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Part of the  
**GENTELL TOTAL WOUND CARE SOLUTION**





2701 Bartram Road  
Bristol, PA 19007

[www.gentell.com](http://www.gentell.com)

800-840-9041

215-788-2700

[info@gentell.com](mailto:info@gentell.com)

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Staging diagrams are provided by NPUAP and used for educational purposes.

**Authors:**

Fred Brotz

Matt Brotz

David Navazio

Glenn Paul

Brian Schorn

**Feedback?** [info@gentell.com](mailto:info@gentell.com)

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# NOTE

All wound treatment should be conducted under a doctor's supervision.

Malnutrition is associated with delayed wound healing. Consult a dietician for patients who have wounds or who are at high risk.

# The *Gentell* Total Wound Care Solution

Dear Reader,

At *Gentell*, ***we make it better***: we help you heal wounds, and we make better wound-healing products. We're delivering better results with better technology, and helping our customers save money.

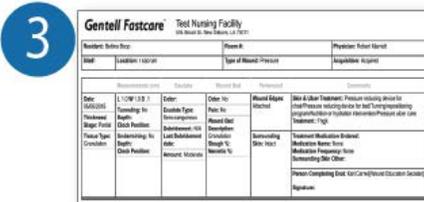
This booklet is part of the *Gentell* **Total Wound Care Solution**, which includes:



Advanced wound care products designed for nursing homes and made by *Gentell*



On-Site Clinical Consultants



Documentation training and support including our optional Fastcare F-314 compliant wound tracking system



Wound Advisor Reference Guide

To learn more about *Gentell* and the Total Wound Care Solution – and our complete line of skin and personal care products, please see our online presentations, video and reference material at [www.gentell.com](http://www.gentell.com) or call us at 800-840-9041.

Sincerely,

David Navazio  
Founder, *Gentell*

# Gentell® Wound Management Algorithm

Assess Resident Condition >>>	1. Review Clinical Test Results	2. Nutritional Status	3. Support Surface & Pressure Relief	4. Assess Wound & Exudate	5. Identify Underlying Cause
<b>A. Dry to Light Exudate</b> Cleanse with <b>Gentell</b> Wound Cleanser <b>Hydrate Wound Bed</b> <b>Gentell</b> Hydrogel Tube or Hydrogel Saturated Gauze OR <b>Gentell</b> Collagen Dressing Cover with <b>Gentell</b> Bordered Gauze OR Moisture-Resistant <b>Gentell</b> Comfortell Dressing ALTERNATIVE: Cover with <b>Gentell</b> Dermatell Hydrocolloid* (change every 3 to 5 days) OR <b>Gentell</b> MVP Transparent	<b>B. Moderate Exudate</b> Cleanse with <b>Gentell</b> Wound Cleanser <b>Absorb &amp; Contain Exudate</b> <b>Gentell</b> Calcium Alginate Dressing OR <b>Gentell</b> Collagen Dressing Cover with <b>Gentell</b> Bordered Gauze OR Moisture-Resistant <b>Gentell</b> Comfortell Dressing Cover with <b>Gentell</b> Lo Profile Foam Plus (change daily)	<b>C. Heavy Exudate</b> Cleanse with <b>Gentell</b> Wound Cleanser <b>Absorb &amp; Contain Exudate</b> <b>Gentell</b> Calcium Alginate Dressing OR <b>Gentell</b> Collagen Dressing Cover with <b>Gentell</b> Lo Profile Foam Plus (change daily) OR Cover with <b>Gentell</b> Waterproof Foam (change daily)	<b>Additional Wound Info</b> <b>1. Select Appropriate Debridement:</b> <ul style="list-style-type: none"> <li>• Surgical</li> <li>• Chemical</li> <li>• Autolytic</li> <li>• Mechanical</li> <li>• Enzymatic</li> <li>• Sharp</li> </ul> <b>2. Assess Surrounding Skin:</b> <ul style="list-style-type: none"> <li>• Moisturize</li> <li>• Protect from Incontinence</li> <li>• Control Edema</li> </ul> <b>3. Wound Environment:</b> <ul style="list-style-type: none"> <li>• Contain Exudate</li> <li>• Fill Bed Space</li> <li>• Protect &amp; Insulate</li> </ul>	<b>Infected/Colonized Wounds:</b> Apply Hydrogel Ag** Tube, Hydrogel Ag** Saturated Gauze or Calcium Alginate Ag (silver) or Honey (Gauze & Alginate)	*If wound is infected, do not use occlusive dressings such as Hydrocolloids. **Hydrogel Ag contains sulfur.

## Understanding the Gentell Wound Management Algorithm

The Wound Management Algorithm on the preceding page contains short-hand instructions for treating most pressure injuries. Starting in the upper left corner, follow steps 1 through 5:

1. Review clinical test results
2. Evaluate nutritional status
3. Support wound surface and relieve pressure
4. Assess wound and exudate
5. Identify underlying cause

Wounds require proper nutrition to heal, and wounds caused by constant pressure must be relieved of the pressure in order to heal. The National Pressure Ulcer Advisory Panel (NPUAP) provides guidelines for **relieving pressure**, and many bed and mattress manufacturers provide products to relieve pressure to a wound.

Once you have established an external environment conducive to healing, you can **assess the exudate**.

Exudate is important because healing requires the wound environment to be moist, but not overwhelmed with exudate that prevents new tissue from forming. Depending on the amount of exudate, different kinds of wound dressings can be applied to absorb lightly or up to 20 times their weight by reacting with the exudate to form a gel.

There are three kinds of exudate:

1. **Light Exudate:** Wound tissues are moist, and moisture is evenly distributed in the wound. Exudate is less than 25% of the dressing.
2. **Moderate Exudate:** The wound tissues are saturated, and exudate may be unevenly distributed. Exudate is between 25% to 75% of the dressing.
3. **Heavy Exudate:** The wound is bathed in fluid and exudate is freely expressed. Exudate is greater than 75% of the dressing.

Exudate types are listed in the green row in the Gentell Wound Management Algorithm from left to right. Choose the correct exudate type, and then follow the treatment down through that column.

All wounds require cleaning, and we recommend Gentell Wound Cleanser, a PH-balanced, no-rinse, non-irritating cleanser that promotes healing by flushing out debris, contaminants and exudates. Unlike normal saline, Gentell Wound Cleanser does not have to be disposed of within 24 hours. The adjustable Wound Cleanser spray can be set to 8-10 psi to gently cleanse a wound.

### **Cleaning the Wound**

1. Remove any existing dressing material. Place a towel or wipes under the treatment site to absorb the wound run-off.
2. If the wound is clean or has new, light red or pink, bumpy tissue growing (granulation), use the “mist” setting and gently spray the entire wound surface. Do not remove this healthy tissue.
3. If the wound contains dead, dark, dry, contaminated (eschar), adjust the “stream” setting on the Wound Cleanser spray to irrigate the entire wound surface.
4. Gently pat or dab dry the area surrounding wound.

### **Choose a Dressing for an Uninfected Wound**

The most effective dressing choice depends on (a) the amount of wound exudate (b) time between dressing changes (c) location of the wound (should it be waterproof?) (d) wound size and (e) whether or not the wound is infected. This section applies only to uninfected wounds.

**No Exudate** Skin tears, cuts or reddened areas can be cleaned and covered with either Gentell Dermatell® (a hydrocolloid) or Gentell MVP (Moisture Vapor Permeable) Transparent Dressing. Dermatell is waterproof, and is best suited for the sacral area or anywhere that incontinence might weaken the dressing. Hydrocolloids can be changed every three to seven days, while MVP dressings require three changes per week. The MVP dressing is permeable to moisture vapor and oxygen, but impermeable to bacteria. The Transparent MVP also enables visual monitoring of the wound.

**Hydrating Light Exudate:** Minimally draining wounds should be hydrated with Hydrogel, which is available in a tube, spray bottle or saturated gauze. Each has its benefits:

- **Hydrogel in a Tube** - Tubes can be used for more than one patient when the hydrogel is applied directly to the covering gauze, which is then applied to the wound.
- **Hydrogel in a Spray Bottle** - Spraying directly into the wound can ensure that Hydrogel reaches areas of tunneling or undermining. However, because of the risk of splash-back, Hydrogel Spray Gel should be used on only one patient and then disposed.
- **Hydrogel in a Saturated Gauze** - This is the easiest way to apply Hydrogel because it can be shaped to the size of the wound bed before covering with Bordered Gauze or Comfortell. (Excess Hydrogel on healthy skin can cause maceration – a weakening of the skin from excess moisture.) Choose Hydrogel Saturated Gauze when the wound is deeper than a half centimeter (.2 inches). Choose the 2”x2” size if the length or width of the wound is greater than 1 cm (.4 inches); choose the 4”x4” size if the length or width is greater than 3.5 cm (1.4 inches.)

After hydrating the wound, Gentell Collagen can be applied to encourage granulation. Cover with either Gentell Bordered Gauze or Gentell Comfortell Dressing. Comfortell, which is waterproof, is the best choice for any area that requires protection, for the sacral area or for any area where incontinence might weaken the dressing.

**Moderate Exudate:** Contain, collect and absorb the exudate with Gentell Calcium Alginate, which absorbs up to 20 times its weight and creates a gel that can be easily removed at each dressing change.

Place the entire rectangular Calcium Alginate pad or Rope in the wound bed. Do not cut a calcium alginate pad because it may fray along the edges and stick in the wound. If the rope is too long, cut off the remaining portion and discard it; the rope is a sterile product that should only be applied immediately after opening the package. Do not pack multiple Calcium Alginates into the same wound area because they may stick together and become difficult to remove. After applying the Calcium Alginate, cover with one of Gentell various foam dressings.

**Heavy Exudate:** Heavy exudate requires a more absorptive cover dressing such as Gentell’s LoProfile Foam Dressing, a “smart foam” that wicks exudate to the back of the dressing without strike through. Gentell LoProfile Foam absorbs up to 20 times its weight and also provides a waterproof bacterial barrier to protect the wound. For wounds with heavy exudate, follow the instructions above

under “Moderate Exudate” for the application of Gentell Calcium Alginate, and then cover with a Gentell LoProfile Foam dressing.

## **Assessing Wound Exudate**

Measuring wound exudate has always been a subjective “guess” by the clinician documenting a wound, but identifying the correct amount of exudate is important as it qualifies the type of dressing and frequency of dressing changes that are appropriate in managing the wound. Changes in exudate amount and consistency can also indicate problems such as infection and can slow down or prevent cell proliferation.

The guidelines on the following page show how to accurately define wound exudate with a visual inspection.

**How to accurately define wound exudate with a visual inspection:**

**“Light” Exudate**

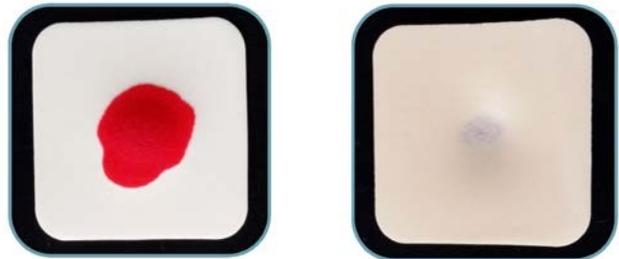
Less than 5cc of wound fluid within a 24 hr period  
Front and back of Gentell’s Waterproof 4x4 foam dressing



5cc = 1 teaspoon

**“Moderate” Exudate**

5cc - 10cc of wound fluid within a 24 hr period  
Front and back of Gentell’s Waterproof 4x4 foam dressing



**Note minimal strike-through on back or dressing (right)**

**“Heavy” Exudate**

Greater than 10cc of wound fluid within a 24 hr period  
Front and back of Gentell’s Waterproof 4x4 foam dressing



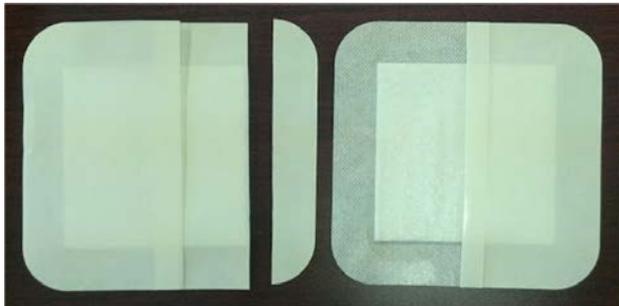
## Applying Dressings in the Sacral Area as “Diamonds”

The sacral region or sacrum is located below the lumbar region of the spine and above the coccyx. Dressings in the sacral region can be loosened by wing-like structures that move as the pelvic blades move. We recommend applying square dressings in the sacral region as “diamonds” – that is, with a corner pointed up the spine – which provides greater adhesion and flexibility.

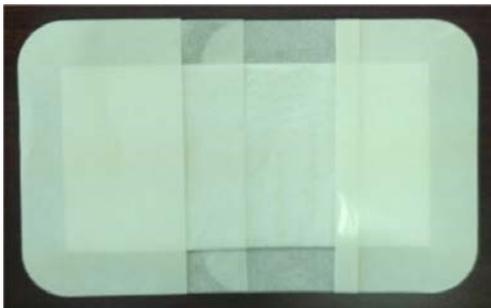
## Covering Wounds Larger than 4”x4”

The vast majority of wounds are smaller than 4” inches wide or long. However, you can easily join two pieces of 6”x6” Bordered Gauze or Comfortell to create an inexpensive wound covering with a 4”x8” pad by following this procedure:

1. Without removing the paper liner from one of the two 6”x6” (4”x4” pad) dressings, cut off one side of the tape like this:



2. Remove the paper liner on the dressing on the right, and press the cut dressing onto the adhesive tape like this:



## **Treating Infected Wounds**

When bacterial colonies in a wound overwhelm the growth of new skin cells, the infection prevents the wound from healing. Infections may be indicated by heat or redness around the wound, and can be identified by blood tests, wound cultures or imaging tests such as CT scans, x-rays, MRIs or bone scans.

Silver kills bacteria in external wounds in living tissue, so wound dressings containing silver are increasingly important in stemming antibiotic-resistant bacteria such as MRSA, which is any strain of *Staphylococcus Aureus* that have evolved a resistance to penicillins (methicillin, dicloxacillin, nafcillin, oxacillin) and cephalosporins. MRSA is especially troublesome in hospitals and nursing homes where patients with open wounds, invasive devices, and weakened immune systems are at greater risk of infection than the general public.

Gentell provides many silver-infused products that disrupt and kill bacterial cells. Gentell Hydrogel Ag contains Silver Sulfadiazine, the same active ingredient found in Silvadene. Gentell Hydrogel Saturated Gauze with Silver and Calcium Alginate with Silver can also be substituted for standard Gentell products when treating infected wound. Silver products should not be used for patients who have a history of metal allergies. Do not use silver products with a chemical debriding agent because the silver may counter the enzymes in the debriding agent. High concentrations of silver may stain the skin around the wound; Gentell's silver products will not stain the skin.

Patients with silver allergies should instead use a course of oral antibiotics.

## **When to Use Collagen**

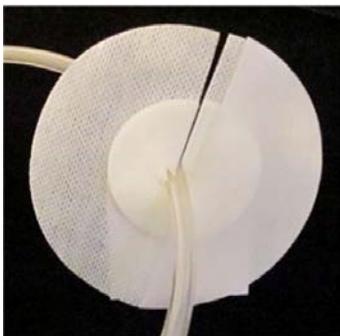
When a patient's overall health is compromised, the body can have difficulty supplying its own collagen to the wound site, delaying healing or producing chronic wounds. Chronic wounds that resist healing are found to have high levels of matrix metalloproteases (MMPs) that break down connective tissue. Collagen dressings reduce MMP activity and are the main component of connective tissue that supports skin growth.

Gentell Collagen helps jump-start the healing process, producing the necessary scaffolding to regenerate healthy connective tissue. Gentell Collagen is a primary dressing for chronic non-healing wounds, wounds with light to heavy exudate, partial- or full-thickness, granulating or necrotic, or second-degree burns. Do not use if allergic to bovine-derived materials.

Apply Gentell Collagen directly to the wound bed and cover with Gentell Comfortell or, for heavy exudate, Gentell LoProfile Foam. If the wound is dry, moisten the collagen with Gentell Wound Cleanser before applying it to the wound bed.

## Specialized Wound Dressings

When tubes are inserted into skin, the skin will drain; leakage will macerate the skin and cause it to break down. Gentell supplies two “smart foam” dressings that draw exudate to the back of the dressing and protect the skin around the tube or peg.



Gentell's **LoProfile Foam 4" Circular Dressing** is fenestrated (pre-cut) for easy application around ostomy sites, catheters, and feeding tubes. The bordered gauze adheres directly to skin.



