



Part of the
GENTELL TOTAL WOUND CARE SOLUTION





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

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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:



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



2 On-Site Clinical Consultants



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



4 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 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 & Drainage	5. Identify Underlying Cause
A. Light Exudate Cleanse with: Gentell Wound Cleanser Hydrate Wound Bed Apply to the wound bed: Gentell Hydrogel Tube or Hydrogel Saturated Gauze OR Gentell Collagen Dressing or Collagen Particles Cover with: Gentell Bordered Gauze ALTERNATIVE: Cover with Gentell Dermatell Hydrocolloid* (change every 3 to 5 days)	B. Moderate Exudate Cleanse with: Gentell Wound Cleanser Absorb & Contain Exudate Apply to the wound bed: Gentell Calcium Alginate Dressing OR Gentell Collagen Dressing or Collagen Particles Cover with: Gentell Super Absorbent Dressing OR Gentell Lo Profile Foam OR Gentell Silicone Foam OR Gentell Waterproof Foam OR Gentell Comfortell Dressing	C. Heavy Exudate Cleanse with: Gentell Wound Cleanser Absorb & Contain Exudate Apply to the wound bed: Gentell Calcium Alginate Dressing Cover with: Gentell Super Absorbent Dressing OR Gentell Lo Profile Foam OR Gentell Silicone Foam OR Gentell Waterproof Foam			Additional Wound Info 1. Select Appropriate Debridement: <ul style="list-style-type: none"> • Surgical • Chemical • Autolytic • Mechanical • Sharp 2. Assess Surrounding Skin: <ul style="list-style-type: none"> • Moisturize • Protect from Incontinence • Control Edema 3. Wound Environment: <ul style="list-style-type: none"> • Contain Exudate • Fill Bed Space • Protect & Insulate
<p>Infected/Colonized Wounds: Apply Hydrogel Ag Tube, Hydrogel Ag Saturated Gauze, Calcium Alginate Ag (silver), Adhesive Silver Foam or Honey (Gauze & Alginate)</p> <p>*If wound is infected, do not use occlusive dressings such as Hydrocolloids.</p>					

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 choices 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® 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.

Light Exudate: Minimally exuding 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 water-resistant, 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 **Gentell** Super Absorbent dressing or one of **Gentell's** various Foam dressings.

Heavy 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 **Gentell** 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. When using the rope version, gently pack in any areas that are tunneling or have undermining.

Heavy exudate requires a more absorptive cover dressing such as **Gentell's** Super Absorbent dressing, which uses “diaper technology” to lock in exudate. Super Absorbent dressing holds 40 times its weight, helps to prevent maceration and is the perfect dressing to control any heavily exuding wound situation.

Gentell's Foam Dressings, utilize the “smart foam” technology that wicks exudate to the back of the dressing without strike through. **Gentell** Foams absorbs up to 20 times its weight. **Gentell** Foam Dressings also provides a waterproof bacterial barrier to protect the wound. After applying the Calcium Alginate, cover with **Gentell** Super Absorbent dressing or one of **Gentell's** various foam dressings.

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 hour period
Front and back of Gentell’s Waterproof 4x4 foam dressing



5cc = 1 teaspoon

“Moderate” Exudate

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



Note minimal strike-through on back of dressing (above)

“Heavy” Exudate

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



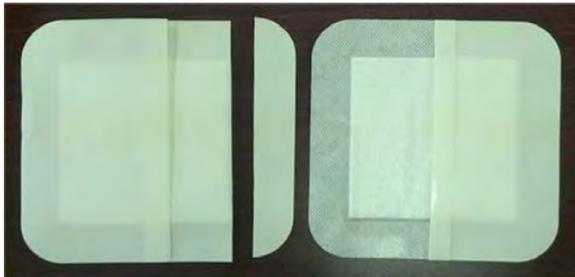
Applying Dressings in the Sacral Area as “Diamonds”

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.

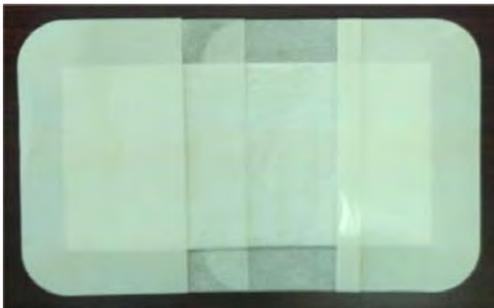
Covering Wounds Larger than 4”x4”

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 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.

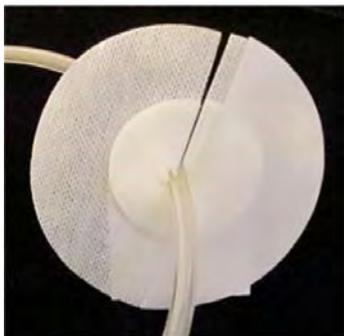
When to Use Collagen

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 moderate exudate and granulating tissue. Do not use if allergic to bovine-derived materials. Apply **Gentell** Collagen directly to the wound bed and cover with **Gentell** Foam, Super Absorbent or Comfortell.

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 Circular Split Foam Dressing is fenestrated (pre-cut) for easy application around ostomy sites, catheters, and feeding tubes. The bordered gauze adheres directly to skin.



Gentell's Split Drain Foam 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 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:

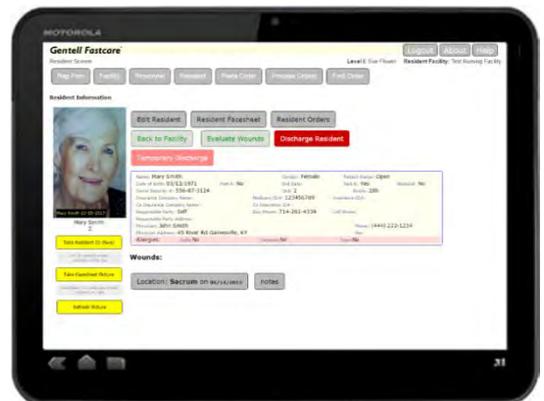
- Your staff conducts weekly wound evaluations with a wireless Fastcare tablet.
- Encrypted data are sent via WiFi or 4G network to secure Fastcare servers for archiving and reporting.
- Gentell Certified Wound Specialists and WOCNs consult on monthly treatments.
- Fastcare's Wound Evaluation Report 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.



