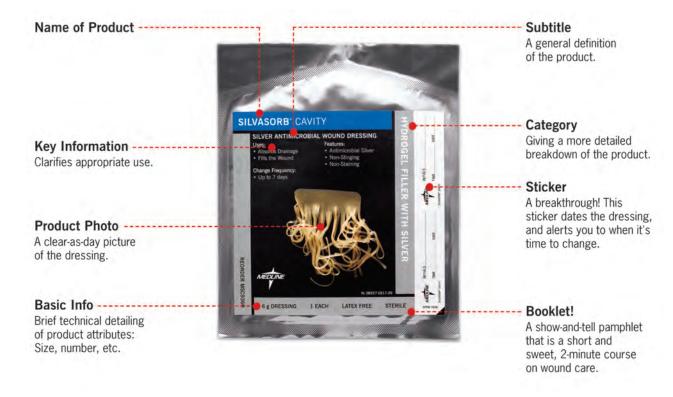
is called EP... Educational Packaging. Products available in EP will now have an "EP" at the end of the item number.

The package focuses on patient safety and correct product application. Each package serves as a 2-Minute Course on Wound Care™.



Many times the outer box is thrown away and the product is distributed to the end user by the inner package. For that reason Medline provides an educational show-and-tell booklet of all the pertinent information needed to provide bedside support to the nurse, the patient, and the family.

Education is not just for clinicians so they know and use the latest evidence base in their practice, but it is essential for their patients and their families. Making sure the patients and their family are taught the expected outcomes and the plan to achieve them is vital for successful wound treatment



A Complete Educational Program for Clinicians and Patients

Our Compass Wound Care Prevention and Treatment program contains education at every level from the wound care champion at your facility to the bedside nurse to the patient/resident and their family. The program contains *The Wound Care Handbook*, wound care pocket guides, patient education brochures, and a CD containing 225 images organized by wound categories.

THE WOUND CARE

---- 70 Patient/Family Education Brochures

A 2-minute course for patients and their family on how to care for their wounds.

- Pressure Ulcers
- Venous Ulcers
- Arterial Ulcers
- Neuropathic/Diabetic Ulcers
- Skin Tears

The Wound Care Handbook

For the wound care champion to help educate the staff.

 This book has it all–from the basics of wound care to industry guidelines



Wound Images CD

For staff education.

 Includes 225 images sorted by wound care stages and types of wounds





The Wound Care Pocket Guide

For the clinician at the bedside who is treating wounds.

 More than 120 pages of concise wound care information in an easy-to-use format



Compass Wound Care Programs

Survey Readiness for

Long-Term Care Tags F309/314

- 1. D.O.N. instructional manual (teacher's guide)
- 2. Survey readiness resource books
- 3. DVD Educational Program
- 4. Wound measuring rulers
- 5. Continuous pressure ulcer prevention booklets





Compass Diabetes program:

Compass Diabetes Resource for Long-Term Care

With 26 percent of nursing home residents battling diabetes and its complications, this Compass program provides educational tools for residents, their families and caregivers.

Compass program for Tag 315:

Compass Survey Readiness Tag F315

A comprehensive program for incontinence management, including assessment and treatment options, detailed clinical information and educational materials



Education

Educare® Seminars

Medline offers Educare seminars in cities across the United States. These in-depth programs provide wound and skin care education for all levels of clinical staff. Educare programs are approved for continuing education hours and are taught by board-certified wound care nurses. Medline also has a number of other educational programs available to meet the needs of your patients, facility and caregivers.

Educare® Hotline Managed by Wound Care Nurse Specialists

An important number to remember is 1-888-701-SKIN (7546) because it provides access to our Educare Hotline. It is managed by board-certified Wound Care Nurses and supported by a network of advanced wound care product specialists. The nurses are available to answer questions and concerns on product usage such as application and appropriateness of the dressing for the wound condition.

The Educare Hotline is staffed Monday through Friday from 8 a.m. to 5 p.m. Central Standard Time.

Product Support at www.medline.com/woundcare

Medline's Web site is another way to get up-todate product information. You will find the latest brochures as well as application videos online at www.medline.com/woundcare. The interactive product selector can also help you choose the best product based upon the wound conditions.

More Than 60 Wound and Skin **Care Product Specialists**

Receiving help from one of Medline's 60+ wound care product specialists has never been easier. In addition to our 800 person sales force, the wound care product specialists are devoted to supplying you with appropriate wound care products, services and educational support. This team is highly trained and available to deliver on-site, face-to-face inservicing for your staff.



Educare® Hotline Posters available for your facility.



Custom Wound Care Formulary posters, for easy reference, available for your facility. Customization based on your Medline product choices.

Medline University

Medline University offers continuing education programs and accredited continuing nursing education opportunities. We offer a wide array of educational opportunities on topics that are current and relevant to your staff. The courses are presented in an online format so you can take them at your convenience. All you need is a connection to the internet! The course content, test and CE certificate are online. Visit our Web site www.medlineuniversity.com for more information.





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Build Your Knowledge

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- Watch expert presentations
- Read up-to-the-minute health news

And it's all absolutely FREE!

D I M E S

S = Supportive Services and Education

Summary

In summary, the concept of wound bed preparation includes the treatment of the whole patient before the hole in the patient (treat the cause and the patient-centered concerns). Local wound bed preparation includes DIM (debridement, infection/inflammation and moisture balance) plus advanced edge effect therapies (for wounds with the ability to heal) and support in the way of "other products," services and nutrition. Finally, always remember that education is the scaffold for practice. Without it, clinicians cannot advance practice and improve patient wound healing outcomes.



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Medline Canada 1-800-396-6996

www.medline.ca | canada@medline.com

Medline México 01-800-831-0898

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