Gentell's **LoProfile Foam Split Drain Non-Bordered Dressing** is a precut, non-bordered, rectangular dressing with a U-shaped fenestration ideal for tracheostomy sites, catheters, feeding tubes or larger wound sites requiring moderate to heavy absorption. This super-absorptive LoProfile foam dressing reduces strikethrough and prevents skin maceration by keeping the wound site dry. Adhere with

**Gentell FixTape.**

## **Role of Skin Care in Wound Prevention**

As early as the 1840s, a few doctors noticed that hand-washing lowered child mortality rates. Today, we know that killing bacteria and protecting skin with barrier creams and moisturizers can help prevent wounds.

Gentell makes soaps, sanitizers, peri-washes, body washes, and three different barrier creams to clean and protect skin. All Gentell Skin Care products contain antimicrobial and moisturizing ingredients. Most important, Gentell Skin Care products are designed not to irritate the skin. For instance, Gentell's no-rinse Liquid Clean will clean without irritating if it is not entirely wiped away.

### **Steps to Healthier Skin**

1. Wash hands with Gentell Lavender Anti-Bacterial Hand Soap
2. When away from a sink, clean hands with Gentell Instant Hand Sanitizer with 65% alcohol plus Aloe and Vitamins A & D. Gentell Hand Sanitizer is available in pleasing Coconut Mango and Wild Berry scents.
3. Clean patients with Gentell Liquid Clean as a peri-wash, Gentell Hospital Bath & Shampoo, or Gentell Shampoo & Body Wash.
4. When dressings are difficult to remove, Gentell Wound Cleanser can be used to dissolve adhesives.
5. Acids in urine and feces eat away at skin. Spray and wipe with Liquid Clean, and then protect skin from incontinence with Gentell Shield & Protect or Shield & Protect Anti-Fungal.
6. When an incontinent patient has reddish skin, use Gentell SuperMax, our strongest barrier cream. Unlike other full-strength creams, SuperMax will not become crusty and difficult to remove at changing time.

Gentell barrier creams are designed not to clog the pores in an incontinent brief so that the brief can wick away more urine, and further reduce the macerating effects of incontinence.



# Gentell Fastcare™

New technology for better wound care

## For Easy Compliance with Federally-Mandated Wound Documentation, Bedside Product Ordering, and Optional Wound Imaging

Working in conjunction with the Gentell team of Wound Care Specialists, the Fastcare System delivers 24-hour wound expertise to improve recovery rates, reduce your wound ratio and lower your overall cost of operation.

Here's how it works:

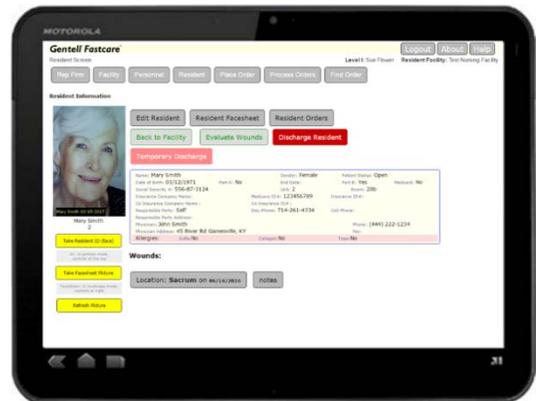
- Your staff conducts weekly wound evaluations with the Fastcare F-314 compliant form on a wireless Fastcare tablet.
- Encrypted data are sent via WiFi or 4G network to secure Fastcare servers for archiving and reporting.
- Gentell Certified Wound Specialists and WOCNs consult on monthly treatments.
- Fastcare's Wound Evaluation Report includes full wound assessments for each wound entered for each resident.
- Fastcare also provides facility-wide wound log reports and QAPI reports, plus PUSH scores and trend reports for individual wounds.



F-314 Compliant Facility Report

## HIPAA Compliant

Gentell's HIPAA policy is accredited by The Compliance Team, and Fastcare meets or exceeds HIPAA requirements for electronic systems including authentication, encryption, data integrity, access control, **audit control and transmission security.**



Ask your Gentell rep about a Fastcare tablet for qualified facilities

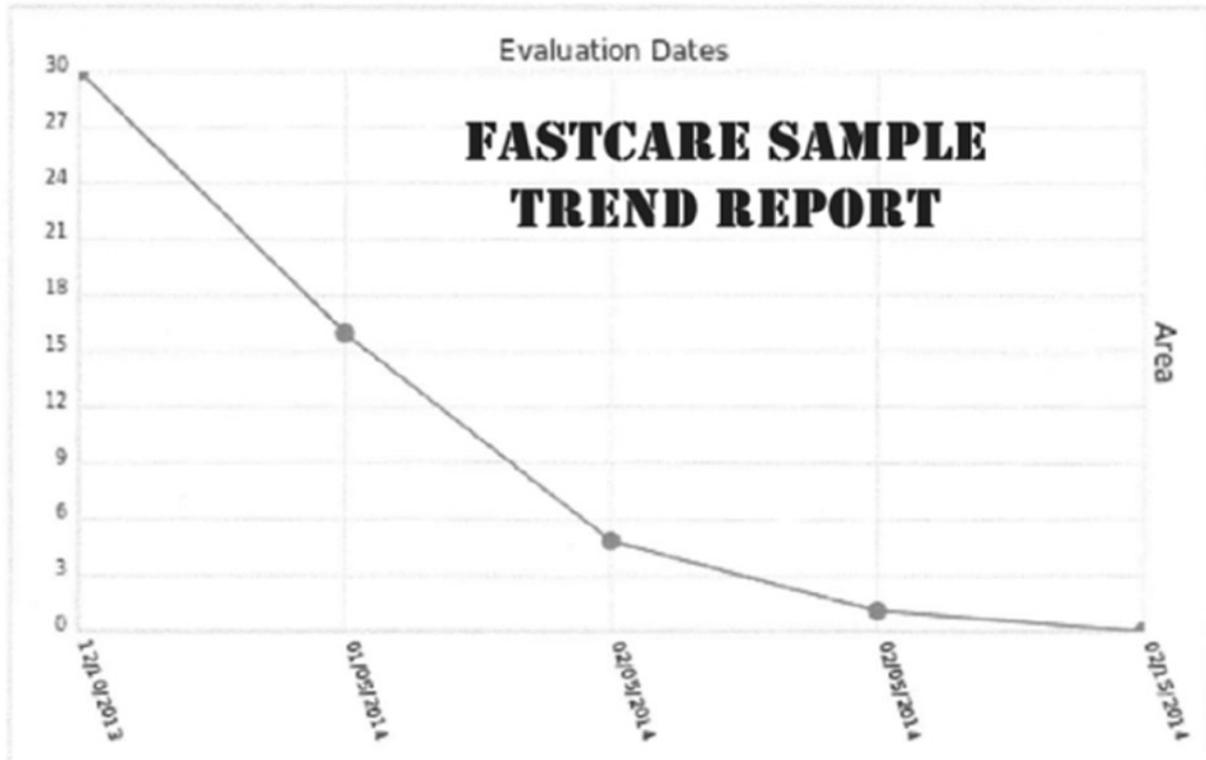
Resident: Bettina Boop	Room #:	Physician: Robert Marriott
Site#: Location: r sacrum	Type of Wound: Pressure	Acquisition: Acquired

Measurements (cm)		Exudate	Wound Bed	Petiwound	Comments
<b>Date:</b> 05/05/2015	L 1.0 W 1.0 D .1	<b>Color:</b> Exudate Type: Sero-sanguinous	<b>Odor:</b> No <b>Pain:</b> No <b>Wound Bed Description:</b> Granulation <b>Slough %:</b> <b>Necrotic %:</b>	<b>Wound Edges:</b> Attached	<b>Skin &amp; Ulcer Treatment:</b> Pressure reducing device for chair/Pressure reducing device for bed/Turning/repositioning program/Nutrition or hydration intervention/Pressure ulcer care Treatment: Fhgjk
<b>Thickness/Stage:</b> Partial	<b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Debridement:</b> N/A <b>Last Debridement date:</b> <b>Amount:</b> Moderate		<b>Surrounding Skin:</b> Intact	<b>Treatment Medication Ordered:</b> <b>Medication Name:</b> None <b>Medication Frequency:</b> None <b>Surrounding Skin Other:</b>
<b>Tissue Type:</b> Granulation	<b>Undermining:</b> No <b>Depth:</b> <b>Clock Position:</b>		<b>SAMPLE EVALUATION REPORT</b>		
<b>Date:</b> 05/13/2015	L 0.7 W 0.8 D UTD	<b>Color:</b> Exudate Type: Purulent	<b>Odor:</b> Yes <b>Pain:</b> Yes <b>Wound Bed Description:</b> Necrotic <b>Slough %:</b> <b>Necrotic %:</b> 100	<b>Wound Edges:</b> Unattached	<b>Skin &amp; Ulcer Treatment:</b> Pressure reducing device for chair/Pressure reducing device for bed/Turning/repositioning program/Nutrition or hydration intervention/Pressure ulcer care/Application of non-surgical dressings Treatment: Treat
<b>Thickness/Stage:</b> Partial	<b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Debridement:</b> Surgical <b>Last Debridement date:</b> <b>Amount:</b> Moderate		<b>Surrounding Skin:</b> Erythema/Redness-Non-Blanchable + Hardness/Induration	<b>Treatment Medication Ordered:</b> <b>Medication Name:</b> None <b>Medication Frequency:</b> None <b>Surrounding Skin Other:</b>
<b>Tissue Type:</b> Granulation	<b>Undermining:</b> No <b>Depth:</b> <b>Clock Position:</b>		<b>Person Completing Eval:</b> Kari Carrel [Wound Education Specialist] <b>Signature:</b>		
<b>General Comments:</b> Non com					

## Wound Area/Size Trend Report

Name: Angela Johnson  
 MD Name: John Smith  
 Location of Wound: right lower leg  
 Type of Wound: Venous  
 Date Today: 06/23/2015

Date	Length	Width	Area	Push Score
12/10/2013	6.0	5.0	30.0	12
01/05/2014	4.2	3.8	16.0	11
02/05/2014	2.3	2.1	4.8	9
02/05/2014	1.2	0.9	1.1	7
02/15/2014	0.0	0.0	0.0	0



Gentell Fastcare: Facility Report - Facility Name: Universal Nursing And Rehabilitation Dates: 01/01/2014 - 02/01/2014  
 Wound Type: Pressure

Name	Unit	Date First Observed	Admitted	Acquired	Open this month	Closed this month	Recurring	Location	Type	Length	Width	Depth	Stage/ Thickness	Wound bed Per-wound Edge Description	Treatment
Adams, Abigail	Maplewood	2014-01-17	1	0	0	0	0	rt heel	Pressure	2.0	3.0	0.0	II	Hypergranulation 5 + Epithelial / Attached	
Adams, Abigail	Maplewood	2012-11-09	0	0	0	1	1	Heel, right	Pressure	2.0	1.0	UTD	III	Granulation / Attached	Cleanse with wound cleanser. Apply skin protectant to peri ...
Adams, Abigail	Maplewood	2014-01-27	0	1	0	0	0	occiput	Pressure	1.0	1.0	0.10	Partial	Granulation / Attached	Cleanse wound with cleanser -and
Boxer, Barbara	Peach	2013-10-03	0	1	0	0	0	ankle	Pressure	4.0	4.0	.10	III	Granulation / Attached	cleans wound with wound cleanser- pat dry-apply hydroloid ...
<b>FASTCARE SAMPLE FACILITY REPORT (PARTIAL)</b>															
Jefferson, Judy	222	2014-01-01	0	1	0	0	0	Right coccyx	Pressure	2.0	3.8	0.40	III	Granulation / Attached + Unattached	cleanse with NS/ Apply collaegn to wound/ cover with borde ...
Mcgriff, Kellie	Office	2014-01-13	1	0	0	0	0	Sacrum	Pressure	3.0	2.0	UTD	III	Granulation + Slough 25%/ / Unattached	Cleanse wound with cleanser. Apply skin protectant t ...

## Gentell QAPI (Quality Assurance Performance Improvement) Report

**Facility Name :** Universal Nursing And Rehabilitation  
**Summary Report for:** 01/01/2014 - 02/01/2014

### Aggregate Information for Pressure Wounds

Total Count	6
Number Admitted with	2
Number Acquired	3
Number Recurring	1
Number Improved	0
Number Unchanged	6
Number Declined	0
Number Closed	0

### Pressure Wounds by Unit & Stage

Unit	Stage	Count
222	III	1
	II	1
	III	1
	Partial	1
Office	III	1
Peach	III	1

### Aggregate Information for Neuropathic / Diabetic Wounds

Total Count	0
Number Admitted with	0
Number Acquired	0
Number Recurring	0
Number Improved	0
Number Unchanged	0
Number Declined	0
Number Closed	0

### Neuropathic / Diabetic Wounds by Unit & Thickness

Unit	Thickness	Count
------	-----------	-------

# SAMPLE QAPI REPORT (PARTIAL)

### Aggregate Information for Arterial, Venous, & Mixed Vascular Wounds

Total Count	2
Number Admitted with	0
Number Acquired	2
Number Recurring	0
Number Improved	0
Number Unchanged	0
Number Declined	0
Number Closed	2

### Arterial, Venous, & Mixed Vascular Wounds by Unit & Thickness

Unit	Thickness	Count
Main Office	Full	1
Row-12155	N/A	1

### Aggregate Information for Surgical Wounds

Total Count	2
Number Admitted with	2
Number Acquired	0
Number Recurring	0
Number Improved	0
Number Unchanged	2
Number Declined	0
Number Closed	0

### Surgical Wounds by Unit & Thickness

Unit	Thickness	Count
222 West	Full	1
	Unstageable	1

# **GUIDELINES FOR A SKIN CARE AND WOUND HEALING PROGRAM**

The following are guidelines for the implementation of a program to prevent skin breakdown and promote wound healing through the moist wound healing technique. This information is provided as a courtesy and does not replace existing facility policy and procedures.

## **Pressure Injury**

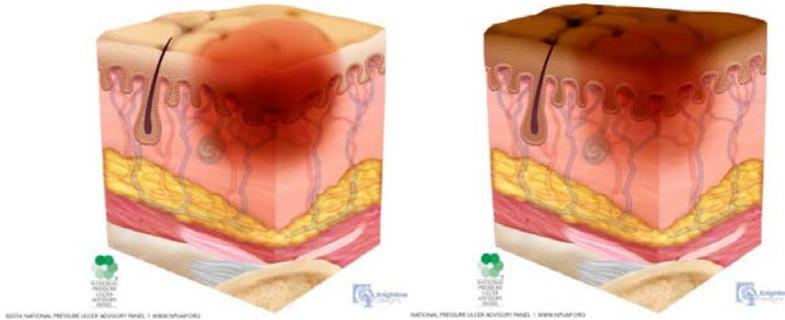
“A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.” *From NPUAP 2016*

## **PROCEDURE**

### **Basic Skin Care:**

1. Clean perineal/sacral-gluteal area after each episode of incontinence.
2. Apply moisture barrier cream and skin emollients.
3. Turn sheets to lift and position patients.
4. Use appropriate support surface for both bed and wheelchair.
5. Match turn schedule to tolerance and needs of the individual.
6. Use incontinence brief/device when indicated or medically necessary.
7. Optimize diet and hydration.
8. Size brief to fit, and do not pull to remove.

## Stage 1



“Intact skin with a localized area of nonblanchable erythema, which may appear differently in darkly pigmented skin.”

### Further description:

“Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.” *From NPUAP 2016*

1. Cleanse skin daily, apply skin emollients.  
**(Gentell Body Wash, Liquid Clean and Body Lotion)**
2. Give good incontinent/skin care daily and after each episode of incontinence.
3. Apply moisture barrier cream and skin emollients.  
**(Gentell Shield & Protect, SuperMax, Shield & Protect Antifungal)**
4. Turn sheets to lift and position patients.
5. Use of incontinent pad if brief is not in use.
6. Provide adequate nutrition. Assist with feeding/hydration when needed.
7. Collaborate with a nutritionist and physician regarding:
  - a. Supplemental feedings
  - b. Tube feedings
  - c. Parental nutrition
  - d. Vitamin and mineral supplements
  - e. Hydration needs
8. Provide pressure relief:
  - a. Reposition immobilized patients/residents in bed, every two hours or as needed.
  - b. Reposition immobilized patients/residents in the chair, every 15-20 minutes.
  - c. Avoid positioning immobile patients directly on bony prominences.
  - d. Avoid turning surface with wounds when possible.

- e. Use positions and devices to relieve pressure to heels and to prevent direct contact with other surfaces.
  - f. Use pressure relieving beds, mattresses and over-lays or cushions as necessary.
9. Measure and document area.
  10. Adjust Care Plan, Turn and Reposition schedule as needed to off load site.

## Stage 2



“Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present.”