Fastcare 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.**



Gentell Fastcare™

Test Nursing Facility

504 Broad St. New Orleans, LA 70011

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

	Measurements (cm)	Exudate	Wound Bed	Periwound	Comments
Date: 05/05/2015 Thickness/Stage: Partial Tissue Type: Granulation	L 1.0 W 1.0 D .1 Tunneling: No Depth: Clock Position: Undermining: No Depth: Clock Position:	Color: Exudate Type: Sero-sanguinous Debridement: N/A Last Debridement date: Amount: Moderate	Odor: No Pain: No Wound Bed Description: Slough %: Necrotic %:	Wound Edges: Attached Surrounding Skin: Intact	<p>Skin & Ulcer Treatment: Pressure reducing device for chair/Pressure reducing device for bed/Turning/repositioning program/Nutrition or hydration intervention/Pressure ulcer care Treatment: Fhgjk</p> <p>Treatment Medication Ordered: Medication Name: None Medication Frequency: None Surrounding Skin Other:</p> <p>Person Completing Eval: Kari Carrel [Wound Education Specialist] Signature:</p>

SAMPLE EVALUATION REPORT

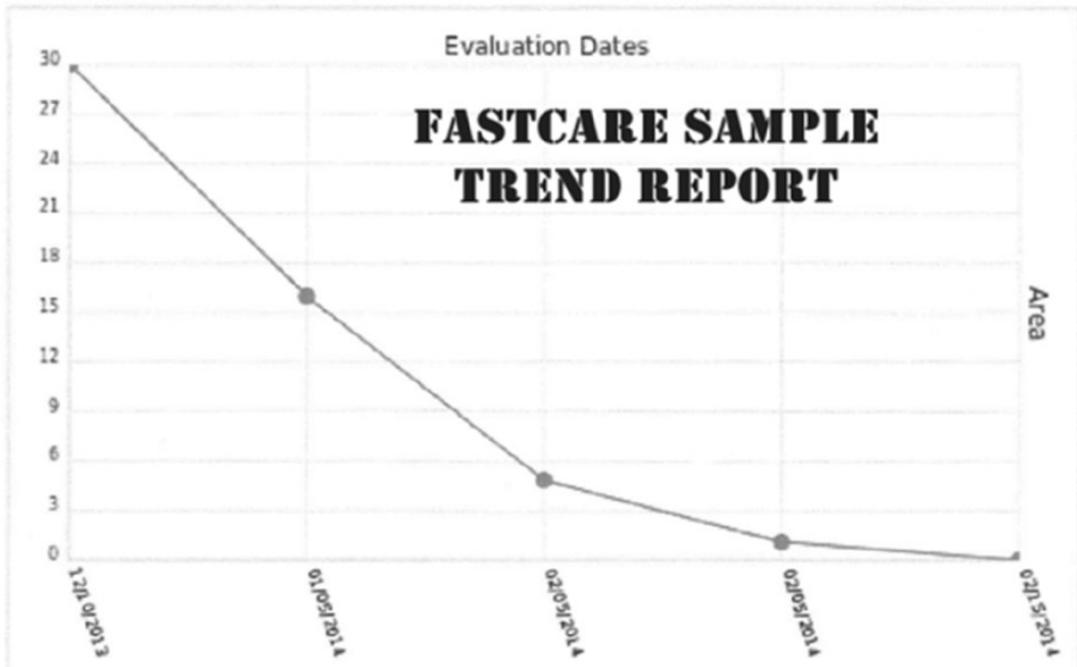
Date: 05/13/2015 Thickness/Stage: Partial Tissue Type: Granulation	L 0.7 W 0.8 D UTD Tunneling: No Depth: Clock Position: Undermining: No Depth: Clock Position:	Color: Exudate Type: Purulent Debridement: Surgical Last Debridement date: Amount: Moderate	Odor: Yes Pain: Yes Wound Bed Description: Slough %: Necrotic %: 100	Wound Edges: Unattached Surrounding Skin: Erythema/Redness-Non-Blanchable + Hardness/Induration	<p>Skin & Ulcer Treatment: 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</p> <p>Treatment Medication Ordered: Medication Name: None Medication Frequency: None Surrounding Skin Other:</p> <p>Person Completing Eval: Kari Carrel [Wound Education Specialist] Signature:</p>
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General Comments: 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 Peri-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 / + Epithelial / Attached	5
Adams, Abigail	Maplewood	2012-11-09	0	0	0	1	0	Heel, right	Pressure	2.0	1.0	UTD	III	Granulation / Attached	8
Adams, Abigail	Maplewood	2014-01-27	0	1	0	0	0	occiput	Pressure	1.0	1.0	0.10	Partial	Granulation / Attached	6
Boxer, Barbara	Peach	2013-10-03	0	1	0	0	0	ankle	Pressure	4.0	4.0	.10	III	Granulation / Attached	9
FASTCARE SAMPLE FACILITY REPORT (PARTIAL)															
Jefferson, Judy	222	2014-01-01	0	1	0	0	0	Right coccyx	Pressure	2.0	3.8	0.40	III	Granulation / Attached + Unattached	8
Mcgriff, Kellie	Office	2014-01-13	1	0	0	0	0	Sacrum	Pressure	3.0	2.0	UTD	III	Granulation + Slough 25% / Unattached	10

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
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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 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

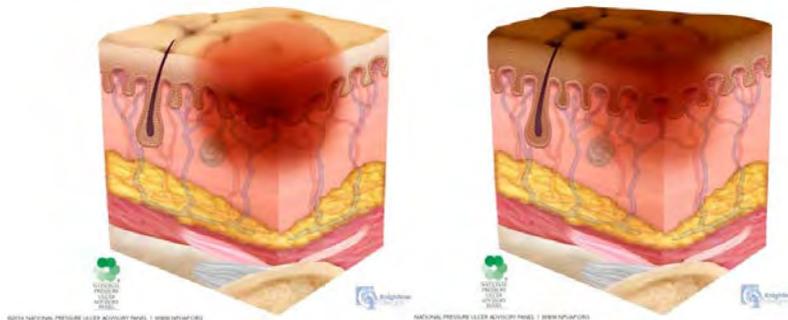
“A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure 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 non-blanchable erythema, which may appear differently in darkly pigmented skin.”

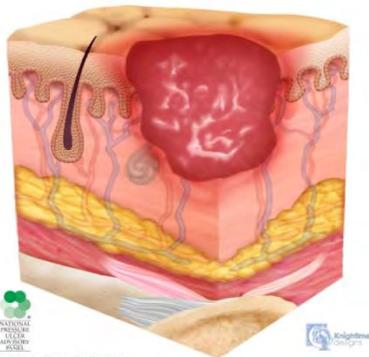
Further description:

“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*** Dermatell Dressing (hydrocolloid)
 - b. ***Gentell*** Honey Gauze Dressing
 - c. ***Gentell*** Xeroform Dressing
 - d. ***Gentell*** Petrolatum Dressing

- e. **Gentell** Oil Emulsion Dressing
- f. **Gentell** Bordered Gauze Dressing
- g. **Gentell** Comfortell Dressing (composite & water resistant)
- h. **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:

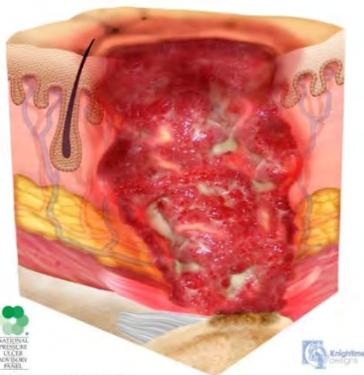
“The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable 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:
 - 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 or as needed.
 - b. Avoid positioning immobile patients directly on bony prominences.
 - 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. Measure wound. Document both wound and periwound characteristics.
9. Assess necrotic tissue and select appropriate debridement per physician's orders:
 - a. Surgical
 - b. Mechanical
 - c. Chemical (enzymatic)
 - d. Autolytic
10. Obtain surgical consult if necessary for debridement.
11. Cleanse wound with **Gentell** Wound Cleanser
12. Assess exudate and choose appropriate category of dressing:
Refer to Gentell's Wound Management Algorithm on p. 6

- a. **Gentell** Hydrogel (tube or gauze. also available in Silver)
 - b. **Gentell** Collagen Sheet or Particle Dressing
 - c. **Gentell** Honey Alginate Dressing
 - d. **Gentell** Calcium Alginate (with or without silver) Dressing
 - e. **Gentell** Super Absorbent (with or without adhesive)
 - f. **Gentell** Bordered Foam Dressing
 - g. **Gentell** Silicone Foam Dressing
 - h. **Gentell** Silver Foam Dressing
 - i. **Gentell** Waterproof Foam Dressing (non-bordered & waterproof)
 - j. **Gentell** Comfortell Dressing (composite & water resistant)
 - k. **Gentell** Bordered Gauze
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

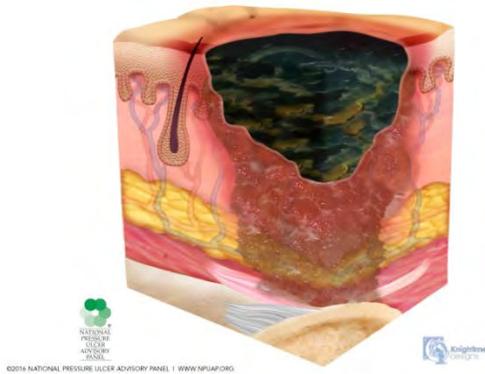


“Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location” *From NPUAP 2016*

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 or gauze. also available in Silver)
 - b. **Gentell** Collagen Sheet or Particle Dressing
 - c. **Gentell** Honey Alginate Dressing
 - d. **Gentell** Calcium Alginate (with or without silver) Dressing
 - e. **Gentell** Super Absorbent (with or without adhesive)
 - f. **Gentell** Bordered Foam Dressing
 - g. **Gentell** Silicone Foam Dressing
 - h. **Gentell** Silver Foam Dressing
 - i. **Gentell** Waterproof Foam Dressing (non-bordered & waterproof)
 - j. **Gentell** Comfortell Dressing (composite & water resistant)
 - k. **Gentell** Bordered Gauze
 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 exudate:

Gentell Hydrogel, **Gentell** Hydrogel Ag, **Gentell** Collagen or **Gentell** Honey Gauze, cover with **Gentell** Border Gauze or wrap.
 - b. Autolytic with moderate to heavy exudate:

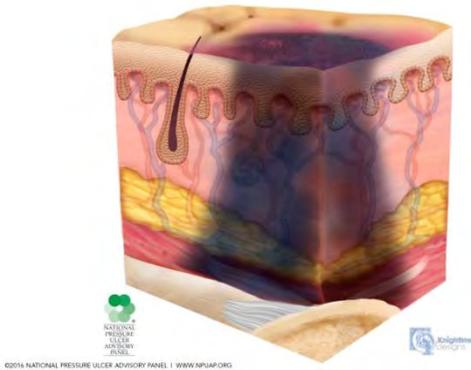
Gentell Calcium Alginate, **Gentell** Calcium Alginate w/ silver, **Gentell** Honey Alginate, **Gentell** Collagen (not recommended for heavy exudate), or **Gentell** Super Absorbent. Cover with **Gentell** Bordered Foam, **Gentell** Silicone Foam, **Gentell** Silver Foam, **Gentell** Waterproof Foam or **Gentell** Comfortell.
 - c. Chemical (Enzyme) with light exudate:

Apply chemical (enzyme) to wound bed and then apply **Gentell** Hydrogel or **Gentell** Collagen on top of the enzymatic debriding product. Cover with **Gentell** Bordered Gauze.
 - d. Chemical (Enzyme) with moderate to heavy exudate:

Apply chemical (enzyme) to the wound bed and then apply **Gentell**

Calcium Alginate, **Gentell** Collagen (not recommended for heavy exudate) or **Gentell** Super Absorbent dressings on top of the enzymatic debriding product. Cover with Bordered Foam, Silicone Foam, Waterproof Foam or Comfortell.

Deep Tissue Pressure Injury



“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.”

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. Light exudate – apply **Gentell** Hydrogel or **Gentell** Collagen. Cover with **Gentell** Bordered Gauze or wrap.
- b. Moderate to heavy exudate – apply **Gentell** Calcium Alginate, **Gentell** Collagen (not recommended for heavy exudate) or **Gentell** Super Absorbent. Cover with a **Gentell** Foam dressing.

iii) **Category 3:** Full Loss of Flap. Clean wound gently using **Gentell** Wound Cleanser, then apply:

- a. Light exudate – apply **Gentell** Collagen Dressing or **Gentell** Hydrogel. Cover with **Gentell** Bordered Gauze or wrap.
- b. Moderate to heavy exudate – apply **Gentell** Calcium Alginate or **Gentell** Collagen (not recommended for heavy exudate) or **Gentell** Super Absorbent. Cover with a **Gentell** Foam dressing.

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, *Gentell* Silver Hydrogel, *Gentell* Silver Foam and *Gentell* Honey Alginate are options for primary dressings on infected wounds. 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>Stage 1</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>Deep Tissue Pressure Injury</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>Moisture Associated Skin Damage</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>Stable Heel Eschar</p> <p>Eschar is intact, firm, flat without fluctuance, pain, drainage or surrounding erythema or redness</p>
			
<p>Protect Off Load</p> <ul style="list-style-type: none"> Assess/Modify Turn & Reposition Schedule Use of Heel Lift Protectors/Float Heels Use of Barrier Ointments Assess for Ancillary Referrals for Positioning if needed Assess Support Surfaces Assess foot wear Assess Nutrition/Hydration Measures to Decrease Friction & Shear Modify Care Plan as Needed Use of Dressings to decrease Friction & Shear may be indicated 	<p>Protect Off Load Manage Incontinence</p> <ul style="list-style-type: none"> Assess/Modify Turn & Reposition Schedule Use of Heel Protectors/Float Heels Use of Barrier Ointments Assess for Ancillary Referrals for Positioning Assess Support Surfaces Assess Nutrition/Hydration Measures to Decrease Friction & Shear Modify Care Plan as Needed 	<p>Protect Off Load Manage Moisture & Incontinence</p> <ul style="list-style-type: none"> Assess/Modify Turn & Reposition Schedule Use of Barrier Ointments Assess Support Surfaces Assess Nutrition/Hydration Measures to Decrease Friction & Shear Manage/contain incontinence Modify Care Plan as Needed Use of Cover Dressings may be indicated 	<p>Protect Off Load</p> <ul style="list-style-type: none"> Use of Heel Lift Protectors Use of Pillows/Specialty Cushions to Float Heels Keep Skin Dry & Supple Keep Foot out of shoe wear Use of guillotine shoe for ambulation
<ul style="list-style-type: none"> Apply Gentell Seal & Protect after incontinence Optional: Apply Gentell MVP Film or Comfortell (Composite) or Dermatell (Hydrocolloid) change q3d & prn 	<ul style="list-style-type: none"> Apply no sting skin sealant follow with Gentell SuperMax after incontinence. Optional: Apply Gentell MVP Film or Comfortell (Composite) 	<ul style="list-style-type: none"> Apply no sting skin sealant follow with Gentell SuperMax after incontinence Optional: Apply Gentell MVP Film or Comfortell (Composite) 	<ul style="list-style-type: none"> Keep Eschar clean and dry Apply Gentell Lotion to unaffected skin around eschar twice daily Use of skin sealant over eschar has not been clinically proven to be beneficial