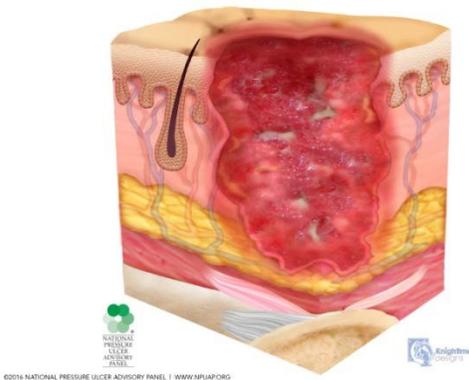
### Further description:

“These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).” *From NPUAP 2016*

1. Cleanse skin daily, apply skin emollients.  
(***Gentell Body Wash, Liquid Clean and Body Lotion***)
2. Give good incontinent/skin care daily and after each episode of incontinence.
3. Apply moisture barrier cream and skin emollients.  
(***Gentell Shield & Protect, SuperMax, Shield & Protect w/ Antifungal***)
4. Turn sheets to lift and position patients/residents
5. Use of incontinent pad if brief is not in use.
6. Provide adequate nutrition.
7. Collaborate with a nutritionist and physician regarding:
  - a. Supplemental feedings
  - b. Tube feedings

- c. Parental nutrition
  - d. Vitamin and mineral supplements
  - e. Hydration needs
8. Provide pressure relief:
- a. Reposition immobilized patients/residents in bed, every two hours or as needed.
  - b. Reposition immobilized patients/residents in the chair, every 15-20 minutes.
  - c. Avoid positioning immobile patients on directly boney prominences.
  - d. Avoid turning surface with wounds when possible.
  - e. Use positions and devices to relieve pressure to heels and to prevent direct contact with other surfaces.
  - f. Use pressure relieving beds, mattresses and over-lays/cushions as necessary.
9. Cleanse wound with Gentell Wound Cleanser.
10. Measure wound. Document both wound and periwound appearance.
11. Assess exudate and choose appropriate category of dressing.
- Refer to Gentell's Wound Management Algorithm on page 6.**
- a. Gentell Hydrogel (tube, gauze or Ag)
  - b. Gentell Collagen Dressing
  - c. Gentell Honey Dressing
  - d. Gentell Calcium Alginate (with or without silver) Dressing
  - e. Gentell Lo Profile Foam Plus Dressing
  - f. Gentell Bordered Gauze Dressing
  - g. Gentell Comfortell Dressing
  - h. Gentell Dermatell Dressing (hydrocolloid)
  - i. Gentell MVP Dressing (transparent film)
12. Adjust Care Plan, Turn and Reposition schedule as needed to off load site. Assess and document wound on a weekly basis including wound measurements. Each wound should have its own documentation.
13. Report & document significant changes to the physician.

## Stage 3



“Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible.”

### Further description:

“The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.” *From NPUAP 2016*

1. Cleanse skin daily, apply skin emollients.  
**(Gentell Body Wash, Liquid Clean and Body Lotion)**
2. Give good incontinent/skin care daily and after each episode of incontinence.
3. Apply moisture barrier cream and skin emollients.  
**(Gentell Shield & Protect, SuperMax, Shield & Protect w/ Antifungal)**
4. Turn sheets to lift and position patients.
5. Use of incontinent pad if brief is not in use.
6. Provide adequate nutrition and hydration. Collaborate with a nutritionist and physician regarding: Supplemental feedings
7. Tube feedings Parental nutrition
8. Vitamin and mineral supplements
9. Provide pressure relief:
  - a. Reposition immobilized patients every two hours or as needed.
  - b. Avoid positioning immobile patients directly on bony prominences.
  - c. Avoid turning surface with wounds when possible.
  - d. Use positions and devices to relieve pressure to heels and to prevent direct contact with other surfaces.

- e. Use pressure relieving beds, mattresses and over-lays as necessary.
8. Cleanse wound with Gentell Wound Cleanser.
9. Measure wound. Document both wound and periwound characteristics.
10. Assess necrotic tissue and select appropriate debridement per physician's orders:
  - a. Surgical
  - b. Mechanical
  - c. Chemical (enzymatic)
  - d. Autolytic
11. Obtain surgical consult if necessary for debridement.
12. Assess exudate and choose appropriate category of dressing:  
***Refer to Gentell's Wound Management Algorithm on p. 6***
  - a. Gentell Hydrogel (tube, gauze or Ag)
  - b. Gentell Collagen Dressing
  - c. Gentell Honey Dressing
  - d. Gentell Calcium Alginate (with or without silver) Dressing
  - e. Gentell Lo Profile Foam Plus Dressing
  - f. Gentell Bordered Gauze Dressing
  - g. Gentell Comfortell Dressing
  - h. Gentell Dermatell Dressing (hydrocolloid)
  - i. Gentell MVP Dressing (transparent film)
13. Assess for fever, pain, edema and infection.
14. Do not use occlusive dressings if wound is infected or critically colonized. An occlusive dressing is airtight or watertight. For example, Gentell Dermatell Hydrocolloid dressings are occlusive.
15. Assess and document wound on a weekly basis including wound measurements. Each wound should have its own documentation.
16. Report and document significant changes to the physician.

## Stage 4



“Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location” *From NPUAP 2016*

1. Cleanse skin daily, apply skin emollients.  
**(Gentell Body Wash, Liquid Clean and Body Lotion)**
2. Give good incontinent/skin care daily and after each episode of incontinence.
3. Apply moisture barrier cream and skin emollients.  
**(Gentell Shield & Protect, SuperMax, Shield & Protect w/ Antifungal)**
4. Turn sheets to lift and position patients.
5. Use of incontinent pad if brief is not in use.
6. Provide adequate nutrition and hydration. Collaborate with a nutritionist and physician regarding:
  - a. Supplemental feedings
  - b. Tube feedings
  - c. Parental nutrition
  - d. Vitamin and mineral supplements
  - e. Hydration needs
7. Provide pressure relief:
  - a. Reposition immobilized patients every two hours as needed.
  - b. Avoid positioning immobile patients directly on canters and other boney structures.
  - c. Use positions and devices to relieve pressure to heels and to prevent direct contact with other surfaces.
  - d. Use pressure relieving beds, mattresses and over-lays as necessary.
8. Adjust Care Plan as needed.
9. Measure wound and document appearance.

10. Assess necrotic tissue and select appropriate debridement per physician's orders.

- a. Surgical
- b. Mechanical
- c. Chemical (enzymatic)
- d. Autolytic

11. Obtain surgical consult if necessary for debridement.

12. Clean wound with Gentell Wound Cleanser.

13. Assess exudate and choose appropriate category of dressing:

***Refer to Gentell's Wound Management Algorithm on page 6.***

- a. Gentell Hydrogel (tube, gauze or Ag)
- b. Gentell Collagen Dressing
- c. Gentell Honey Dressing
- d. Gentell Calcium Alginate (with or without silver) Dressing
- e. Gentell Lo Profile Foam Plus Dressing
- f. Gentell Bordered Gauze Dressing
- g. Gentell Comfortell Dressing
- h. Gentell Dermatell Dressing (hydrocolloid)
- i. Gentell MVP Dressing (transparent film)

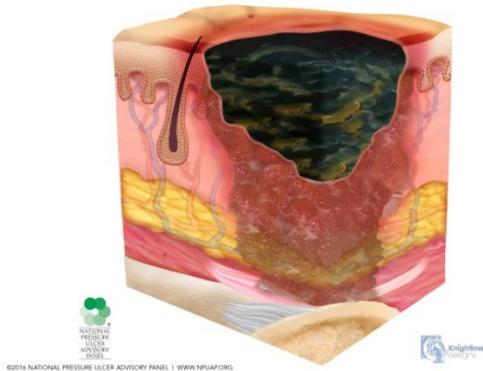
14. Assess fever, edema, pain and infection.

15. Assess and document wound on a weekly basis including wound measurements.

16. Each wound should have its own documentation.

17. Report and document significant changes to the physician.

## Unstageable



“Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.” *From NPUAP 2016*

1. Measure wound and document appearance.
2. Provide pressure relief.
3. Modify Care Plan as needed.
4. Choose debridement method (do not debride stable heel ulcers):
  - a. Autolytic with light drainage:

Gentell Hydrogel, Gentell Hydrogel Ag, Gentell Collagen or Gentell Honey Gauze, cover with Gentell Border Gauze or Gentell Comfortell.
  - b. Autolytic with moderate to heavy drainage:

Gentell Calcium Alginate, Gentell Calcium Alginate w/ silver or Gentell Collagen, cover with Gentell Lo Profile Foam Plus Dressing or Gentell Waterproof Foam Dressing.
  - c. Chemical (Enzyme) with light drainage:

Apply chemical (enzyme) cover with Gentell Hydrogel or Gentell Collagen, cover with Gentell Comfortell Gauze.
  - d. Chemical (Enzyme) with moderate to heavy drainage:

Apply Chemical (enzyme) then apply Gentell Calcium Alginate or Gentell Collagen, and cover with Gentell Lo Profile Foam Plus or Gentell Waterproof Foam Dressing.

## Deep Tissue Pressure Injury



“Intact or non-intact skin with localized area of persistent nonblanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes.”

### Further description:

“Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.” *From NPUAP 2016*

1. Clean area with Gentell Liquid Clean Skin Cleanser and dry.
2. Measure wound and document appearance.
3. Provide pressure relief. Evaluate support surfaces on bed and chair.
4. Modify Care Plan and Turning/Repositioning as needed to off load area.
5. Use Gentell Super Max Barrier Cream (with Balsam of Peru) over area.

## Moisture Associated Skin Damage



“Injury to the skin caused by constant or repeated exposure to moisture which results in the presence of erythema followed by denuding of the epidermal and dermal layers of the skin. (Partial thickness wound) Irregular bordered erosions may follow.”

1. Clean area with *Gentell Wound*

*Cleanser* and dry.

2. Measure wound and document appearance.
3. Provide pressure relief.
4. Modify Care Plan as needed.
5. Apply Gentell Super Max Barrier Cream after incontinent episodes.

## Skin Tears

1. Cleanse wound with Gentell Wound Cleanser.
2. Assess exudate.
3. Measure wound and document appearance. Each skin tear is to have its own separate documentation sheet.
4. Use of Skin Sleeves as needed
5. Pad sides of wheelchair, bed as needed
6. Apply Gentell Body Lotion to intact skin on extremities at least BID
  - i) **Category 1:** Flap can be approximated.  
Clean area with **Gentell Wound Cleanser**. Using sterile applicator, roll flap over wound base then secure with Steri Strips. No secondary dressing is needed.
  - ii) **Category 2:** Flap is mostly approximated within 0.1 - 0.2mm from edge. Clean wound gently using **Gentell Wound Cleanser**, then apply:

- a. Dry to light exudate – apply **Gentell Hydrogel** and cover with **Comfortell** or **Bordered Gauze Dressing** and change every three days/PRN.
  - b. Moderate to heavy exudate – apply **Gentell Lo Profile Foam Dressings** and change every three days/PRN or apply **Gentell Alginate Dressing** cover with one of Gentell’s foam dressings every three days/PRN.
- iii) **Category 3:** Full Loss of Flap. Clean wound gently using **Gentell Wound Cleanser**, then apply:
- a. Dry to light exudate – apply Gentell Collagen Dressing or Gentell Hydrogel. Cover with Gentell Comfortell Dressing every three days/PRN.
  - b. Moderate to heavy exudate – apply **Gentell Calcium Alginate** or **Gentell Collagen**, and cover with one of Gentell’s foam dressings every three days/PRN.

**At any signs of infection, notify physician.**

**For example, redness, increased exudate, elevated lump, fever or other signs, document findings and notify the physician. *Gentell Calcium Alginate with Silver* or *Gentell Hydrogel Ag* are options for primary dressings on infections. Cover with an appropriate secondary dressing.**

## At Risk for Pressure Injury Development Guidelines

These guidelines are for reference only. Treatment is based upon individual resident or patient need and Physician Order/Instructions. Your facility policy and protocols may differ.

<p><b>Stage 1</b></p> <p>Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.</p>	<p><b>Deep Tissue Pressure Injury</b></p> <p>Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss.</p>	<p><b>Moisture Associated Skin Damage</b></p> <p>Skin in the presence of constant moisture from fecal/urinary incontinence, wound exudate, effluent from stoma/fistula or perspiration develops persistent erythema leading to diffuse erosions and partial thickness wounds</p>	<p><b>Stable Heel Eschar</b></p> <p>Eschar is intact, firm, flat without fluctuance, pain, drainage or surrounding erythema or redness</p>
			
<p><b>Protect Off Load</b></p> <ul style="list-style-type: none"> <li>Assess/Modify Turn &amp; Reposition Schedule</li> <li>Use of Heel Lift Protectors/Float Heels</li> <li>Use of Barrier Ointments</li> <li>Assess for Ancillary Referrals for Positioning if needed</li> <li>Assess Support Surfaces</li> <li>Assess foot wear</li> <li>Assess Nutrition/Hydration</li> <li>Measures to Decrease Friction &amp; Shear</li> <li>Modify Care Plan as Needed</li> <li>Use of Dressings to decrease Friction &amp; Shear may be indicated</li> </ul>	<p><b>Protect Off Load</b></p> <p><b>Manage Incontinence</b></p> <ul style="list-style-type: none"> <li>Assess/Modify Turn &amp; Reposition Schedule</li> <li>Use of Heel Protectors/Float Heels</li> <li>Use of Barrier Ointments</li> <li>Assess for Ancillary Referrals for Positioning</li> <li>Assess Support Surfaces</li> <li>Assess Nutrition/Hydration</li> <li>Measures to Decrease Friction &amp; Shear</li> <li>Modify Care Plan as Needed</li> </ul>	<p><b>Protect Off Load</b></p> <p><b>Manage Moisture &amp; Incontinence</b></p> <ul style="list-style-type: none"> <li>Assess/Modify Turn &amp; Reposition Schedule</li> <li>Use of Barrier Ointments</li> <li>Assess Support Surfaces</li> <li>Assess Nutrition/Hydration</li> <li>Measures to Decrease Friction &amp; Shear</li> <li>Manage/contain incontinence</li> <li>Modify Care Plan as Needed</li> <li>Use of Cover Dressings may be indicated</li> </ul>	<p><b>Protect Off Load</b></p> <ul style="list-style-type: none"> <li>Use of Heel Lift Protectors</li> <li>Use of Pillows/Specialty Cushions to Float Heels</li> <li>Keep Skin Dry &amp; Supple</li> <li>Keep Foot out of shoe wear</li> <li>Use of quilted shoe for ambulation</li> </ul>
<ul style="list-style-type: none"> <li>Apply Gentell Seal &amp; Protect after incontinence</li> <li>Optional: Apply Gentell MVP Film or Comfortell (Composite) or Dermateil (Hydrocolloid) change q3d &amp; prn</li> </ul>	<ul style="list-style-type: none"> <li>Apply no sting skin sealant follow with Gentell SuperMax after incontinence.</li> <li>Optional: Apply Gentell MVP Film or Comfortell (Composite)</li> </ul>	<ul style="list-style-type: none"> <li>Apply no sting skin sealant follow with Gentell SuperMax after incontinence</li> <li>Optional: Apply Gentell MVP Film or Comfortell (Composite)</li> </ul>	<ul style="list-style-type: none"> <li>Keep Eschar clean and dry</li> <li>Apply Gentell Lotion to unaffected skin around eschar twice daily</li> <li>Use of skin sealant over eschar has not been clinically proven to be beneficial</li> </ul>

## Pressure Injury Staging & Care Plan Considerations

"A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue." *From NPUAP 2016*

	<p><b>Stage 1 Pressure Injury: Non-blanchable erythema of intact skin</b> Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.</p>
	<p><b>Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis</b> Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).</p>
	<p><b>Stage 3 Pressure Injury: Full-thickness skin loss</b> Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.</p>
	<p><b>Stage 4 Pressure Injury: Full-thickness skin and tissue loss</b> Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.</p>
	<p><b>Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss</b> Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.</p>
	<p><b>Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration</b> Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.</p>

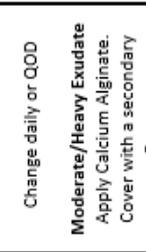
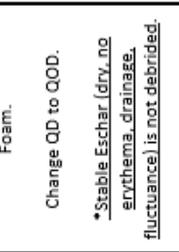
Upon discovery, decline in wound condition, no progress in 2-4 weeks consider the following:

- Notify Physician/NP & interdisciplinary team
- Notify Family or responsible party
- Complete / update wound documentation
- Complete /Update Risk Assessment
- Referral to Dietary & Therapies as appropriate
- Re-evaluate support surfaces for bed and chair
- Re-evaluate re-position intervals
- Protect heels from pressure with use of pillows, heel suspension boots
- Protect skin and peri wound skin from moisture
- Re-evaluate wound treatment as needed