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>Stage 1 Pressure Injury</p>	<p>Stage 1 Pressure Injury: Non-blanchable erythema of intact skin 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>Stage 2 Pressure Injury</p>	<p>Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis 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>Stage 3 Pressure Injury</p>	<p>Stage 3 Pressure Injury: Full-thickness skin loss 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>Stage 4 Pressure Injury</p>	<p>Stage 4 Pressure Injury: Full-thickness skin and tissue loss 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>Unstageable Pressure Injury</p>	<p>Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss 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>Deep Tissue Pressure Injury</p>	<p>Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration 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>

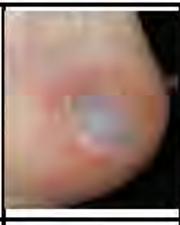
Upon discovery, decline in wound condition, no progress in 2-4 weeks consider the following:

- 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 Definition	Autolytic	Enzymatic	Mechanical	Conservative Sharp
Indications	<ul style="list-style-type: none"> Digestion of necrotic tissue by the body's white blood cells (leukocytes) and enzymes Wound base with minimal to moderate amount of necrotic tissue 	<ul style="list-style-type: none"> Use of exogenous enzymes to digest denatured collagen fibers attaching necrotic tissue to wound bed Resident is poor surgical candidate 	<ul style="list-style-type: none"> Use of a physical force to remove necrotic tissue and foreign matter from the wound Heavily necrotic wounds Infected heavily necrotic wounds 	<ul style="list-style-type: none"> Removal of necrotic tissue by use of a sharp instrument
Contraindications	<ul style="list-style-type: none"> Resident with poor perfusion & intact stable eschar Infection or cellulitis unless appropriate antibiotic used Third-degree burns Resident at risk for severe infection or sepsis Presence of treated or untreated anaerobic wound infection Neutrophil count less than 500/mm³ 	<ul style="list-style-type: none"> Sensitivity to Collagenase Presence of untreated infection or critical colonization 	<ul style="list-style-type: none"> Presence of significant amount of granulation tissue Residents with poor perfusion and intact stable eschar Painful 	<ul style="list-style-type: none"> Necrotic tissue in infected or non-infected wounds Epibolized edges When bleeding cannot be controlled When pain cannot be controlled Dry Stable Heel Eschars Stable Ischemic Wounds
Selective versus Non Selective	Selective	Selective	Non Selective	Non Selective
Method of Action	<ul style="list-style-type: none"> Release of proteolytic, fibrinolytic and collagenolytic enzymes within a moist and vascular environment to remove devitalized tissue 	<ul style="list-style-type: none"> Enzyme liquefies the devitalized collagen strands that anchor necrotic tissue to wound bed <i>Enzyme is hydrophilic – seeks moisture</i> Enzymes can be used adjunctively with autolytic, mechanical and sharp debridement Package insert should be followed 	<ul style="list-style-type: none"> As wet to dry dressing dries, necrotic tissue attached to the dressing is pulled from the wound bed Irrigation: high pressure stream of fluid directed at wound bed detaches necrotic tissue/debris 	<ul style="list-style-type: none"> <i>Specially trained and licensed healthcare providers</i> who use blade, curette, scissors to remove devitalized tissue from wound base or remove epibolized (rolled) wound edge
Continue Until	Goal of therapy met	Debridement complete and granulation tissue established	Granulation tissue is present	Devitalized tissue removed Rolled edge removed
Special Considerations	<ul style="list-style-type: none"> Most selective form of debridement Wound measurements & drainage may increase during debridement 	<ul style="list-style-type: none"> Cover dressing same frequency of change Eschar should be cross hatched or softened prior to start of enzyme therapy Wound measurements & drainage may increase during debridement 	<ul style="list-style-type: none"> Pre-medicate for pain Labor intensive D/T frequency of changes needed Splash protection may be needed 	<ul style="list-style-type: none"> Quickest form of debridement Wound measurement may increase Pre-medicate for pain Control bleeding Obtain consents

Pressure Injury Management Guidelines

<p>Stage 1: Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin.</p> 	<p>Stage 2 - Partial Thickness: 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>Stage 3 - Full Thickness: 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>Stage 4 - Full Thickness: 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 tunnelling often occur. Depth varies by anatomical location.</p> 	<p>Unstageable - Full Thickness: 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>Unstageable - 100% Eschar - Full Thickness: Keep area intact (closed) Debridement Needed if "Presence of exudate, erythema, fluctuance, odor or pain"</p> 	<p>Deep Tissue Injury: 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 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 Assess wheel chair positioning & seating</p>	<p>Off Load Manage Exudate Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser. Light Exudate: Apply Hydrogel, Honey Gauze, Xeroform or Petrolatum Gauze Change Daily Minimal/Moderate Exudate: Apply Hydrocolloid Dressing Change Q3d</p>	<p>Off Load Manage Exudate Fill cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser. Light Exudate: Apply Hydrogel or Collagen Moderate Exudate: Apply Collagen, Calcium Alginate, Honey or Super Absorbent Dressing Heavy Exudate: Apply Calcium Alginate, Honey Alginate or Super Absorbent Dressing Change QD or QOD</p>	<p>Off Load Manage Exudate Debride if needed Fill Cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser. Light Exudate: Apply Hydrogel or Collagen. Moderate Exudate: Apply Collagen, Calcium Alginate, Honey Alginate or Super Absorbent Dressing Heavy Exudate: Apply Calcium Alginate, Honey Alginate or Super Absorbent Dressing Change QD or QOD</p>	<p>Off Load Manage Exudate Debride Fill Cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser. Choose a debridement: Autolytic, enzymatic or sharp debridement Light Exudate: Apply Hydrogel dressing Moderate Exudate: Apply Collagen, Calcium Alginate, Honey Alginate or Super Absorbent Dressing Heavy Exudate: Apply Calcium Alginate, Honey Alginate or Super Absorbent Dressing Change QD or QOD</p>	<p>Off Load Keep Dry Cover/Protect Assess Support Surfaces Decrease Friction/Shear</p> <p>Stable Eschar: Keep area dry Keep area intact Assess wheel chair positioning & seating Stable Eschar on heels: (dry, no erythema, no exudate, fluctuance) – area does not need to be debrided Paint with Skin Prep or Betadine Offload heels No shoes</p>	<p>Off Load Protect Assess Support Surfaces Decrease Friction/Shear</p> <p>Strategies to Protect: DTI on heels: Suspend heels with pillows, specialty cushions, boots Use skin protectants to keep skin intact DTI sacral/gluteal: Use moisture barrier to match type & amount of incontinence Assess repositioning interval Assess support surfaces Assess wheel chair positioning & seating</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>Skin Tear without Tissue Loss</p> <p>Skin flap can be approximated so that no more than 1mm of dermis is exposed.</p> <ul style="list-style-type: none"> Use cotton tipped applicator to gently roll flap back into place and approximate edges. Apply strips to approximated edges. Cleanse with normal saline or wound cleanser. Pat dry. <p>Fragile Skin: Secure with rolled gauze & tape.</p>	<p>Skin tear with Partial Tissue Loss</p> <ul style="list-style-type: none"> 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. 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. Use cotton tipped applicator to gently roll flap back into place and approximate edges. Cleanse with normal saline or wound cleanser. Partial thickness: Apply Hydrogel, Xeroform, Oil Emulsion, Petrolatum or Honey Gauze. Full thickness: Apply Collagen, Hydrogel or Calcium Alginate. Cover with secondary dressing Change 2 to 3 times a week. Change daily when using Hydrogel. <p>Fragile Skin: Secure with rolled gauze & tape.</p>	<p>Skin Tear with Complete Tissue Loss (Full Thickness)</p> <p>Epidermal flap is absent.</p> <ul style="list-style-type: none"> Cleanse with normal saline or wound cleanser. Pat dry. Partial thickness: Apply Hydrogel, Xeroform, Oil Emulsion, Petrolatum or Honey Gauze. Full thickness: Apply Collagen, Hydrogel or Calcium Alginate. Cover with secondary dressing Change 2 to 3 times a week. Change daily when using Hydrogel. <p>Fragile Skin: Secure with rolled gauze & tape or Silicone Foam</p>	<p>Skin Tear with Debridement Needed (Full Thickness)</p> <p>Full Thickness wound with presence of slough or necrotic tissue.</p> <ul style="list-style-type: none"> Cleanse with normal saline only. Pat dry. Apply Collagen, Hydrogel, Calcium Alginate or Honey Alginate to achieve an autolytic debridement. or apply an enzymatic debridement agent Cover with secondary cover dressing Change daily <p>Fragile Skin: Secure with rolled gauze & tape or Silicone Foam</p>