## Comparison of Debridement Methods Most Commonly Used in Long Term Care

Index	Autolytic	Enzymatic	Mechanical	Conservative Sharp
<b>Definition</b>	Digestion of necrotic tissue by the body's white blood cells (leukocytes) and enzymes	Use of exogenous enzymes to digest denatured collagen fibers attaching necrotic tissue to wound bed	Use of a physical force to remove necrotic tissue and foreign matter from the wound	Removal of necrotic tissue by use of a sharp instrument
<b>Indications</b>	<ul style="list-style-type: none"> <li>Wound base with minimal to moderate amount of necrotic tissue</li> <li>Resident with poor perfusion &amp; intact stable eschar</li> <li>Infection or cellulitis unless appropriate antibiotic used</li> <li>Third-degree burns</li> <li>Resident at risk for severe infection or sepsis</li> <li>Presence of treated or untreated anaerobic wound infection</li> <li>Neutrophil count less than 5000/mm<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Resident is poor surgical candidate</li> <li>Sensitivity to Collagenase</li> <li>Presence of untreated infection or critical colonization</li> </ul>	<ul style="list-style-type: none"> <li>Heavily necrotic wounds</li> <li>Infected heavily necrotic wounds</li> <li>Presence of significant amount of granulation tissue</li> <li>Residents with poor perfusion and intact stable eschar</li> <li>Painful</li> </ul>	<ul style="list-style-type: none"> <li>Necrotic tissue in infected or non infected wounds</li> <li>Epibolyzed edges</li> <li>When bleeding cannot be controlled</li> <li>When pain cannot be controlled</li> <li>Dry Stable Heel Eschars</li> <li>Stable Ischemic Wounds</li> </ul>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>Resident with poor perfusion &amp; intact stable eschar</li> <li>Infection or cellulitis unless appropriate antibiotic used</li> <li>Third-degree burns</li> <li>Resident at risk for severe infection or sepsis</li> <li>Presence of treated or untreated anaerobic wound infection</li> <li>Neutrophil count less than 5000/mm<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Sensitivity to Collagenase</li> <li>Presence of untreated infection or critical colonization</li> </ul>	<ul style="list-style-type: none"> <li>Presence of significant amount of granulation tissue</li> <li>Residents with poor perfusion and intact stable eschar</li> <li>Painful</li> </ul>	<ul style="list-style-type: none"> <li>When bleeding cannot be controlled</li> <li>When pain cannot be controlled</li> <li>Dry Stable Heel Eschars</li> <li>Stable Ischemic Wounds</li> </ul>
<b>Selective versus Non Selective</b>	Selective	Selective	Non Selective	Non Selective
<b>Method of Action</b>	<p>Release of proteolytic, fibrinolytic and collagenolytic enzymes within a moist and vascular environment to remove devitalized tissue</p>	<ul style="list-style-type: none"> <li>Enzyme liquefies the devitalized collagen strands that anchor necrotic tissue to wound bed</li> <li><i>Enzyme is hydrophilic – seeks moisture</i></li> <li>Enzymes can be used adjunctively with autolytic, mechanical and sharp debridement</li> <li>Package insert should be followed</li> </ul>	<ul style="list-style-type: none"> <li>As wet to dry dressing dries, necrotic tissue attached to the dressing is pulled from the wound bed</li> <li>Irrigation: high pressure stream of fluid directed at wound bed detaches necrotic tissue/debris</li> </ul>	<ul style="list-style-type: none"> <li><i>Specially trained and licensed healthcare providers</i> who use blade, curette, scissors to remove devitalized tissue from wound base or remove epibolyzed (rolled) wound edge</li> </ul>
<b>Continue Until</b>	Goal of Therapy Met	Debridement complete and granulation tissue established	Granulation tissue is present	Devitalized tissue removed Rolled edge removed
<b>Special Considerations</b>	<ul style="list-style-type: none"> <li>Most selective form of debridement</li> <li>Wound measurements &amp; drainage may increase during debridement</li> </ul>	<ul style="list-style-type: none"> <li>Cover dressing same frequency of change</li> <li>Eschar should be cross hatched or softened prior to start of enzyme therapy</li> <li>Wound measurements &amp; drainage may increase during debridement</li> </ul>	<ul style="list-style-type: none"> <li>Pre-medicate for pain</li> <li>Labor intensive D/T frequency of changes needed</li> <li>Splash protection may be needed</li> </ul>	<ul style="list-style-type: none"> <li>Quickest form of debridement</li> <li>Wound measurement may increase</li> <li>Pre-medicate for pain</li> <li>Control Bleeding</li> <li>Obtain consents</li> </ul>

## Pressure Injury Management Guidelines

<p><b>Unstageable Full Thickness</b> Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar.</p> 	<p><b>Unstageable - Eschar Full Thickness</b> Debridement Needed IF "Presence of drainage, erythema, fluctuance, odor or pain"</p> 	<p><b>Partial Thickness/Stage 1</b> Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin.</p> 	<p><b>Partial Thickness/Stage 2</b> Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) and deeper tissues are not visible. Granulation tissue, slough and eschar are not present.</p> 	<p><b>Full Thickness/Stage 3</b> Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible.</p> 	<p><b>Full Thickness/Stage 4</b> Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location.</p> 	<p><b>Deep Tissue Injury</b> Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes.</p> 
<p>Off Load Debride Manage Exudate Fill cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Autolytic or enzymatic Debridement</b></p> <p><b>Light Exudate:</b> Apply Hydrogel dressing. Cover with a secondary foam.</p> <p>Change daily or QOD</p> <p><b>Moderate Exudate:</b> Apply Calcium Alginate. Cover with a secondary Foam.</p> <p>Change QD</p>	<p>Off Load Debride Manage Exudate Fill cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Dry/Light Exudate:</b> Apply Hydrogel dressing. Cover with a secondary Foam.</p> <p>Change daily or QOD</p> <p><b>Moderate/Heavy Exudate</b> Apply Calcium Alginate. Cover with a secondary Foam.</p> <p>Change QD to QOD.</p> <p>*Stable Eschar (dry, no erythema, drainage, fluctuance) is not debrided.</p>	<p>Off Load Manage Moisture Cover/Protect</p> <p>Strategies to Protect: Choose Moisture Barrier to match type and level of incontinence. Assess repositioning interval. Assess support surfaces</p>	<p>Off Load Manage Exudate Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Light Exudate:</b> Apply Hydrogel (gel, gauze) or Collagen. Cover with a secondary Foam. Change daily or QOD or Apply only a Foam dressing and change Q3D.</p> <p><b>Moderate/Heavy Exudate</b> Apply Collagen or Calcium Alginate. Cover with a secondary Foam</p>	<p>Off Load Manage Exudate Debride if needed Fill Cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Light Exudate:</b> Apply Hydrogel (gel, gauze) or Collagen. Cover with a secondary Foam. Change Daily or QOD.</p> <p><b>Moderate/Heavy Exudate</b> Apply Collagen or Calcium Alginate. Cover with a secondary Foam</p>	<p>Off Load Manage Exudate Debride if needed Fill Cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Light Exudate</b> Apply Hydrogel (gel, gauze) or Collagen. Cover with a secondary Foam</p> <p><b>Moderate/Heavy Exudate</b> Apply Collagen or Calcium Alginate. Cover with a secondary Foam Change QD or QOD</p>	<p>Off Load Protect Assess Support Surfaces Decrease Friction/Shear</p> <p>Strategies to Protect: <b>DTI on Heels:</b> Suspend heels with pillows, specialty cushions, boots. Use skin protectants to keep skin intact. <b>SDTI sacral/gluteal:</b> Use moisture barrier to match type &amp; amount of incontinence. Assess repositioning interval. Assess support surfaces.</p>

## Skin Tear Management Guidelines

**Skin Tear Definition:** A traumatic wound that often results from external friction and/or shearing forces or blunt trauma injuries, and falls.

### Payne-Martin Classification System for Skin Tears

Category I	Category II	Category III	Tissue Loss with Slough
 <p><b>Skin Tear without Tissue Loss</b></p> <p>Skin flap can be approximated so that no more than 1mm of dermis is exposed.</p>	 <p><b>Skin tear with Partial Tissue Loss</b></p> <ul style="list-style-type: none"> <li>• Scant tissue loss - Partial thickness in which 25% or less of the epidermal flap is lost and at least 75% or more of the dermis is covered by the flap.</li> <li>• Moderate to large tissue loss - Partial thickness wound in which more than 25% of the epidermal flap is lost and more than 25% of the dermis is exposed.</li> <li>• Use cotton tipped applicator to gently roll flap back into place and approximate edges.</li> <li>• Cleanse with normal saline or wound cleanser. Pat dry.</li> <li>• Partial thickness: Apply Collagen, Hydrogel, Oil Emulsion or Petrolatum gauze.</li> <li>• Full thickness: Apply Collagen or Hydrogel.</li> <li>• Cover with Foam.</li> <li>• Change 2 to 3 times a week. Change daily when using Hydrogel.</li> </ul>	 <p><b>Skin Tear with Complete Tissue Loss</b></p> <p>Epidermal flap is absent.</p> <ul style="list-style-type: none"> <li>• Cleanse with normal saline or wound cleanser. Pat dry.</li> <li>• Partial thickness: Apply Collagen, Hydrogel, Oil Emulsion or Petrolatum gauze.</li> <li>• Full thickness: Apply Collagen or Hydrogel.</li> <li>• Cover with Foam or Composite.</li> <li>• Change 2 to 3 times a week. Change daily when using Hydrogel.</li> </ul>	 <p><b>Skin Tear with Debridement Needed</b></p> <p>Full Thickness wound with presence of slough or necrotic tissue.</p> <ul style="list-style-type: none"> <li>• Cleanse with normal saline only. Pat dry.</li> <li>• Apply Collagen, Hydrogel, Honey or enzymatic debridement agent.</li> <li>• Cover with Foam.</li> <li>• Change daily.</li> </ul>
<p><b>Fragile Skin:</b> Secure with rolled gauze &amp; tape.</p>	<p><b>Fragile Skin:</b> Secure with rolled gauze &amp; tape.</p>	<p><b>Fragile Skin:</b> Secure with rolled gauze &amp; tape.</p>	<p><b>Fragile Skin:</b> Secure with rolled gauze &amp; tape.</p>

**Prevention Tips:**

- Assess/recognize fragile, thin, vulnerable, ecchymotic skin. there is a flattening
  - Caregivers, when providing direct care, should utilize extreme caution and a gentle touch when bathing and/or when transferring a resident.
  - Avoid wearing rings that could snag skin.
  - Avoid direct contact that will create a friction or shearing force (lift sheets should be utilized).
  - Should utilize full hand contact when positioning residents. Do not use fingertips.
  - Protect fragile skin by covering with stockinet or long sleeves/pants.
  - Avoid use of soaps that cause drying of the skin.
  - Keep skin moisturized. Ensure resident has adequate hydration.
- \* Mature skin is vulnerable to skin tears as aging epidermis thins and of the epidermal-dermal junction.
- \* Consider Silver Hydrogel or Silver Alginate if infection or critical colonization is suspected or present.

## Lower Extremity Wound Management Guidelines

These are guidelines for reference only. Treatment is based upon individual resident or patient need and physician Order/Instructions.

Venous Ulcers	Arterial Ulcers	Diabetic/Neuropathic	Edema/Lymphedema Present
 <p>Refer for Vascular Assessment. Manage Exudate. Reduce Edema. Monitor for infection.</p>	 <p>Refer for Vascular Assessment. Manage Pain. Monitor for infection. Maintain dry, stable eschar in non-infected wounds.</p>	 <p>Refer for Vascular Assessment. Off Load Wound. If callous present, refer for surgical debridement. Monitor for infection. Manage Exudate. Maintain dry, stable eschar. Manage Blood Glucose levels.</p>	 <p>Reduce/Control Edema. Maintain Skin Integrity. Manage Exudate.</p> <p><b>Compression Therapy Considerations</b> ABI is 0.9-0.6: reduced compression of 23mmHg ABI is 0.5 or lower, compression is contraindicated Compression is contraindicated with DVT or acute CHF. Diabetes may produce false elevations in ABI readings.</p>
<p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Minimal Exudate</b> Apply Hydrogel, or Collagen if wound base is mostly red.</p> <p><b>Moderate to Heavy Exudate</b> Apply Calcium Alginate or Collagen.</p> <p>Cover with Foam or Composite dressing.</p> <p>Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection are present.</p> <p><b>ABI &gt; 0.9</b></p> <p>Change QD or QOD</p>	<p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Minimal Exudate</b> Apply Hydrogel, Collagen or Petrolatum dressings.</p> <p>Cover with Foam or Composite dressing.</p> <p>Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection are present.</p> <p>Stable ischemic eschar/wounds should be kept dry and protected.</p> <p><b>ABI &lt; 0.5 compression therapy is contraindicated</b></p> <p>Change QD or QOD</p>	<p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Minimal Exudate</b> Apply Hydrogel or Collagen</p> <p><b>Moderate to Heavy Exudate</b> Apply Calcium Alginate or Collagen</p> <p>Cover with Foam or Composite dressing.</p> <p>Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection are present.</p> <p>Change QD or QOD</p>	<p>Cleanse with normal saline or Wound Cleanser.</p> <p><b>Minimal Exudate</b> Apply Hydrogel or Collagen</p> <p><b>Moderate to Heavy Exudate</b> Apply Calcium Alginate or Collagen</p> <p>Cover with Foam or Composite dressing.</p> <p>Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection are present.</p> <p>Change frequency is based on compression wrap used</p>

\*venous, arterial calf, edema photos are courtesy of WOCN society image library, 2012.

## A Brief History of Wound Management

For all of history, humans have been plagued by wounds. Wounds can result from trauma, pressure, and diseases such as diabetes, chronic renal failure and circulatory dysfunctions such as heart, venous or arterial insufficiencies.

Over the centuries, people have employed many wound treatments. The ancient Egyptians combined honey, grease and lint to treat wounds. Galen the Greek (120-201 A.D.) theorized that wounds might heal better in a moist environment.

The discovery of antiseptics in the nineteenth century contributed to a decrease in deaths from infection and surgery. Henry Dakin, an English chemist, developed Dakin's Solution, an antiseptic, to irrigate battlefield wounds in World War I.

In the mid-twentieth century, George Winter demonstrated a 50% increase in the rate of epithelialization (re-growth of skin over a wound) for wounds covered with a thin film and left in place. Over the last forty years, a multitude of studies have shown that moist wound healing speeds up the healing process with less scarring.

The latest wound management technologies include calcium alginates, foams and hydrocolloids for greater absorption, silver particles to reduce infections, and collagen, a protein-based connective tissue, for faster epithelialization. Gentell Advanced Wound Care Products cover the spectrum of modern wound dressings. The following pages provide Product Specification Sheets including benefits, ingredients and instructions for each of our products. We also include a cross reference chart to help determine which Gentell products are equivalent to competitive products.

## The Future of Wound Care

If you require wound products not listed in these pages, please contact your local Gentell representative or ask for them by writing **info@gentell.com** or calling **800-840-9041**. The product you seek is probably in our labs or has been replaced by a superior Gentell solution. If not, we would love to hear about your special wound-healing requirements so that we can consider expanding our line.