Prevention Tips:

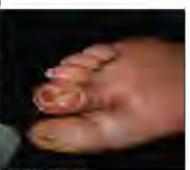
- Assess/recognize fragile, thin, vulnerable, ecchymotic skin.
- Caregivers, when providing direct care, should utilize extreme caution and a gentle touch when bathing and/or when transferring a resident.
- Avoid wearing rings that could snag skin.
- Avoid direct contact that will create a friction or 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 there is a flattening of the epidermal-dermal junction.

* Consider Silver Hydrogel, Silver Calcium Alginate or Silver Foam 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. <u>Compression Therapy Considerations</u> 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. Diabetics may produce false elevations in ABI readings.</p>
<p>Cleanse with normal saline or Wound Cleanser Minimal Exudate Apply Hydrogel, or Collagen if wound base is mostly red Moderate Exudate Apply Calcium Alginate or Collagen Heavy Exudate Apply Calcium Alginate and cover with Foam or Super Absorbent Dressing ABI > 0.9</p>	<p>Cleanse with normal saline or Wound Cleanser Minimal Exudate Apply Hydrogel or Collagen Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection is present. Stable ischemic eschar/wounds should be kept dry and protected. ABI < 0.5 compression therapy is contraindicated</p>	<p>Cleanse with normal saline or Wound Cleanser Minimal Exudate Apply Hydrogel or Collagen Moderate Exudate Apply Calcium Alginate or Collagen Heavy Exudate Apply Calcium Alginate and cover with Foam or Super Absorbent Dressing Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection is present.</p>	<p>Cleanse with normal saline or Wound Cleanser Minimal Exudate Apply Hydrogel or Collagen Moderate Exudate Apply Calcium Alginate or Collagen Heavy Exudate Apply Calcium Alginate and cover with Foam or Super Absorbent Dressing Silver based product maybe a consideration for this type of wound, if bio-burden or signs of localized infection is present.</p>
<p>Change QD or QOD</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.

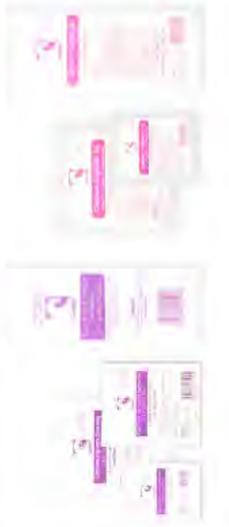
In the mid-twentieth century, George Winter demonstrated a 50% increase in the rate of epithelialization (re-growth of skin over a wound) for wounds covered with a thin film and left in place. Over the last forty years, a multitude of studies have shown that moist wound healing speeds up the healing 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>Collagen Dressings: Sizes: 2" x 2", 4" x 4" & 7" x 7"</p> <p>Collagen Particles: Size: 1-gram tube</p>	 <p>Calcium Alginate Dressings: Sizes: 2" x 2", 4" x 4", 5" x 5" & 12" rope</p> <p>Calcium Alginate Ag (Silver) Dressings: Sizes: 2" x 2", 4.5" x 4.5" & 12" rope</p>	 <p>Hydrogel: Tube, Spray, Gauze Dressings: Sizes: 4oz tube, 8oz bottle, 2" x 2", 4" x 4" & 4" x 8"</p> <p>Hydrogel Ag (Silver): Tube, Gauze Dressings Sizes: 2" x 2", 4" x 4", 4" x 8" & 4oz tube</p>
<p>When to Use: Full thickness with minimal to moderate exudate.</p> <p><i>Not recommended</i> for anyone with sensitivities to collagen or bovine products.</p>	<p>When to Use: Full thickness wounds with moderate to heavy exudates. Rope should be used for tunneling & undermining wounds.</p> <p>*Calcium Alginate with Silver should be used for wounds that have an infection present in the wound bed.</p> <p><i>Not recommended</i> for dry or minimum exudate.</p>	<p>When to Use: Partial & full thickness wounds with minimum exudate. Rehydrates a dry wound bed.</p> <p>*Hydrogel with Silver should be used for wounds that have an infection present in the wound bed.</p> <p><i>Not recommended</i> for moderate or heavy exudate.</p>
<p>Applications: 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>Application: Apply to surface of wound bed, including tunnels & undermining, if present. Cover with a secondary dressing.</p>	<p>Application: Apply to surface of wound bed. Gel should coat the wound bed evenly, 1/8" 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>Usual Frequency of Change: Daily recommended or QOD</p>	<p>Usual Frequency of Change: Daily or QOD</p>	<p>Usual Frequency of Change: Daily recommended</p>



How to Use Super Absorbent Dressings & Foam Dressings

Super Absorbent Dressing	Waterproof Foams/ Bordered Foams	Silicone Foams
 <p>Super Absorbent Adhesive Dressing: Sizes: 2" x 2", 5" x 5"</p> <p>Super Absorbent (non-adhesive) Dressing: Sizes: 4" x 4", 6" x 6"</p> <p>When to Use: Full thickness wounds with moderate to heavy exudates. May be used as a primary or secondary dressing.</p> <p>Application: 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>Usual Change of Frequency: Daily or QOD</p>	 <p>Waterproof Foam Dressings (non – bordered): Sizes: 2" x 2", 4" x 4", 5" x 5", 4" x 5" split</p> <p>Lo Profile Bordered Foam Dressings: Sizes: 4" x 4", 6" x 6", 4" split</p> <p>When to Use: Full thickness wounds with moderate to heavy exudate.</p> <p>Application: Used as the primary - apply directly to wound. Used as secondary - apply over treatment, secure with tape, rolled gauze, or stretch gauze.</p> <p>Usual Change of Frequency: If used as a primary dressing - change daily or QOD. If used as a secondary dressing - change with primary treatment.</p>	 <p>Silicone Foam Dressing (bordered): Sizes: 4" x 4" & 6" x 6"</p> <p>Bordered Foam Dressing Ag (bordered): Sizes: 4" x 4" & 6" x 6"</p> <p>When to Use: Full thickness wounds with moderate to heavy exudate. *Bordered Foam Dressing with Silver should be used for wounds that have an infection present in the wound bed.</p> <p>Application: Apply directly over the wound.</p> <p>Usual Change of Frequency: If used as a primary dressing - change daily or QOD. If used as a secondary dressing - change with primary treatment.</p>



How to Use Honey Dressings, Hydrocolloids, Films & More

Honey Dressings	Petrolatum / Xeroform / Oil Emulsion	Hydrocolloids / Films
 <p>Honey Alginate Dressing: Size: 2" x 2" & 4.5" x 4.5"</p> <p>Honey Gauze Dressing: Size: 4" x 4"</p>	 <p>Petrolatum Dressing: Size: 3" x 9"</p> <p>Xeroform Dressing: Size: 2" x 2", 5" x 9"</p> <p>Oil Emulsion Dressing: Size: 3" x 3"</p>	 <p>Hydrocolloids: Dermattell (bordered): Size: 4" x 4", 6" x 6"</p> <p>Hydrocolloids: Dermattell (non-bordered): Size: 4" x 4"</p> <p>Transparent Film: MVP Dressing: Size: 4" x 5"</p>
<p>When to Use: Partial and full thickness wounds with minimal to heavy exudates. Wounds requiring autolytic debridement.</p>	<p>When to Use: Stage 2 & Partial thickness wounds with light to moderate exudates.</p>	<p>When to Use: Stage 2 & Partial thickness wounds with light to moderate exudates.</p>
<p>Application: Apply to surface of wound bed. Cover with a secondary dressing.</p>	<p>Application: Apply directly over the wound. Cover with a secondary dressing.</p>	<p>Application: Apply the pad over the wound, making sure tape does not touch wound bed. Smooth the backing of dressing.</p>
<p>Usual Change of Frequency: Daily</p>	<p>Usual Change of Frequency: Daily or QOD</p>	<p>Usual Change of Frequency: Change every 3 days</p>



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Wound Cleanser

8 oz Adjustable Spray Bottle 6/case GEN-10080	16 oz Adjustable Spray Bottle 6/case GEN-10160
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- Cleanses wounds
- No rinse required



Ingredients

- Purified Water
- Laurel Glucoside
- Cocamidopropyl
- Betaine
- Soribitol
- Sodium Laureth Sulfate
- Polysorbate-80
- Lactic Acid
- Triethanolamine
- Imidazolidinyl Urea
- Disodium EDTA
- Methylparaben

Directions

1. Remove all dressing material.
2. Adjust the nozzle to a gentle spray or to a stream for cleansing the wound.
3. Spray Gentell Wound Cleanser liberally to gently clean the wound
4. Gently dry the skin surrounding the wound site.
5. Reapply dressing as ordered.

Gentell Wound Cleanser is a PH-balanced, no rinse cleanser for efficient, thorough and gentle cleansing of the wound. Wound Cleanser may be used regardless of wound stage.



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Hydrogel

4 oz Tube 12/case GEN-11140	8 oz Adjustable Spray Bottle 6/case GEN-11080
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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

2"x 2" (5x5cm) 20/box 6 boxes/case 120/case GEN-11200	4"x 4" (10x10cm) 10/box 4 boxes/case 40/case GEN-11400	4"x 8" (10x20cm) 30/case GEN-11800
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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 ace mannin, in addition to other mono and polysaccharides, amino acids, glycoproteins, vitamins and enzymes.

Directions

1. Use Gentell Hydrogel on 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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Hydrogel Ag

4 oz Tube 12/case GEN-11240 NDC# 61554-124-04
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- Formulated with 1% Silver Sulfadiazine, a broad spectrum antimicrobial that disrupts cell walls and membranes of bacteria
- The most cost-effective way to treat a wound with silver
- Inhibits bacteria resistant to other antimicrobial agents without harming healthy tissue



Active Ingredient

- Silver Sulfadiazine

Ingredients

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

Directions

- Gentell Hydrogel Ag can be used on chronic wounds, pressure ulcers Stage 1-4, first and second degree burns, venous ulcers and dry-to-minimally exudating wounds.
- Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound.
- Apply a 1/8 inch layer of Gentell Hydrogel Ag to the entire surface of the wound using an appropriate, clean applicator gauze to cover the wound bed.
- Cover wound with an appropriate secondary dressing like Gentell Bordered Gauze or Gentell Comfortell®.

Gentell Hydrogel Ag is an Aloe Vera-based wound gel that hydrates and protects the wound. 1% Silver Sulfadiazine decreases the bacterial load of both Gram-positive and Gram-negative bacteria. The product enhances the moist environment essential for wound healing.



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Hydrogel Ag Saturated Gauze

2" x 2" (5x5cm) 20/box 6 boxes/case GEN-11220	4" x 4" (10x10cm) 10/box 4 boxes/case GEN-11420	4" x 8" (10x15cm) 30 dressings/case GEN-11820
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- Easiest and least expensive way to apply antimicrobial silver sulfadiazine
- Single-use saturated gauze is great for infection control
- Silver inhibits bacteria resistant to other antimicrobial agents without harming healthy tissue
- 12 ply pad



Active Ingredient:

- Silver Sulfadiazine 1%

Inactive Ingredients:

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

Directions

1. Irrigate the wound with a non-toxic cleaner such as Gentell Wound Cleanser.
2. Gently dry the skin surrounding the wound site.
3. Peel off top of pouch and remove Hydrogel Ag Gauze pad.
4. Cover or pack wound loosely with the Hydrogel Ag Gauze.
5. Cover wound with a secondary dressing such as Gentell Bordered Gauze or Gentell Comfortell® and change daily or as ordered by a physician.

Gentell Hydrogel Ag Saturated Gauze is indicated for partial and full thickness wounds, including pressure ulcers, venous stasis ulcers, diabetic ulcers, first and second degree burns and skin tears. It provides a moist wound environment for healing.



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Calcium Alginate Dressing

2"x 2" (5cmx5cm) 10/box 5 boxes/case 50/case GEN-13200	4"x 4" (10cmx10cm) 10/box 5 boxes/case 50/case GEN-13500	5"x 5" (13cmx13cm) 10/box 5 boxes/case 50/case GEN-13600
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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.

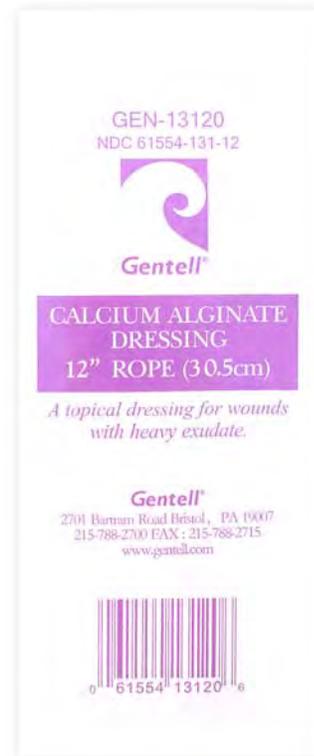


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Calcium Alginate Rope Dressing

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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2" x 2" (5x5cm) 10/box 5 boxes/case 50/case GEN-13220	4.5" x 4.5" (11x11cm) 10/box 5 boxes/case 50/case GEN-13520
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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.