## How to Use Collagens, Calcium Alginates & Hydrogels

COLLAGENS	CALCIUM ALGINATES	HYDROGELS
 <p><b>Collagen Dressings:</b> Sizes: 2" x 2", 4" x 5", 7" x 7" &amp; 1g Particles</p>	 <p><b>Calcium Alginate Dressings:</b> Sizes: 2" x 2", 4" x 4", 5" x 5" &amp; 12" rope</p> <p><b>Calcium Alginate Ag (Silver) Dressings:</b> Sizes: 2" x 2", 4.5" x 4.5" &amp; 12" rope</p>	 <p><b>Hydrogel: Tube, Spray, Gauze Dressings:</b> Sizes: 4oz tube, 8oz bottle, 2" x 2", 4" x 4" &amp; 4" x 8"</p> <p><b>Hydrogel Ag (Silver): Tube, Gauze Dressings</b> Sizes: 2" x 2", 4" x 4", 4" x 8" &amp; 4oz tube</p>
<p><b>When to Use:</b> Partial &amp; full thickness with minimal to heavy exudate.</p> <p><i>Not recommended</i> for anyone with sensitivities to collagen or bovine products.</p>	<p><b>When to Use:</b> Partial &amp; full thickness draining wounds with moderate to heavy exudates, tunneling &amp; undermining wounds.</p> <p><i>Not recommended</i> for dry or minimum exudate.</p>	<p><b>When to Use:</b> Partial &amp; full thickness wounds with minimum to moderate drainage. Rehydrates a dry wound bed.</p> <p><i>Not recommended</i> for moderate or heavy exudate.</p>
<p><b>Applications:</b> Apply to wound bed. Conforms to wound surface. Moisten with wound cleanser or saline for dry to minimally draining wounds. Cover with secondary dressing.</p>	<p><b>Application:</b> Apply to surface of wound bed, including tunnels &amp; undermining, if present. Cover with a secondary dressing.</p>	<p><b>Application:</b> Apply to surface of wound bed. Gel should coat the wound bed evenly, 1/8<sup>th</sup> inch thickness; saturated gauze needs to line the wound bed. Cover with a secondary dressing. Skin protectant recommended to minimize contact with periwound tissue.</p>
<p><b>Usual Frequency of Change:</b> Daily recommended or QOD</p>	<p><b>Usual Frequency of Change:</b> Daily or QOD</p>	<p><b>Usual Frequency of Change:</b> Daily recommended</p>

## How to Use Honey Dressings & Foam Dressings

<p><b>“Manuka” Honey Gauze Dressing</b></p>		<p><b>Waterproof Foams/ Bordered Foams</b></p>		<p><b>Silicone Foams</b></p>	
<p><b>Honey Gauze Dressing:</b> Size: 4" x 4"</p>	<p><b>Waterproof Foam Dressings (non – bordered):</b> Sizes: 2" x 2", 4" x 4", 5" x 5", 4" x 5" split</p> <p><b>LoProfile Foam Plus Dressings (bordered):</b> Sizes: 4" x 4", 6" x 6", 4" split</p>	<p><b>Silicone Foam Dressing (bordered):</b> Sizes: 4" x 4" &amp; 6" x 6"</p>	<p><b>When to Use:</b> Partial and full thickness wounds with minimal to heavy exudates. Wounds requiring autolytic debridement.</p>	<p><b>When to Use:</b> Partial and full thickness wounds with moderate to heavy exudate.</p>	<p><b>When to Use:</b> Partial and full thickness wounds with moderate to heavy exudate.</p>
<p><b>Application:</b> Apply to surface of wound bed. Cover with a secondary dressing.</p>	<p><b>Application:</b> Used as the primary - apply directly to wound. Used as secondary - apply over treatment, secure with tape, rolled gauze, or stretch gauze.</p>	<p><b>Application:</b> Apply directly over the wound.</p>	<p><b>Usual Change of Frequency:</b> Daily</p>	<p><b>Usual Change of Frequency:</b> If used as a primary dressing - change daily or QOD. If used as a secondary dressing - change with primary treatment.</p>	<p><b>Usual Change of Frequency:</b> If used as a primary dressing - change daily or QOD. If used as a secondary dressing - change with primary treatment.</p>

## How to Use Composites, Hydrocolloids, Films & More

Composites / Bordered Gauze	Petrolatum / Xeroform / Oil Emulsion	Hydrocolloids / Films
 <p><b>Composites: Comfortell:</b> Sizes: 4" x 4", 6" x 6"</p> <p><b>Bordered Gauzes:</b> Sizes: 4" x 4", 6" x 6"</p>	 <p><b>Petrolatum Dressing:</b> Size: 3" x 9"</p> <p><b>Xeroform Dressing:</b> Size: 5" x 9"</p> <p><b>Oil Emulsion Dressing:</b> Size: 3" x 3"</p>	 <p><b>Hydrocolloids: Dermatell (bordered):</b> Sizes: 4" x 4", 6" x 6"</p> <p><b>Hydrocolloids: Dermatell (non-bordered):</b> Size 4" x 4"</p> <p><b>Transparent Film: MVP Dressing:</b> Size 4" x 5"</p>
<p><b>When to Use:</b> Partial and full thickness wounds with minimal to heavy exudates. May be used as a primary or secondary dressing.</p>	<p><b>When to Use:</b> Stage 2 &amp; Partial thickness wounds with light to moderate exudates.</p>	<p><b>When to Use:</b> Stage 2 &amp; Partial thickness wounds with light to moderate exudates.</p>
<p><b>Application:</b> Apply the pad over the wound. Ensure that the pad size is large enough to cover the wound so the tape does not come in contact with the wound bed. Smooth the backing of dressing.</p>	<p><b>Application:</b> Apply directly over the wound. Cover with a secondary dressing.</p>	<p><b>Application:</b> Apply the pad over the wound, making sure tape does not touch wound bed. Smooth the backing of dressing.</p>
<p><b>Usual Change of Frequency:</b> Daily or QOD</p>	<p><b>Usual Change of Frequency:</b> Daily or QOD</p>	<p><b>Usual Change of Frequency:</b> Change every 3 days</p>



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# Wound Cleanser

<b>8 oz</b> Adjustable Spray Bottle 6/case <b>GEN-10080</b>	<b>16 oz</b> Adjustable Spray Bottle 6/case <b>GEN-10160</b>
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- Removes debris and bacteria with 8-10 psi stream
- No rinse required
- 2 year shelf life from date of manufacture (replaces normal saline which must be disposed of 24 hours from first use)



### Active Ingredients

- Sodium Laureth Sulfate
- Laurel Glucoside
- Cocamidopropyl – 1%

### Other Ingredients

- Purified Water
- Sorbitol
- Polysorbate-80
- Lactic Acid
- Triethanolamine
- Germall -115
- Disodium EDTA
- Methylparaben (preservative)

### Directions

1. Remove all dressing material.
2. If wound is clean and granulating, mist entire wound surface.
3. If wound is necrotic or contaminated, adjust trigger spray to irrigating stream. Spray the entire wound surface.
4. Pat dry area surrounding wound.
5. Reapply dressing as ordered.

**Gentell Wound Cleanser** is a PH-balanced, no rinse, non-irritating cleanser that promotes healing by aiding in the removal of debris, contaminants and exudates. Wound Cleanser can be used to remove debris, contaminants and exudates regardless of the wound stage.



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# Hydrogel

<b>4 oz</b> Tube 12/case <b>GEN-11140</b>	<b>8 oz</b> Adjustable Spray Bottle 6/case <b>GEN-11080</b>
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- Hydrates the wound for at least a full 24 hours
- Gentell Hydrogel's crystal clear formula makes the wound easier to see and diagnose
- Adjustable spray helps reach tunneling areas
- Also available with silver and in Hydrogel-infused gauze pads



## Ingredients

- Purified Water
- Aloe Vera Extract
- Sorbitol
- Carbomer
- Triethanolamine
- Propylene Glycol
- Imidazolidinyl Urea
- Methylparaben
- Allantoin

**Gentell Hydrogel** is an Aloe Vera-based hydrating wound gel that protects the wound bed. Because it uses less water than other hydrogels, Gentell Hydrogel is more viscous and less “runny.” Aloe is also a source of ace mannin, in addition to other mono and poly saccharides, amino acids, glycoproteins, vitamins and enzymes.

## Directions

1. Use Gentell Hydrogel on stage 1-4 wounds with little or no drainage, diabetic skin ulcers, venous stasis ulcers, first and second degree burns, post-surgical incisions, cuts and abrasions.
2. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. Apply a 1/8 inch layer of Gentell Hydrogel dressing to the entire surface of the wound using an appropriate clean applicator or gauze to sufficiently cover the wound bed.
4. Cover wound with a secondary dressing like Gentell Bordered Gauze or Gentell Comfortell®.



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# Hydrogel Saturated Gauze

<b>2"x 2" (5x5cm)</b> 20/box 6 boxes/case 120/case <b>GEN-11200</b>	<b>4"x 4" (10x10cm)</b> 10/box 4 boxes/case 40/case <b>GEN-11400</b>	<b>4"x 8" (10x20cm)</b>  30/case <b>GEN-11800</b>
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- Easiest way to apply Hydrogel
- Single use saturated gauze is great for infection control
- Gentell Hydrogel's crystal clear formula makes the wound easier to see and diagnose
- 12 ply pad



## Ingredients

- Purified Water
- Aloe Vera Extract
- Sorbitol
- Carbomer
- Triethanolamine
- Propylene Glycol
- Imidazolidinyl Urea
- Methylparaben
- Allantoin

**Gentell Hydrogel Saturated Gauze** is 12-ply gauze fully saturated in crystal clear, viscous Aloe Vera-based hydrating wound gel.

Hydrogel gauze protects the wound bed and enhances the environment essential to the healing process. Aloe is also a source of acemannan, in addition to other mono and polysaccharides, amino acids, glycoproteins, vitamins and enzymes.

## Directions

1. Use Gentell Hydrogel on stage 1, 2, 3 and 4 wounds with little or no drainage, diabetic skin ulcers, venous stasis ulcers, first and second degree burns, post-surgical incisions, cuts and abrasions.
2. Flush the wound with Gentell Wound Cleanser, and gently dry the skin surrounding the wound site.
3. To apply, peel open pouch and remove the hydrogel gauze pad.
4. Following your standard protocol, cover or pack wound loosely with the Gentell Saturated Gauze.
5. Cover wound with a secondary dressing such as Gentell Bordered Gauze or Gentell Comfortell®.

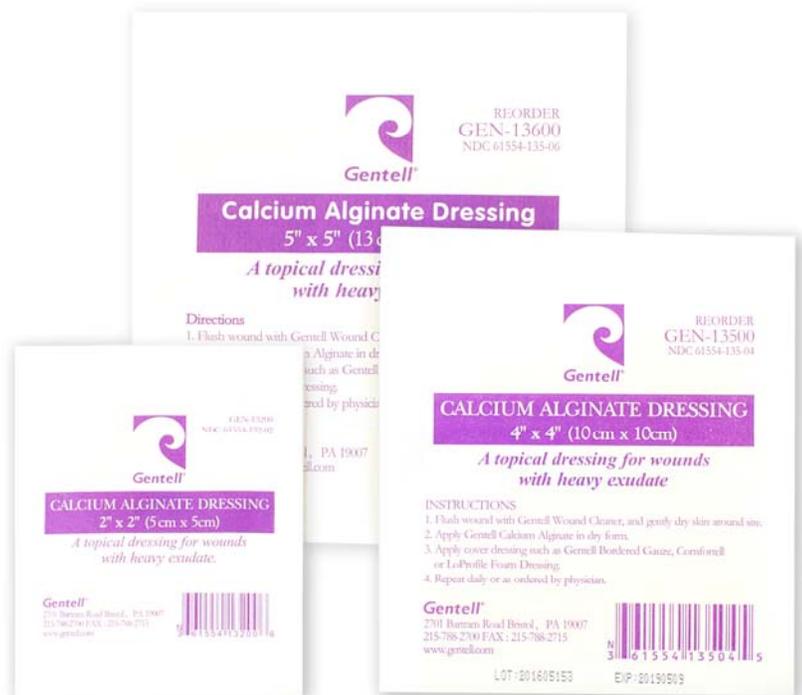


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# Calcium Alginate Dressing

<b>2"x 2" (5cmx5cm)</b> 10/box 5 boxes/case 50/case <b>GEN-13200</b>	<b>4"x 4" (10cmx10cm)</b> 10/box 5 boxes/case 50/case <b>GEN-13500</b>	<b>5"x 5" (13cmx13cm)</b> 10/box 5 boxes/case 50/case <b>GEN-13600</b>
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- Uniformly absorbs, collects and contains 20 times its weight in exudate
- Can be molded and folded to fit the size of the wound
- Easy to remove – does not adhere to the healing tissue of the wound



**Gentell’s Calcium Alginate Dressings** are a sterile, comfortable, advanced fiber-structured alginate with a highly absorbent capacity. Alginate dressings absorb, collect and contain exudate while providing a moist healing environment. A reaction between the calcium in the dressing and the sodium in the wound exudate creates a gel-like substance that promotes moist wound healing.

## Directions

1. Apply Gentell’s Calcium Alginate 2"x 2", 4"x 4" and 5"x5" pads in dry form on shallow wounds including leg ulcers, pressure ulcers, diabetic foot ulcers and surgical wounds. May also be used for minor conditions such as lacerations, abrasions, skin tears and minor burns.
2. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. Choose appropriate sized dressing 2" x 2", 4"x 4" or 5" x 5".
4. Apply appropriate size cover dressing using a Gentell Bordered Gauze, Comfortell or Gentell LoProfile Foam.
5. Change dressing daily or as ordered by a physician.

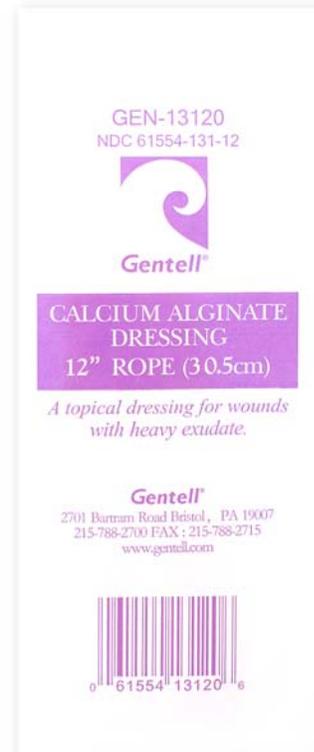


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# Calcium Alginate Rope Dressing

**12" Rope (30.5 cm)**  
6/box  
10 boxes/case  
60/case  
**GEN-13120**

- Rope is easily cut, packed, molded and folded to fit size of wound
- Uniformly absorbs, collects and contains up to 20 times its weight in wound exudate
- Fluid wicks vertically into dressing minimizing the chance for maceration



**Gentell's Calcium Alginate Rope Dressing** is a sterile, comfortable, advanced fiber-structured alginate with a highly absorbent capacity. Alginate dressings absorb, collect and contain exudate while providing a moist healing environment. A reaction between the calcium in the dressing and the sodium in the wound exudate creates a gel-like substance that promotes moist wound healing.

## Directions

1. Gentell's Calcium Alginate Rope should be applied in dry form, and should be used on deep cavity wounds such as leg ulcers, pressure ulcers, diabetic foot ulcers and surgical wounds with heavy drainage.
2. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. Place the Gentell Calcium Alginate Rope in the wound bed. Remember do not cut or pull apart Alginate so the dressing does not become fibrous and frayed. It is much more difficult to remove many small pieces opposed to one large piece.
4. Apply appropriate size cover dressing using a Gentell Bordered Gauze, Comfortell, or Gentell LoProfile Foam.
5. Repeat daily or as ordered.



# Calcium Alginate Ag (Silver) Dressing

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<b>2" x 2" (5x5cm)</b> 10/box 5 boxes/case 50/case <b>GEN-13220</b>	<b>4.5" x 4.5" (11x11cm)</b> 10/box 5 boxes/case 50/case <b>GEN-13520</b>
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- Uniformly absorbs and contains up to 20 times its weight in wound exudates with a sustained release of antimicrobial silver
- Reduces odor primarily caused by bacteria
- Controlled silver release provides antimicrobial protection to the wound



**Gentell Calcium Alginate Ag Dressings** are a sterile, antimicrobial, comfortable, fiber-structured alginate with high absorbency. These advanced alginate dressings fight bacteria and a broad spectrum of microorganisms while absorbing and containing exudate in a moist healing environment. A steady release of silver and a reaction between the calcium in the dressing and the sodium in the wound exudate creates a gel that fights infection and is easy to remove from the wound.

## Directions

- Gentell's Calcium Alginate with Silver pads should be applied in dry form on shallow wounds including leg ulcers, pressure ulcers, diabetic foot ulcers and surgical wounds. May also be used for minor conditions such as lacerations, abrasions, skin tears and minor burns.
- Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
- Choose appropriately sized 2" x 2" or 4.5" x 4.5" dressing.
- Apply appropriately sized cover dressing such as Gentell Bordered Gauze, Comfortell®, or LoProfile Foam).
- Repeat daily or as ordered.

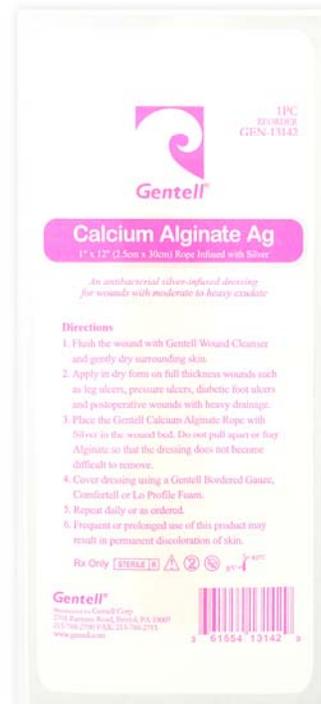


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# Calcium Alginate Ag (Silver) Rope Dressing

12" Rope (30.5 cm)  
6/box  
10 boxes/case  
60 dressings/case  
GEN-13142

- Controlled silver release provides antimicrobial protection to the wound
- Rope is easily cut, packed, molded and folded to fit size of wound
- Uniformly absorbs, collects and contains up to 20 times its weight in wound exudate



**Gentell's Calcium Alginate Rope Dressing with Silver** is a sterile, antimicrobial, comfortable, fiber-structured alginate with high absorbency. This advanced alginate dressing with silver fights bacteria and a broad spectrum of microorganisms while absorbing and containing exudate in a moist healing environment. A reaction between the calcium in the dressing and the sodium in the wound exudate creates a gel-like substance that promotes moist wound healing.