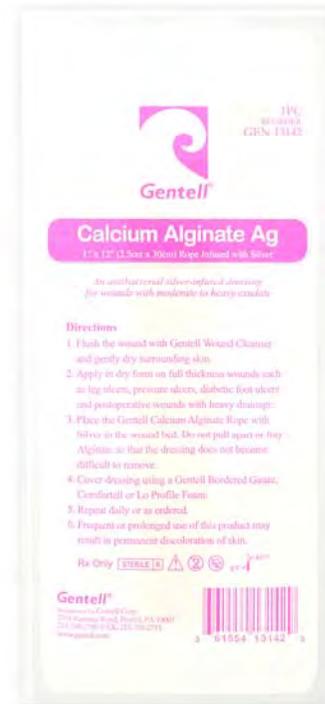


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Calcium Alginate Ag (Silver) Rope Dressing

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

Particles 1g	2"x2" 5x5cm Pad	4"x4" 10x10cm Pad	7"x7" 17.75 X 17.75cm Pad
30/case GEN-18000	30/case GEN-18200	30/case GEN-18400	50/case GEN-18700

- 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 management of burns, sores, blisters, scrapes and ulcers. **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 Alginate Dressings

2" x 2" (5 x 5 cm) 10/box 50/case GEN-16200	4.5" x 4.5" (11 x 11 cm) 10/box 50/case GEN-16400
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- Calcium alginate dressing impregnated with 100% Leptospermum (Manuka) Medical Grade Honey
- Helps promote moist healing in challenging wounds and burns
- Assists in autolytic debridement



Gentell Honey Alginate Dressings are advanced fiber-structured calcium alginates impregnated with Leptospermum Medical Grade Honey. Alginates absorb exudate while the honey promotes a moist healing environment for challenging wounds.

Directions

1. Use Gentell Honey Alginate as a cover dressing for any primary or secondary treatment.
2. Flush the wound with Gentell Wound Cleanser, and gently dry skin surrounding the wound site.
3. Apply Gentell Honey Alginate. Choose appropriate size based on the measurements of the wound and the size of the pad
4. Change dressing daily or as ordered by a 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

4" x 4" (10x10cm) Pad: 2.5" x 2.5" (6x6cm) 10/box 50/case GEN-14744	6" x 6" (15x15 cm) Pad: 4.5" x 4.5" (11x11cm) 10/box 50/case GEN-14766
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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

4" x 4" (2"x2" pad with 1" adhesive border) 10/box 5 boxes/case 50 dressings/case GEN-14400	6" x 6" (4"x4" pad with 1" adhesive border) 10/box 5 boxes/case 50 dressings/case GEN-14600
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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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Bordered Foam Dressing Ag

4" x 4" (2"x2" pad with adhesive border) 50/case GEN-14844	6" x 6" (4"x4" pad with adhesive border) 50/case GEN-14866
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- Powerful controlled release of ionic silver provides a sustained antibacterial effect
- Inhibits a broad spectrum of infection
- Highly absorbent foam pad helps maintain moist healing environment
- Can be used as a primary dressing



Gentell Bordered Foam Ag is a silver ion-containing foam dressing with excellent anti-bacterial effect. It is ideal for the treatment of moderate or heavy exudate chronic and acute wounds caused by bacterial infection, including leg ulcers, pressure injuries, diabetic foot ulcers, second degree burns, donor sites, post-operative wounds and skin abrasions.

Directions

1. Flush wound with Gentell Wound Cleanser and gently dry skin around site.
2. Apply Gentell Bordered Foam Dressing Ag.
3. Dressing change frequency will depend on patient condition and the level of exudate. Foam dressing is recommended to be changed daily.
4. If the wound appears dry, saturate the dressing with Gentell Wound Cleanser or sterile saline prior to removal.

Warning

Do not use Gentell Bordered Foam Dressing Ag on patients with known sensitivity to silver.



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Super Absorbent Dressing Adherent

2" x 2" (5cm x 5cm) 50/case GEN-19420	5" x 5" (12.5cm x 12.5cm) 50/case GEN-19450
--	--

- Multi-layer construction absorbs exudate and promotes wound healing
- Silicone contact layer provides gentle adherence
- Minimizes risk of maceration and leakage
- Single handed application
- Can be used as a primary dressing



Gentell Super Absorbent Dressing Adherent offers excellent absorbent capacity for the treatment of moderate or heavy exudating wounds. It provides all the benefits of Gentell’s Super Absorbent Dressing with the addition of a comfortable silicone contact layer that provides gentle adherence and can speed up exudate absorption. The dressing consists of a breathable and waterproof non-woven backing, a super absorbent pad layer and a silicone contact layer. Ideal for leg ulcers, pressure injuries, non-infected diabetic foot ulcers, dehisced surgical wounds and donor sites.

Directions

1. Flush wound with Gentell Wound Cleanser and gently dry the skin around the wound site.
2. Choose the appropriate size dressing based on the measurements of the wound.
3. Apply Gentell Super Absorbent Dressing Adherent with white side to the wound.



Super Absorbent Dressing

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2" x 2" (5cm x 5cm) 50/case GEN-19320	4" x 4" (10cm x 10cm) 50/case GEN-19340	5" x 5" (12.5cm x 12.5cm) 50/case GEN-19350
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- Multi-layer construction absorbs exudate and promotes wound healing
- Minimizes risk of maceration and leakage
- Can be applied under compression therapy
- Can be used as a primary dressing



Gentell Super Absorbent Dressing offers excellent absorbent capacity for the treatment of moderate or heavy exuding wounds. The dressing consists of a breathable and waterproof non-woven backing, a super absorbent pad layer and a hydro-penetrating nonwoven contact layer. Ideal for leg ulcers, pressure injuries, non-infected diabetic foot ulcers, dehisced surgical wounds and donor sites.

Directions

1. Flush wound with Gentell Wound Cleanser and gently dry the skin around the wound site.
2. Choose the appropriate size dressing based on the measurements of the wound.
3. Apply Gentell Super Absorbent Dressing with white side to the wound.
4. Secure dressing with Gentell Fix Tape.



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Waterproof Non-Bordered Foam Dressings

2" x 2" (5 x 5 cm) 10/box 5 boxes/case 50/case GEN-14522	4" x 4" (10 x 10 cm) 10/box 5 boxes/case 50/case GEN-14544	5" x 5" (12.5 x 12.5 cm) 10/box 5 boxes/case 50/case GEN-14555
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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.

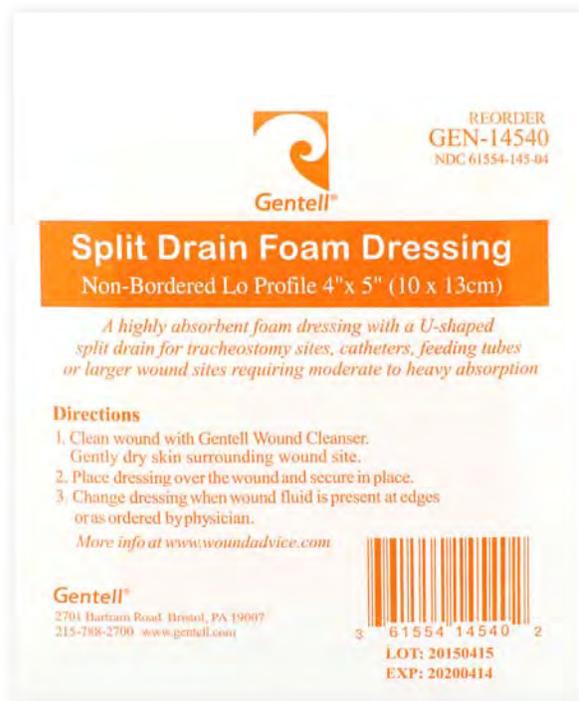


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Split Drain Foam Dressing

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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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

4" x 4" (Non-Bordered) 10/box 5 boxes/case 50 dressings/case GEN-10100	4" x 4" (2.5" x 2.5" pad) 10/box 5 boxes/case 50 dressings/case GEN-10200	6" x 6" (4.5" x 4.5" pad) 10/box 5 boxes/case 50 dressings/case GEN-10400
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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	2" x 2" (5x5cm) 50/case GEN-19220
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- 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.