## Directions

1. Gentell's Calcium Alginate Rope should be applied in dry form, and should be used on deep cavity wounds such as leg ulcers, pressure ulcers, diabetic foot ulcers and surgical wounds with heavy drainage.
2. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. Place the Gentell Calcium Alginate Rope in the wound bed. Remember do not cut or pull apart Alginate so the dressing does not become fibrous and frayed. It is much more difficult to remove many small pieces opposed to one large piece.
4. Apply appropriate size cover dressing using Gentell Bordered Gauze, Comfortell, or Gentell LoProfile Foam.
5. Repeat daily or as ordered.



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# Collagen

<b>Particles</b> 1g  30/case <b>GEN-18000</b>	<b>2"x2"</b> 5x5cm Pad 30/case <b>GEN-18200</b>	<b>4"x5.25"</b> 10x13cm Pad 30/case <b>GEN-18450</b>	<b>7"x7"</b> 17.75 X 17.75cm Pad 50/case <b>GEN-18700</b>
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- Reduces high levels of matrix metallo-proteases (MMP's) that break down connective tissue
- Helpful with chronic, non-healing wounds
- Available in particles and convenient sizes



**Gentell Collagen** is a primary dressing for chronic non-healing wounds, wounds with minimal to heavy exudate, partial- or full-thickness, granulating or necrotic, or second-degree burns. **Do not use if allergic to bovine-derived materials.**

## Directions

1. Flush wound with Gentell Wound Cleanser, and gently dry skin around site.
2. Apply Gentell Collagen Wound Dressing directly to the wound bed. If the wound is dry (without drainage), Gentell Collagen may be moistened with Gentell Wound Cleanser before applying to the wound.
3. Apply cover dressing such as Gentell Bordered Gauze, Gentell Comfortell® or Gentell LoProfile® Foam Dressing.
4. Repeat daily or as ordered by physician.



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## Honey Gauze “Manuka” Dressing

4”x 4” (10 x 10 cm)  
10/box  
50/case  
**GEN-16700**

- Gauze dressing impregnated with 100% Leptospermum (Manuka) Medical Grade Honey
- Easiest way to apply Medical Grade Honey
- Helps promote moist healing in challenging wounds and burns
- Assists in autolytic debridement



**Gentell Honey Gauze Dressing** is a primary wound dressing for partial- and full-thickness wounds, leg ulcers, pressure ulcers, first and second degree burns, diabetic foot ulcers, minor abrasions, and lacerations.

### Directions

1. Flush the wound with Gentell Wound Cleanser, and gently dry the skin surrounding the wound site.
2. Peel open pouch and remove the Honey Gauze Dressing.
3. Remove the plastic from both sides of the Honey Gauze Dressing, and apply the dressing to the wound bed.
4. Apply cover dressing such as Gentell Foam Dressing, Gentell Bordered Gauze or Gentell Comfortell.
5. Repeat daily or as ordered by a physician.



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# Silicone Foam Bordered Dressing

<b>4" x 4" (10x10cm)</b> <b>Pad: 2.5" x 2.5" (6x6cm)</b> 10/box 50/case <b>GEN-14744</b>	<b>6" x 6" (15x15 cm)</b> <b>Pad: 4.5" x 4.5" (11x11cm)</b> 10/box 50/case <b>GEN-14766</b>
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- Silicone layer wicks fluid away from the wound and surrounding skin
- Suitable for patients with fragile skin or those experiencing pain at dressing change
- Border is easy to apply
- Silicone foam is great for drainage control



**Gentell Silicone Foam Bordered Dressing** is a primary or secondary wound dressing for chronic and acute, partial and full thickness wounds including superficial wounds and second degree burns.

## Directions

1. Use Gentell Silicone Foam Bordered Dressing as a cover dressing for any primary or secondary treatment.
2. Flush the wound with Gentell Wound Cleanser, and gently dry the skin surrounding the wound site.
3. Remove and discard "Silicone"-labeled backing.
4. Apply Gentell Silicone Foam Dressing by centering pad over wound.
5. Change dressing daily or as ordered by a physician.



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# LoProfile Bordered Foam Dressings

<b>4" x 4"</b> (2"x2" pad with 1" adhesive border) 10/box 5 boxes/case 50 dressings/case <b>GEN-14400</b>	<b>6" x 6"</b> (4"x4" pad with 1" adhesive border) 10/box 5 boxes/case 50 dressings/case <b>GEN-14600</b>
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- Absorbs twenty times its weight in exudates and drainage with no strike through
- Water-resistant barrier provides incontinent protection
- Excellent pressure relief and protection for skin that has recently healed



**Gentell LoProfile Bordered Foam** dressings are waterproof and highly absorbent foam with an island design. Their dense, sturdy structure protects the wound from external threats, and the porous texture is highly absorbent. A non-abrasive border holds the foam in place and creates a water-resistant barrier to protect the wound.

## Directions

1. Gentell Lo Profile Foam Plus may be used as a primary or secondary dressing. It may also be used as protection for wounds that have recently healed.
2. Clean the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. Select the optimum size Gentell Lo Profile Bordered Foam dressing providing a minimum of one-inch margin around the edges of the wound.
4. Remove paper backing from the dressing and apply directly over the surface of the wound.
5. Change dressing every other day or as ordered by a physician.



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# Waterproof Non-Bordered Foam Dressings

<b>2" x 2"</b> (5 x 5 cm) 10/box 5 boxes/case 50/case <b>GEN-14522</b>	<b>4" x 4"</b> (10 x 10 cm) 10/box 5 boxes/case 50/case <b>GEN-14544</b>	<b>5" x 5"</b> (12.5 x 12.5 cm) 10/box 5 boxes/case 50/case <b>GEN-14555</b>
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- Super-absorptive foam keeps wounds dry to prevent maceration
- Reduces pressure on the wound
- Pliability enables easy shaping around the wound



**Gentell Waterproof Non-Bordered Foam Dressing** is a primary wound dressing for chronic and acute, moderate-to-heavy exudating, partial-to-full thickness wounds including superficial wounds and second degree burns. Waterproof Non-Bordered Foam can also be used as a secondary wound dressing.

## Directions

1. Use Gentell Waterproof Non-Bordered Foam as a cover dressing for any primary or secondary treatment.
2. Clean the wound with Gentell Wound Cleanser, and gently dry the skin surrounding the wound site.
3. Apply Gentell Waterproof Non-Bordered Foam Dressing. Choose appropriate size based on the measurements of the wound and the size of the pad
4. Remove the dressing from the package, and apply directly over the surface of the wound.
5. Change dressing daily or as ordered by a physician.



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## Circular Split Drain Foam Dressing

**Adhesive Circular Split Drain Foam Dressing  
(water-resistant backing & adhesive border)**  
4" Diameter (2" Pad)  
10/box  
5 boxes/case  
50/case  
**GEN-14410**

- Easy to apply on heels, joints, and other wound sites with irregular or protruding surfaces, plus ostomy sites, catheters and wound sites with moderate to heavy drainage
- Super absorptive foam keeps wounds dry to prevent maceration and reduce strikethrough
- Gentle, spun-lace, hypo-allergenic water-resistant tape allows skin to breathe and reduces skin tears



**Gentell's Circular Split Drain Foam Dressing** is a pre-cut circular, bordered, absorptive dressing with a U-shaped fenestration ideal for heels, joints, and other wound sites with irregular or protruding surfaces, plus ostomy sites, catheters, and feeding tubes. This super-absorptive Lo-Profile foam dressing reduces strike-through and prevents skin maceration by keeping the wound site dry. The hypo-allergenic water-resistant tape allows the skin to breathe and makes application easy, which reduces nursing time.

### Directions

1. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Select the optimum size Gentell LoProfile Foam Plus dressing providing a minimum of one-inch (2.5cm) margin around the edges of the wound.
3. Remove paper backing from the dressing, and apply directly over the surface of the wound.



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# Lo Profile 4" x 5" Non-Bordered Split Drain Foam Dressing

4"x5" (10x13cm)  
Non-Adhesive Non-Bordered  
Split Drain Dressing  
50/case  
GEN-14540

- Easy to apply for tracheostomy and other tubed wound sites with moderate to heavy drainage
- Highly absorptive foam keeps wounds dry to prevent maceration and reduce strikethrough
- Minimized adherence to the wound site reduces discomfort for patients



**Gentell's Lo-Profile Non-Bordered Split Drain Foam Dressing** is a pre-cut, non-bordered, rectangular dressing with a U-shaped fenestration ideal for tracheostomy sites, catheters, feeding tubes or larger wound sites requiring moderate to heavy absorption. This highly absorptive LoProfile foam dressing reduces strikethrough and prevents skin maceration by keeping the wound site dry.

## Directions

1. Gentell's LoProfile Non-Bordered Split Drain Foam Dressing may be cut to size and applied to pressure ulcers, chronic and acute wounds and/or partial and full thickness wounds stages 2-4.
2. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. Place dressing over the wound and secure it in place.
4. Change dressing when wound fluid is present at the edges.



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# Dermatell™ Hydrocolloid Wound Dressings

<b>4" x 4"</b> (Non-Bordered) 10/box 5 boxes/case 50 dressings/case <b>GEN-10100</b>	<b>4" x 4"</b> (2.5" x 2.5" pad) 10/box 5 boxes/case 50 dressings/case <b>GEN-10200</b>	<b>6" x 6"</b> (4.5" x 4.5" pad) 10/box 5 boxes/case 50 dressings/case <b>GEN-10400</b>
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- Flexible hydrocolloid wafer absorbs water, forms a gel and promotes moist healing process
- Water resistant border enables normal washing and bathing
- Beveled edge design minimizes lifted edges



**Gentell Dermatell Hydrocolloid Dressings** consist of a soft, pliable hydrocolloid wafer that enhances patient comfort and protection. Dermatell is most effective when kept in place for a minimum of three days. Dermatell is available with our water resistant adhesive border that is flexible and conforms easily to the body, and in a non-bordered hydrocolloid that naturally adheres to wounds with exudate.

## Directions

1. Gentell Dermatell should remain on the patient for at least three days. Do not use on infected wounds.
2. Clean the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. As a primary dressing, apply directly to the wound surface.
4. As a secondary dressing, apply directly over primary treatment.
5. Repeat every three days or as ordered.



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## XeroForm Dressing Medicated Petrolatum

5" x 9" (13x23cm)  
50/case  
GEN-19200

- Fine mesh gauze impregnated with 3% Bismuth Tribromophenate in a petrolatum blend
- Ideal for lightly draining wounds, minor burns, lacerations & abrasions
- Latex free & non-adherent



**Gentell Xeroform Dressing** is an absorbent, fine mesh gauze impregnated with 3% Bismuth Tribromophenate in a petrolatum blend. Latex free and non-adherent.

### Directions

1. Flush the wound with Gentell Wound Cleanser, and gently dry the skin surrounding the wound site.
2. Apply Gentell Xeroform Dressing.
3. Apply cover dressing such as Gentell Foam Dressing, Gentell Bordered Gauze or Gentell Comfortell.
4. Change dressing daily or as ordered by a physician.

### Warnings

- Single use only
- Do not use on patients with hypersensitivity to Bismuth Tribromophenate.
- If infection is present, discontinue use of Xeroform Petrolatum Dressing.

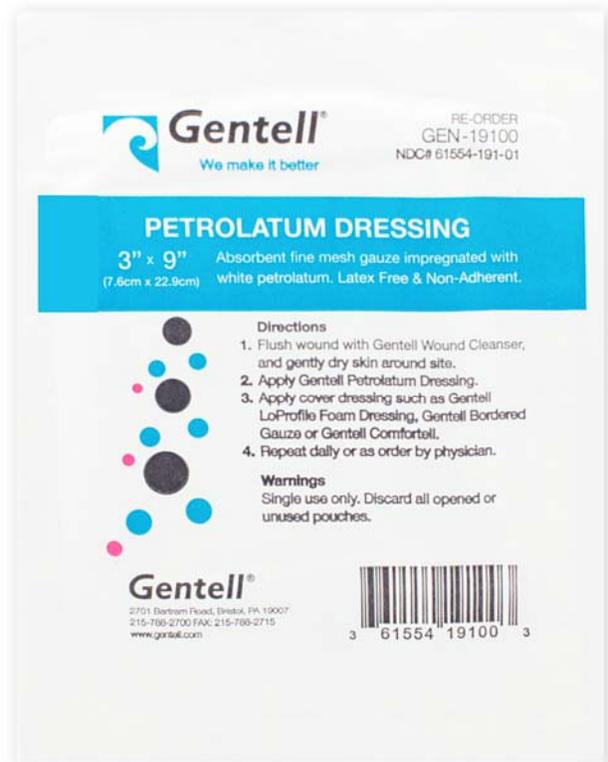


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## Petrolatum Dressing

**Impregnated Gauze**  
**3" x 9" (8 x 23 cm)**  
50/case  
**GEN-19100**

- Petrolatum is ideal for lightly draining wounds, minor burns, lacerations & abrasions
- Available in petrolatum-impregnated fine mesh gauze
- Latex free & non-adherent



**Gentell Petrolatum Dressing** is an absorbent fine mesh gauze impregnated with whole petrolatum. Latex free and non-adherent.

### Directions

1. Flush the wound with Gentell Wound Cleanser, and gently dry the skin surrounding the wound site.
2. Apply Gentell Petrolatum Dressing.
3. Apply cover dressing such as Gentell Foam Dressing, Gentell Bordered Gauze or Gentell Comfortell.
4. Change dressing daily or as ordered by a physician.

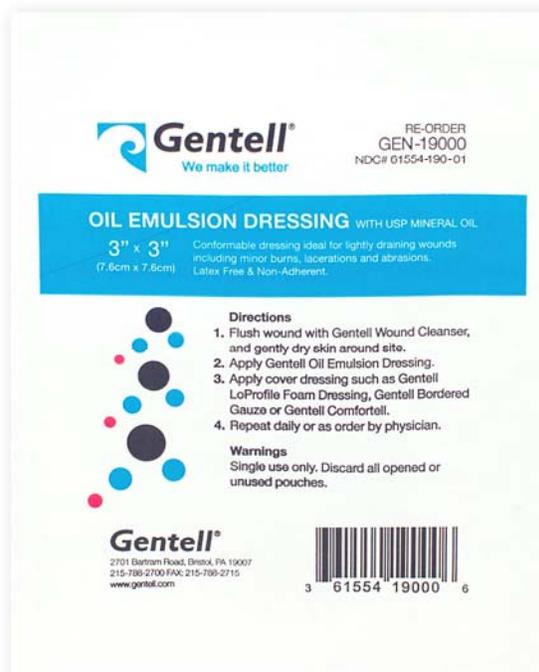


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## Oil Emulsion Dressing

3" x 3" (8x8cm)  
50/case  
GEN-19000

- Gauze dressing impregnated with USP\* mineral oil
- Ideal for lightly draining wounds, minor burns, lacerations & abrasions
- Latex free & non-adherent



**Gentell Oil Emulsion Dressing with USP\* mineral oil** is a conformable dressing ideal for lightly draining wounds including minor burns, lacerations and abrasions. Latex free and non-adherent.

### Directions

1. Flush the wound with Gentell Wound Cleanser, and gently dry the skin surrounding the wound site.
2. Apply Gentell Oil Emulsion Dressing.
3. Apply cover dressing such as Gentell Foam Dressing, Gentell Bordered Gauze or Gentell Comfortell.
4. Change dressing daily or as ordered by a physician.

\* USP is the United States Pharmacopeia, the standard setter for certain medicines.

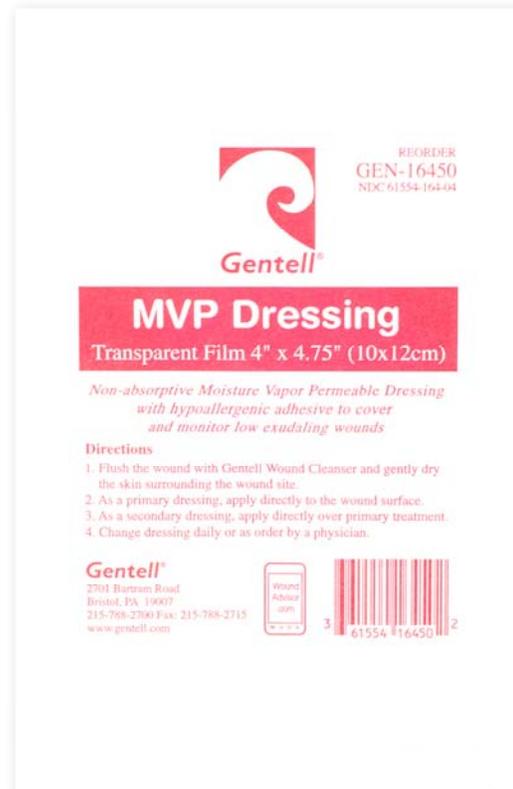


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# MVP Transparent Film Dressing

4" x 4.75" (10x12 cm)  
50 Dressings/Case  
GEN-16450

- Transparent dressing enables easy monitoring of wounds without removing the dressing
- Non-abrasive border enables easy application by preventing the film from rolling onto itself
- Flexible membrane conforms easily to body



**Gentell MVP Transparent Film Dressing** is a moisture vapor permeable transparent membrane coated with a layer of acrylic, hypoallergenic adhesive that can be used to cover low exuding wounds. Gentell MVP is a non-absorptive sterile dressing that is permeable to moisture vapor and oxygen, but impermeable to bacteria.