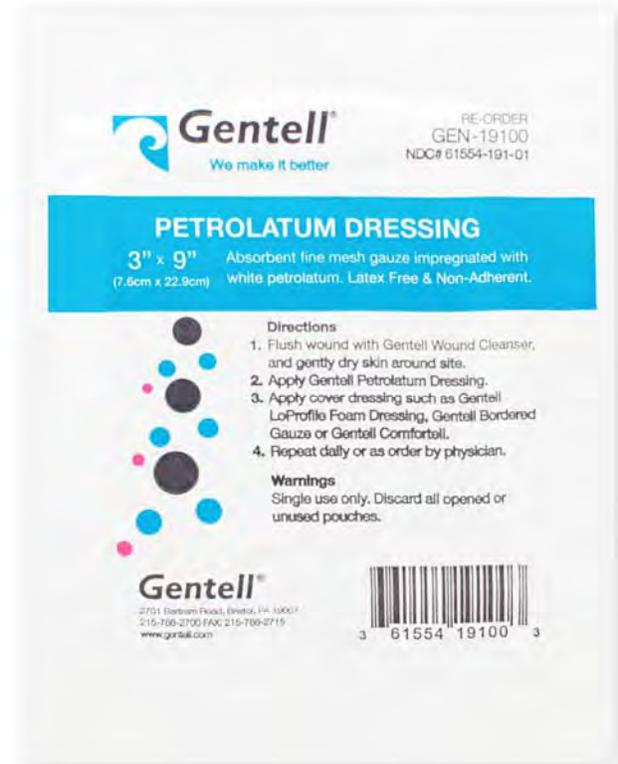


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Petrolatum Dressing

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.

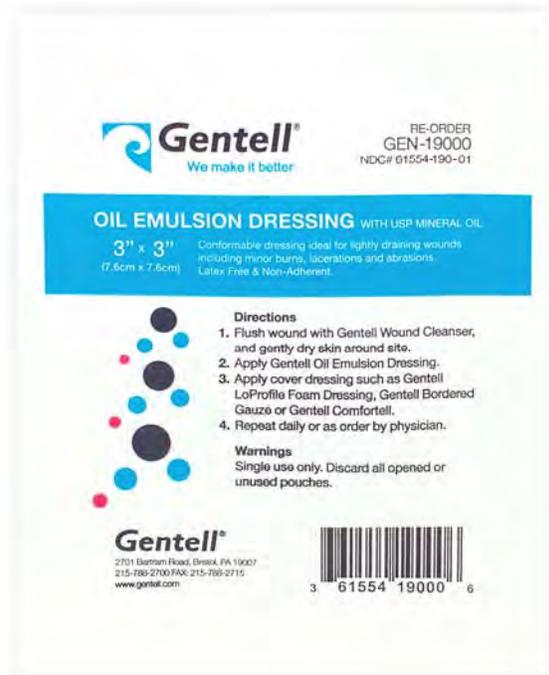


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Oil Emulsion Dressing

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.

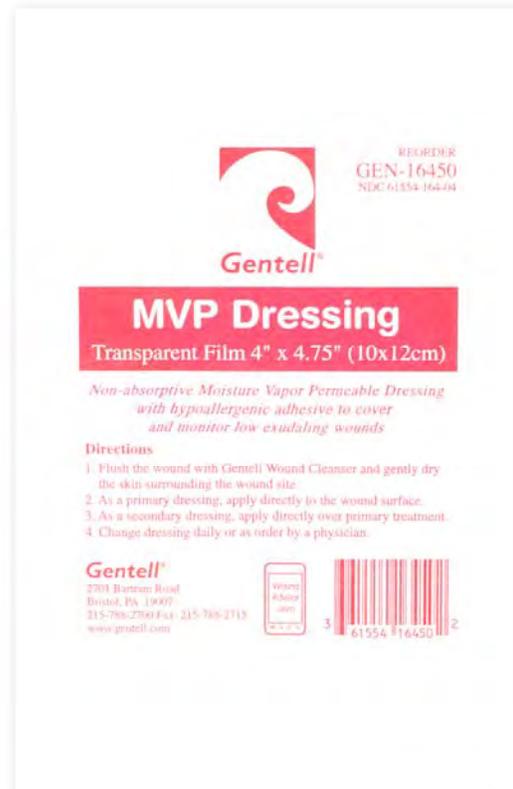


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MVP Transparent Film Dressing

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 exudating 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

4" x 4" (2.5" x 2.5" pad) 100/case GEN-12400	6" x 6" (4.5" x 4.5" pad) 50/case GEN-12600
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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

4" x 4" (2.5"x2.5" pad with 3/4" adhesive border) 100/box GEN-15410	6" x 6" (4.5"x4.5" pad with 3/4" adhesive border) 100/box GEN-15610
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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	4" x 11 yards (10cm x 10 meters) 64/case GEN-10640 <i>(not shown)</i>
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- Fixes dressings on wounds, tubes and catheters
- Two convenient sizes: 2" x 11 yards and 4" x 11 yards (not shown)
- 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
36/case
GEN-32180

- 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 soiled 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 D₃
- 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

4 oz Regular Tube 12/case GEN-23140	4 oz Anti-Fungal Tube 12/case GEN-23240
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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

16 oz Jar (454g) 12/case GEN-23400	1 oz Tube 12/box 12 boxes/case GEN-23401
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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.



A&D+E Ointment

2701 Bartram Road • Bristol, PA 19007
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 www.gentell.com • info@gentell.com

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

- 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

13 oz Jar (368g) 12/case GEN-23750	16 oz Jar (454g) 12/case GEN-23760	4 oz Tube (115g) 12/case GEN-23740	Foil Pouches 5 grams each 144/case GEN-23865
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- Helps treat diaper redness
- Can be used to soothe minor cuts and burns



Ingredients

White Petrolatum

Gentell Petroleum Jelly helps protect skin from wetness and prevents diaper redness. It is also helpful for the temporary protection of minor cuts, scrapes, burns, sunburn, and chafed or chapped skin.

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.

Other Information

- Store at room temperature 59 to 86 F (15 to 30C)



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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

8 oz (236ml) Bottle 24/case GEN-51180	16 oz (473ml) Bottle 12/case GEN-51160	1 Gallon (3785ml) Bottle 4/case GEN-51400
---	--	---

- 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

Shampoo 16 oz (473ml) Bottle 24/case GEN-51816	Conditioner 16 oz (473ml) Bottle 24/case GEN-51866
---	---

- 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

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

- 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

4 oz (113g) 24/case GEN-23500	14 oz (400g) 12/case GEN-23510
--	---

- 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

4 oz Bottle 24/case Mango Coconut GEN-41040	8 oz Bottle 12/case Mango Coconut GEN-41080	4 oz Bottle 24/case Wild Berry GEN-41041	8 oz Bottle 12 case Wild Berry GEN-41081
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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

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

- 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

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

- 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>
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RECOMMENDED TO CLEAN & IRRIGATE WOUNDS:

Wound Cleanser

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

RECOMMENDED TO REHYDRATE WOUNDS:

Hydrogel Wound Filler

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

Hydrogel Impregnated Gauze

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

Hydrogel Ag

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