## Directions

1. Gentell MVP Transparent Film Dressing can be used as a primary treatment by applying as a breathable bacterial barrier to block outside contaminants.
2. MVP can be used as a secondary dressing to Stage I or II pressure ulcers, abrasions, skin tears, blisters, skin graft donor sites, superficial partial thickness burns, autolytic debridement, skin protection against moisture as well as friction and Clean, closed surgical incisions. MVP transparent dressings may also be used to cover and secure I.V. devices.
3. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
4. As a primary dressing, apply directly to the wound surface.
5. As a secondary dressing, apply directly over primary treatment.
6. Repeat daily or as ordered.



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# Comfortell® Dressing

<b>4" x 4"</b> (2.5"x2.5" pad) 100/case <b>GEN-12400</b>	<b>6" x 6"</b> (4.5"x4.5" pad) 50/case <b>GEN-12600</b>
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- Water resistant border enables normal bathing
- Four distinct layers absorb mild to moderate exudate
- Primary or secondary dressing



**Gentell Comfortell** is a composite wound dressing with four distinct layers and a water resistant border. Comfortell combines an absorbent layer with a selectively permeable barrier that enables the wound to breathe while keeping out contaminants. Comfortell can be a primary dressing over a postoperative site, sutures or skin tears, and can also be applied as a secondary dressing with impregnated gauzes, wound fillers and enzymatic ointments.

## Directions

1. Apply Gentell's Comfortell as a cover dressing for any primary or secondary treatment.
2. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. As a primary dressing, apply directly to the wound surface.
4. As a secondary dressing, apply directly over primary treatment.
5. Repeat daily as ordered.



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## Bordered Gauze

<b>4" x 4"</b> (2.5"x2.5" pad with 3/4" adhesive border) 100/box <b>GEN-15410</b>	<b>6" x 6"</b> (4.5"x4.5" pad with 3/4" adhesive border) 100/box <b>GEN-15610</b>
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- Serves as either primary or secondary dressing
- Meets Medicare guidelines for secondary cover dressing
- Gentle, spun-lace, hypoallergenic tape allows skin to breathe and reduces skin tears



**Gentell Bordered Gauze** is a multi-purpose, all-inclusive wound dressing that saves nursing time and is gentle to delicate skin. A non-adherent pad is paired with a conforming beveled spun lace tape to create a secure, comfortable dressing that stays in place.

### Directions

1. Use Gentell Bordered Gauze as cover dressing for any primary or secondary treatment.
2. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
3. Apply Gentell Bordered Gauze Dressing. Choose appropriate size based on the measurements of the wound and the size of the pad.
4. Remove paper backing from the dressing and apply directly over the surface of the wound.



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# FixTape

**2" x 11 yards**  
(5cm x 10 meters)  
64/case  
**GEN-10600**

- Fixes dressings on wounds, tubes and catheters
- 2" x 11 yards
- Non-woven fabric tape with easy-to-remove self-adhesive paper backing
- Latex free



**Gentell FixTape** is a self-adhesive, non-woven fabric tape for the fixation of dressings, tubes and catheters with easy-to-remove protection paper. FixTape is latex free.

## Directions

Open top flap. Feed tape through front edge of box. Close top flap, leaving 1 inch of tape exposed. Pull appropriate amount of tape from box. Cut tape, leaving one inch of tape exposed. Remove paper backing, and apply self-adhesive tape as required.

## Warnings

- For external use only
- Non-sterile
- Store in a dry location at room temperature.



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# Perineal Spray

8 oz (236 ml) Spray Bottle 24/case GEN-32180
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- Formulated with Aloe Vera
- pH balanced
- No rinse formula
- Neutralizes odors



## Ingredients

- Water
- Sodium Laureth Sulfate
- Laurel Glucoside
- Cocamidopropyl Betaine
- Propylene Glycol
- DMDM Hydantoin
- Menthol Crystals
- Aloe Vera
- FD&C Blue #1

Gentell Perineal Spray gently cleanses skin of bodily waste and eliminates odors while thoroughly cleansing the entire perineal or stomal site areas. It may be sprayed directly on site to immediately cool heat build-up on the skin. Our special non-irritating pH balanced formula is optimal for stoma and incontinent care.

## Directions

**Perineal Area:** Spray onto the area to be cleaned. Gently remove any residue and wipe clean with moist cloth. Repeat as needed.

**Stoma Site:** After removing bag spray onto spoiled area of peristomal skin; wipe site carefully and dry entire area thoroughly.

## Other Information

This product contains no aluminum or fluorocarbons.



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# Liquid Clean Skin Cleanser

8 oz  
Spray Bottle  
24/case  
GEN-32080

- Removes unwanted germs, contaminates and debris without aggressive scrubbing
- Cleans, moisturizes and conditions
- Controls odor



### Active Ingredient

- Benzethonium Chloride .15%

### Inactive Ingredients

- Purified Water
- Polysorbate – 20
- Aloe
- Glycerine
- Polyquaternium – 10
- Propylene Glycol
- Disodium EDTA
- Fragrance
- FD&C Yellow #6
- FD&C Red #40

### Directions

1. Gentell Liquid Clean is for external use only as an antimicrobial skin cleanser. Not for use on deep or penetrating wounds.
2. Remove diaper, barrier or brief.
3. Spray cleanser liberally on intended area leave for 30 seconds.
4. Gently wipe away all debris, no need to rise, pat dry.
5. Apply Gentell Shield & Protect, Shield & Protect AF or SuperMax barrier cream to affected area.
6. Repeat after each soiling or according to the policy and procedures of your facility.

**Gentell Liquid Clean** is an antimicrobial skin cleanser in a convenient non-aerosol dispenser. A rinse-free skin cleanser, Liquid Clean moisturizes and conditions while removing surface debris and contaminants. Its proven antimicrobial ingredient provides a persistent bactericidal defense against microorganisms that break down skin and cause odor. Liquid Clean's pleasant papaya fragrance is ideal for incontinence care.



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# SuperMax Barrier Cream

4 oz Tube 12/case GEN-23340
--------------------------------------

- Maximum strength incontinence protection
- Will not clog pores of incontinence briefs
- Cleans off as easily as it goes on



### Active Ingredient

- Zinc Oxide – 16% (skin protectant)

### Inactive Ingredients

- Petrolatum
- Mineral Oil
- Castor Oil
- DMDM Hydantoin
- Aloe Vera
- Vitamin A Palmitate
- Vitamin D<sub>3</sub>
- Peruvian Balsam

**Gentell SuperMax Maximum Strength Barrier Cream** protects healthy and intact skin from breaking down during compromised skin conditions. SuperMax locks out moisture with 16% Zinc Oxide and Balsam of Peru by forming a water-resistant barrier to soothe and protect irritated skin. Contains a gentle natural vanilla scent.

### Directions

1. Clean the affected area, and dry thoroughly.
2. Apply SuperMax liberally and as often as necessary, especially when prolonged exposure to moisture is anticipated.



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# Shield & Protect Barrier Creams

<b>4 oz Regular</b> Tube 12/case <b>GEN-23140</b>	<b>4 oz Anti-Fungal</b> Tube 12/case <b>GEN-23240</b>
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- Protects skin from irritation
- Water insoluble so protection won't wash away
- Aloe Vera and vitamins A&D leave skin soft and smooth
- **AF Only:** Proven Anti-Fungal Clotrimazole relieves pain of fungal infections



### Active Ingredients

- Zinc Oxide (skin protectant)
- Cetyl Dimethicone (skin protectant)
- AF ONLY: Clotrimazole Anti-Fungal
- Cetyl Dimethicone Copolyol
- Cetyl Dimethicone
- Sodium Chloride
- Castor Wax
- Bees Wax
- Paraffin
- Imidazolidinyl Urea
- Propylparaben
- Methylparaben
- Vitamin A Palmitate
- Corn Oil
- Vitamin D3

### Inactive Ingredients

- Purified Water
- Mineral Oil
- Petrolatum

**Gentell Shield & Protect** moisture barrier creams form a water-shedding shield that helps soothe and restore dry or irritated skin. Therapeutic against irritation from urine, feces and other bodily secretions. Shield & Protect leaves skin soft and smooth rather than irritated and greasy. Ideal for sensitive skin. **Shield & Protect AF** relieves pain and discomfort of superficial fungal infections.

### Directions

1. Remove diaper, barrier or brief.
2. Mist or apply Gentell Liquid Clean to the entire affected area; leave in place for 30 seconds.
3. Gently wipe away all debris: no need to rinse. Pat dry.
4. Apply Gentell Shield & Protect moisture barrier cream to affected area.
5. Repeat after each soiling or according to the policy and procedures of your facility.



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# Zinc Oxide Ointment

<b>16 oz Jar</b> (454g) 12/case <b>GEN-23400</b>	<b>1 oz Tube</b> 12/box 12 boxes/case <b>GEN-23401</b>
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- Helps heal, soothe and prevent diaper rash
- Protects chafed skin associated with diaper rash from wetness
- Anti-inflammatory reduces redness and irritation of sensitive skin
- Effective for drying out poison ivy, poison oak and poison sumac



## Active Ingredient:

- Zinc Oxide 20%

**Gentell Zinc Oxide Ointment** protects chafed skin associated with diaper rash, and reduces redness and irritation. Formulated to standards of U.S. Pharmacopeial Convention (USP).

## Directions

Gently cleanse affected area and allow to dry before application. Apply ointment liberally and as often as necessary. For diaper rash, change wet and soiled diapers promptly. Use with each diaper change – especially when exposure to wet diapers may be prolonged.

## Warnings

- For external use only
- Avoid contact with eyes.
- Stop use and ask a doctor if condition worsens or does not improve within 7 days.
- If swallowed, get medical help or contact a Poison Control Center immediately.
- Keep out of reach of children.



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# A&D+E Ointment

<b>13 oz Jar (368g)</b> 12/case <b>GEN-23450</b>	<b>2 oz Tube (57g)</b> 24/box 12 boxes/case <b>GEN-23442</b>	<b>Foil Pouches</b> <b>5 grams each</b> 144/box 12 boxes/case <b>GEN-23445</b>
<b>16 oz Jar (454g)</b> 12/case <b>GEN-23460</b>	<b>4 oz Tube (113g)</b> 12/box, 12 boxes/case <b>GEN-23444</b>	

- Helps prevent and treat diaper rash
- Helps heal dry, chafed skin
- Spreads easily and smoothly over the skin
- Can be used to soothe minor cuts and burns



**Gentell A&D+E Ointment** provides protective and soothing aid for minor burns, skin irritations, chapping, diaper and skin rashes. Vitamins A, D and E in a white petrolatum base soothe and comfort irritated skin.

## Directions

Apply liberally as often as necessary. Change wet and soiled diapers promptly. Cleanse the diaper area, and allow to dry. Use with each diaper change, especially at bedtime or any time when exposure to wet diapers may be prolonged.

## Warnings

- For external use only
- Avoid contact with eyes.
- Not to be applied over deep puncture wounds, infections or lacerations.
- Stop use and ask a doctor if condition worsens or does not improve within 7 days.
- If swallowed, get medical help or contact a Poison Control Center immediately.
- Keep out of reach of children.



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# Petroleum Jelly

<b>13 oz Jar</b> (368g) 12/case <b>GEN-23750</b>	<b>16 oz Jar</b> (454g) 12/case <b>GEN-23760</b>	<b>4 oz Tube</b> (115g) 12/box <b>GEN-23740</b>	<b>Foil Pouches</b> <b>5 grams each</b> 144/box <b>GEN-23865</b>
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- Helps prevent and treat diaper rash
- Helps heal dry, chafed skin
- Can be used to soothe minor cuts and burns



## Ingredients

White Petrolatum, USP

**Gentell Petroleum Jelly** helps treat and prevent diaper rash. Also helpful for the temporary protection of minor cuts, scrapes, burns, sunburn, and chafed or chapped skin. Gentell Petroleum Jelly protects chafed skin due to diaper rash and helps protect from wetness.

## Directions

Change wet and soiled diapers promptly. Cleanse the diaper area, and allow to dry. Apply liberally as often as necessary with each diaper change, especially at bedtime or anytime when exposure to wet diapers may be prolonged.

## Warnings

- For external use only
- Avoid contact with eyes.
- Not to be applied over deep puncture wounds, infections or lacerations.
- Stop use and ask a doctor if condition worsens or does not improve within 7 days.
- If swallowed, get medical help or contact a Poison Control Center immediately.
- Keep out of reach of children.



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# Hand & Body Lotion

8 oz (236ml) Bottle  
24/case  
GEN-71080

- Prevents dry skin
- Soothes and moisturizes
- Warm vanilla scent



## Ingredients

- Purified Water
- Mineral Oil
- Propylene Glycol
- Cetyl Dimethicone
- Glycerin
- Carbomer
- DMDM Hydantoin
- Triethanolamine
- Fragrance
- Aloe Vera

**Gentell Hand & Body Lotion** is a gentle, non-irritating and moisturizing lotion that will leave skin refreshed and healthier. Gentell Hand & Body Lotion soothes with mineral oil, Aloe Vera and a warm vanilla bean fragrance.

## Directions

1. Use Gentell Hand & Body Lotion to prevent dry skin and protect against red, irritated and chaffed skin.
2. Put a suitable amount onto hands and spread evenly on the skin.
3. Repeat as often as necessary.



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# Hospital Bath & Shampoo

<b>8 oz</b> (236ml) Bottle 24/case <b>GEN-51180</b>	<b>16 oz</b> (473ml) Bottle 12/case <b>GEN-51160</b>	<b>1 Gallon</b> (3785ml) Bottle 4/case <b>GEN-51400</b>
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- Tear-free shampoo
- Mild, non-irritating wash
- Soothing, hydrating lather
- Made with Aloe Vera



### Ingredients

- Purified Water
- Sodium Laureth Sulfate
- Laurel Glucoside
- Cocamidopropyl Betaine
- Sodium Chloride
- DMDM Hydantoin
- Disodium EDTA
- Aloe Vera
- Fragrance
- D&C Red #33
- D&C Red #28

**Gentell Hospital Bath & Shampoo is a mild, no tears body wash and shampoo formulated for daily use.**

### Directions

1. Apply to wet skin, hair, or washcloth.
2. Form lather, rinse thoroughly and pat dry.
3. Repeat as necessary.

### Warnings

For external use only. Avoid eye contact. Keep out of reach of children. In case of ingestion, seek professional help or contact your nearest poison control center.



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# Shampoo & Body Wash with Aloe

8 oz Bottle  
(236ml)  
24/case  
**GEN-51080**

- Minimally foaming shampoo makes rinsing and washing easier
- Soothing green apple fragrance with Aloe Vera moisturizer
- No-tears gentle formula



## Ingredients

- Purified Water
- Sodium Laureth Sulfate
- Laurel Glucoside
- Cocamidopropyl Betaine
- Sodium Chloride
- DMDM Hydantoin
- Disodium EDTA
- Aloe Vera
- Fragrance
- FD & C Blue #1
- FD & C Yellow #6

**Gentell Shampoo & Body Wash** is an Aloe Vera-based, no-tears body wash and shampoo. Its non-irritating formulation is perfect for frequent use while its effectiveness on all areas of the body makes it a true time-saver. The easy-rinse wash creates minimal foaming and can be diluted for bedside use for less mobile patients. Formulated with a low-residue conditioner, Gentell Shampoo & Body Wash is also an effective skin moisturizer.

## Directions

1. Gentell Shampoo & Body Wash is a mild, no tears body wash & shampoo formulated for daily use.
2. Apply to wet skin, hair, or washcloth.
3. Form lather, rinse thoroughly and pat dry.
4. Repeat as necessary.



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# Balsam Protein Shampoo & Conditioner

<b>Shampoo</b> 16 oz (473ml) Bottle 24/case <b>GEN-51816</b>	<b>Conditioner</b> 16 oz (473ml) Bottle 24/case <b>GEN-51866</b>
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- pH Balanced
- Shampoo helps restore shine and natural body
- Conditioner leaves hair soft, shiny and easy to manage



### Shampoo Ingredients

Water, Sodium Laureth Sulfate, Laurel Glucoside, Cocamidopropyl Betaine, Disodium EDTA, DMDM Hydantoin, Fragrance, Sodium Chloride, FD&C Yellow #6

### Conditioner Ingredients

Water, Cetearyl Alcohol, PEG-40 Castor Oil, Stearyl Dimethyl Benzyl Ammonium Chloride, Imidazolidinyl Urea, Methylparaben, Propylparaben, Fragrance, FD&C Yellow #5

**Gentell Balsam Protein Shampoo** is specially formulated to clean your hair fast. Protein conditioners add body and shine to your hair. Extra gentle for every day, this shampoo may be used on tinted or bleached hair. **Gentell Balsam Protein Conditioner** is a specially formulated conditioner that works in just 60 seconds. Protein conditioners add body and shine to dull, over-processed, dry or brittle hair.

### Directions

1. Wet hair with warm water. Lather with shampoo, rinse, and repeat.
2. Apply enough conditioner to cover hair.
3. Leave on for 60 seconds, and rinse thoroughly with warm water.
4. Set in usual manner.



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# Baby Shampoo

16 oz (473ml)  
12 / case  
GEN-51600

- Tear free formula
- For children & adults
- For gentle-to-bleached or tinted hair and frequent shampoos



## Ingredients

- Water
- Sodium
- Laureth Sulfate,
- Laurel Glucoside
- Cocoamidopropyl Betaine
- DMDM Hydantoin
- Fragrance
- FD&C Yellow #6
- Sodium Chloride

**Gentell Baby Shampoo** is as gentle on eyes as water, and refreshing for adults and children alike. Specially formulated for treated and fragile hair, Gentell Baby Shampoo gently cleanses hair and leaves it feeling soft and smelling fresh.

## Directions

For short to medium long hair, use about the volume of a hazelnut. Adjust this amount for longer hair. Foam the shampoo with a little water before massaging the foaming shampoo through hair and over the scalp with circulating movements. Do not scratch scalp with fingernails. Completely rinse the shampoo out of hair using clear water. Squeeze the hair during the rinse until hair feels "squeaky clean." Finally, rinse hair and scalp with cool water for an exhilarating feeling that stimulates the blood circulation.

## Warnings

- For external use only



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# Baby Oil

<b>4 oz (118ml)</b> 96/case <b>GEN-23604</b>	<b>8 oz (236ml)</b> 48/case <b>GEN-23608</b>	<b>14 oz (414ml)</b> 24/case <b>GEN-23614</b>
--	--	---

- Helps relieve diaper rash and dryness
- Absorbs quickly to protect delicate skin
- Pure, fragrant & gentle



## Ingredients

- Mineral oil
- Fragrance
- Lanolin

## Directions

Apply liberally as often as necessary.

## Warnings

- For external use only

**Gentell Baby Oil** forms a silky barrier with lanolin-enriched mineral oil. Traditional fragrance calms children and adults.



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# Baby Powder

<b>4 oz</b> (113g) 24/case <b>GEN-23500</b>	<b>14 oz</b> (400g) 12/case <b>GEN-23510</b>
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- Pure, sterilized talc
- Leaves skin feeling silky and soft
- An excellent application to smooth and dry skin after diaper cleaning



## Ingredients

- Sterilized talc
- Fragrance

**Gentell Baby Powder** leaves skin feeling silky and soft. Gentell Baby Powder has many uses, and is particularly helpful in drying and smoothing skin during diapering.

## Directions

Shake powder into your hand, and smooth onto skin to eliminate friction and leave your skin feeling soft and comfortable.

## Warnings

For external use only. Keep out of reach of children. Close tightly after use. Do not use on broken skin. Avoid contact with eyes. Keep powder away from child's face to avoid inhalation.



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# Ease Odor Eliminator

2 oz  
Spray Bottle  
24/case  
GEN-21000

- Eliminates unpleasant airborne odors
- Works quickly
- Non-aerosol won't leave slippery residue on floor



## Ingredients

- Purified Water
- SDA-40 Alcohol
- Fragrance
- DMDM hydantoin
- FD & C Red #40

**Gentell Ease** eliminates persistent and offensive odors effectively and immediately. Ease neutralizes the unpleasant biological odors associated with urine, feces and necrotic tissue, replacing them with a gentle rose fragrance that quickly dissipates from the air. Effectively eliminates all airborne odors – even smoke!

## Directions

1. Use Gentell Ease to neutralize biological odors.
2. Hold bottle upright and spray directly into the air.
3. Repeat as often as necessary.



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# Instant Hand Sanitizer

<b>4 oz Bottle</b> 24/case Mango Coconut <b>GEN-41040</b>	<b>8 oz Bottle</b> 12/case Mango Coconut <b>GEN-41080</b>	<b>4 oz Bottle</b> 24/case Wild Berry <b>GEN-41041</b>	<b>8 oz Bottle</b> 12 case Wild Berry <b>GEN-41081</b>
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- No sticky or slimy feeling after cleaning
- Kills germs without sink-washing, which encourages better hygiene
- Aloe Vera and vitamins A&D refresh skin



### Active Ingredient

- SD Ethyl Alcohol 65%

### Inactive Ingredients

- Purified Water
- Aloe Vera
- Sorbitol
- Triethanolamine
- Propylene Glycol
- Carbomer
- Fragrance
- Retinol Palmitate
- Cholecalciferol
- FD & C Blue #1
- FD & C Red #40
- FD & C Yellow # 6

**Gentell Instant Hand Sanitizer** cleans and moistens hands with 8% more alcohol than the CDC mandates for instant hand sanitizers. Formulated with Aloe Vera and vitamins A&D, Gentell Hand Sanitizer also refreshes skin while killing 99.99% of bacteria. Available in two sizes and two fresh fragrances, Mango Coconut and Wild Berry.

### Directions

1. Gentell Instant Hand Sanitizer facilitates anti-bacterial hand-washing without soap or water, and can also supplement regular hand-hygiene practices.
2. Pump or squeeze once into the palm of your hand.
3. Rub briskly until dried. Rinsing and toweling are not required.
4. Repeat process after every treatment change and between patients.



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# Mouthwash

<b>Spring Mint</b> 4 oz (118ml) 96/case <b>GEN-53040</b>	<b>Spring Mint</b> 16 oz (473 ml) 24/case <b>GEN-53160</b>	<b>Cinnamon</b> 4 oz (118ml) 96/case <b>GEN-53240</b>	<b>Cinnamon</b> 16 oz (473 ml) 24/case <b>GEN-53260</b>
---	---	--	--

- Alcohol Free
- Sugar Free
- Helps freshen breath and leaves mouth feeling clean
- Available in Spring Mint & Cinnamon Burst



### Ingredients

- Water
- Sorbitol
- Glycerin
- Methylparaben
- Propylparaben
- Sodium Bicarbonate
- Sodium Benzoate
- Mint Flavor or Cinnamon Flavor
- (If Cinnamon) D&C Red #33
- (If Mint) FD&C Blue #1, FD&C Yellow #5, Cetyl Pyridinium, Chloride Menthol Crystals

**Gentell Mouthwash** helps to enhance oral hygiene. Gives a soothing and gentle feel that cleans, refreshes and relieves oral irritations. When used together with regular oral care routine, it helps fight plaque, gingivitis, bad breath, and germs. Repeated usage can also help prevent tooth decay.

### Directions

Rinse full strength for 30 seconds with 2/3 fluid ounce (4tsp or 20ml) morning, night, and after brushing teeth or as directed by a physician or dentist. Do not swallow.

### Other Information

- Store at controlled room temperature 68°-77°F (20°-25°C)



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# Body Spray

<b>For Women</b> 3.5 oz. (99g) 24/case <b>GEN-72000</b>	<b>For Men</b> 3.5 oz. (99g) 24/case <b>GEN-73000</b>
--	--

- Non-Sticky
- Fast drying
- Stops perspiration odor for hours
- Clean, fresh fragrances for Women and Men



## Ingredients

- SD Alcohol
- Isobutane
- Water
- Propane
- Propylene Glycol
- Sodium Benzoate
- Fragrance

**Gentell Body Spray** helps stop perspiration odor for hours. It is fast drying and easier to apply than sticks or roll-ons, requiring less “reaching” during application. Gentell Body Spray leaves no build-up that typically occurs with stick and roll-on deodorants, and is easy to rinse off.

## Directions

Hold can 6 inches from body and spray all over.

## Other Information

This product contains no aluminum or fluorocarbons.



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# Shaving Cream

11 oz (312g) Spray Can 12/case GEN-52000
---

- Enriched with Aloe Vera
- Formulated for sensitive skin
- Rich lather protects against irritation



## Ingredients

- Water
- Steric Acid
- Triethanolamine
- Butane
- Propane
- Glycerin
- Isopropyl Palmitate
- Sodium Laurel Sulfate
- Hydroxyethylcellulose
- Aloe
- Methlyparaben
- Fragrance

Gentell Shaving Cream is formulated to provide a close, comfortable shave. Its thick, rich lather helps protect skin from minor cuts, nicks, stinging, burning, redness, and other mild skin irritations associated with shaving. It lubricates and soothes skin throughout the entire shave.

## Directions

1. Wash face and leave wet.
2. Shake can.
3. Holding can upright, press top to release lather.
4. Spread evenly over skin.

## Other Information

Prevent this container from coming in contact with water for a prolonged period of time. Always keep container in a cool, dry place.

## Gentell Cross Reference for Comparable Products

<u>Gentell Products</u>	<u>Comparable Products</u>	<u>Manufacturer</u>
<b>RECOMMENDED TO CLEAN &amp; IRRIGATE WOUNDS:</b>		
<b><u>Wound Cleanser</u></b> 8oz or 16oz bottle  Suggested HCPCS: A6260 PROD # - 8oz: GEN-10080 - 16oz: GEN-10160	Comfeel Sea-Clens CarraKlenz/UltraKlenz/MicroKlenz Dermal Wound Cleanser Restore Allclenz Biolex/lamin DermaKlenz Skintegrity Wound Cleanser	Coloplast Carrington Smith & Nephew Hollister Health Point Bard Dermarite Medline
<b>RECOMMENDED TO REHYDRATE WOUNDS:</b>		
<b><u>Hydrogel Wound Filler</u></b> 4oz Tube or 8oz Spray Gel Suggested HCPCS: A6248 PROD # - 8oz: GEN-11080 - 4oz: GEN-11140	Solosite/IntraSite Gel Curasol Gel Dermagran Hydrophilic Curafil Gel Saf-Gel/DuoDerm Hydroactive Hypergel/Normigel Carrasyn/Ultrex Gel Curafil Gel Comfeel DermaSyn Skintegrity Hydrogel	Smith & Nephew HealthPoint DermaSciences Covidian Convatec Molnlycke Carrington Covidian Coloplast Dermarite Medline
<b><u>Hydrogel Impregnated Gauze</u></b> sizes: 2x2, 4x4, 4x8  Suggested HCPCS: A6231 PROD # - 2x2: GEN-11200 - 4x4: GEN-11400	Solosite Curafil Carra Gauze Dermagran Hydrophilic Elta Tegagel Curasol Restore DermaGauze Skintegrity Hydrogel Dressing	Smith & Nephew Covidian Carrington DermaSciences Swiss American 3M Healthpoint Hollister Dermarite Medline
<b><u>Hydrogel Ag</u></b> sizes: 2x2, 4x4, 4x8 & 4oz Tube  Suggested HCPCS: A6248 PROD # - 4oz: GEN-11240 - 2x2: GEN-11220 - 4x4: GEN-11420	Silvermed DermaSyn Ag Silvasorb  Silvadene	MPM Dermarite Medline  Monarch

**RECOMMENDED FOR DRAINING WOUNDS:**

**Calcium Alginate Dressings**

sizes: 2x2, 4x4, 5x5 & 12 inch Rope

Suggested HCPCS: A6196 & A6197

PROD # - 2x2: GEN-13200

- 4x4: GEN-13500

Suggested HCPCS: A6199

PROD # - Rope: GEN-13120

Algisite  
Sorbsan  
Kaltostat  
Dermaginate  
Maxorb

Aquacel

Smith & Nephew  
Bertek  
Convatec  
Dermarite  
Medline

Convatec

**Calcium Alginate Ag (w/ Silver)**

sizes: 2x2, 4.5x4.5, 12" Rope

Suggested HCPCS: A6196 & A6197

PROD # - 2x2: GEN-13200

PROD # - 4.5x4.5: GEN-13520

Suggested HCPCS: A6199

PROD # - 12" Rope: GEN-13142

Acticoat  
Tegaderm Alginate Ag  
Seasorb Ag Alginate  
Silver Alginate  
Algicell Ag  
DermaGinate Ag  
Maxorb Extra Ag

Aquacel Ag

Smith & Nephew  
3M  
Coloplast  
Reliamed  
DermaSciences  
Dermarite  
Medline

Convatec

**Lo Profile Foam Plus**

sizes: 4x4, 6x6

Suggested HCPCS: A6212

PROD # - 4x4: GEN-14400

Suggested HCPCS: A6213

PROD # - 6x6: GEN-14600

Allevyn  
Tielle  
Biatin  
Polyderm  
Lyof foam  
PolyMem  
Optifoam  
Dermafoam

Smith & Nephew  
Johnson & Johnson  
Coloplast  
DeRoyal  
Molnycke  
Ferris  
Medline  
Dermarite

**Waterproof Lo Profile Foam**

sizes: 2x2, 4x4, 5x5 (non-adhesive)

Suggested HCPCS: A6209 & A6210

PROD # - 2x2: GEN-14522

- 4x4: GEN-14544

- 5x5: GEN-14555

Allevyn (non-adhesive)  
PolyMem (non-adhesive)  
Mepilex  
Optifoam (non-adhesive)  
HydraFoam  
Dermafoam (non-waterproof)

Smith & Nephew  
Ferris  
Molnycke  
Medline  
Dermarite  
Dermarite

**Silicone Foam Dressing**

sizes: 4x4 & 6x6

Suggested HCPCS: A6212

PROD # - 4x4: GEN-14744

Mepilex  
Mepiform  
Optifoam Gentle  
Cica-Care

Molnycke  
Molnycke  
Medline  
Smith & Nephew

**RECOMMENDED FOR WOUNDS THAT NEED DEBRIDEMENT:**

**Collagen Wound Dressing**

sizes: 2x2, 4x5, 1g Particle

Suggested HCPCS: A6021, A6022, A6010

PROD # - 2x2: GEN-18200

- 4x5: GEN-18450

- 1g: GEN-18000

Fibracol  
Promogran  
Collasorb  
Puracol  
Dermacol

Johnson & Johnson  
Johnson & Johnson  
Hartmann  
Medline  
Dermarite

## **Honey Dressings**

sizes: Honey "Manuka" Gauze 4x4  
sizes: Honey Alginate 2x2, 4.5x4.5

Suggested HCPCS: A6209 & A6210  
PROD # - 2x2: GEN-16200  
- 4x4: GEN-16700  
- 4.5x4.5: GEN-16400

MediHoney Gel Wound & Burn  
MediHoney Calcium Alginate  
TheraHoney  
Activon Manuka Honey  
NectaCare Manuka Honey

Derma Sciences  
Derma Sciences  
Medline  
Advancis  
Southwest

***RECOMMENDED FOR USE ON STAGE 1, 2 & 3 PRESSURE ULCERS, VENOUS ULCERS  
1ST & 2ND DEGREE BURNS, ABRASIONS. MAY BE USED IN CONJUNCTION WITH  
OTHER METHODS OF TREATMENT (E.G. COMPRESSION TREATMENT/ANTIBOTICS)***

## **Dermatell Hydrocolloid**

sizes: 4x4 (2x2 pad), 6x6 (4.5x4.5 pad)

Suggested HCPCS: A6237 or A6238  
PROD # - 4x4: GEN-10200  
- 6x6: GEN-10400

Replicare  
Duoderm  
Comfeel  
Ultec  
Flexicol  
Dermafilm  
Exuderm

Smith & Nephew  
Convatec  
Coloplast  
Covidian  
Hartmann  
Dermarite  
Medline

## ***RECOMMENDED COVER DRESSINGS:***

### **Bordered Gauze**

sizes: 4x4, 6x6

Bordered Gauze

All Manufacturers

Suggested HCPCS: A6219  
PROD # - 4x4: GEN-15410

Suggested HCPCS: A6220  
PROD # - 6x6: GEN-15610

### **Comfortell (sterile & waterproof dressing)**

sizes: 6x6, 4x4

Suggested HCPCS: A6203  
PROD # - 6x6: GEN-12600  
4x4: GEN-12400

CovRsite  
Alldress  
Viasorb/Telfa Island Dressing  
Dermadress  
Stratasorb

Smith & Nephew  
Molnlycke  
Covidian  
Dermarite  
Medline

### **Gentell MVP (Transparent Film)**

sizes: 4x5

Op Site  
Tegaderm

Smith & Nephew  
3M

Suggested HCPCS: A6258