



Part of the
GENTELL TOTAL WOUND CARE SOLUTION





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The Gentell Total Wound Care Solution

Dear Reader,

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

This book 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-686 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, videos, and reference materials at www.gentell.com or call us at 800-840-9041.

Sincerely,

David Navazio
Founder, 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 Dressing OR Gentell Collagen Dressing or Collagen Particles Cover with: Gentell Bordered Gauze Dressing 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, Gentell Collagen Dressing, Collagen Particles or Gentell CMC Fiber Dressing Cover with: Gentell Super Absorbent Dressing OR Gentell Foam Dressing OR Gentell Silicone Foam Dressing OR Gentell Waterproof Foam Dressing OR Gentell Comfortell Dressing	C. Heavy Exudate Cleanse with: Gentell Wound Cleanser Absorb & Contain Exudate Apply to the wound bed: Gentell Calcium Alginate Dressing OR Gentell CMC Fiber Dressing Cover with: Gentell Super Absorbent Dressing OR Gentell Foam Dressing OR Gentell Silicone Foam Dressing OR Gentell Waterproof Foam Dressing	Additional Wound Info 1. Select Appropriate Debridement: <ul style="list-style-type: none"> • Surgical • Chemical • Autolytic • Mechanical • Sharp • Enzymatic 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 • Maintain Optimal Moisture Balance in Wound Bed 		
				Infected/Colonized Wounds: Apply Calcium Alginate Ag (Silver), Honey Products *if wound is infected, do not use occlusive dressings such as Hydrocolloids.	

Understanding the Gentell Wound Management Algorithm

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

1. Review clinical test results
2. Evaluate nutritional status
3. Consider support surface and/or pressure relieving devices
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 Injury Advisory Panel (NPIAP) 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**.

Gentell recommends the “Moist Wound Healing” technique to create an ideal healing environment. Exudate maintenance is important to this technique, where 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 types of wound dressings can be applied to absorb lightly or up to 40 times their weight by reacting with the exudate to form a gel. There are three categories of volume:

Exudate Volume	Definition
Light Exudate	Wound tissues are visibly moist, and the moisture is evenly distributed throughout the wound. At the time of changing, 25% of the removed dressing will have exudate on it.
Moderate Exudate	Wounds tissues are saturated, and exudate may be unevenly distributed. At the time of changing, 25-75% of the dressing will have exudate on it.
Heavy Exudate	Wound tissues are expressing exudate freely and exudate may be unevenly distributed. At the time of changing, more than 75% of the dressing will have exudate on it.

Note: For additional information regarding exudate assessment, please reference Page 14.

Exudate types are listed in the second 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 cleansing, and we recommend **Gentell Dermal Wound Cleanser**, a no-rinse cleanser that promotes healing by flushing out debris, contaminants and exudate. Unlike normal saline, **Gentell Dermal Wound Cleanser** does not have to be disposed of within 24 hours. The adjustable spray can be set to 8-10 psi to gently irrigate the 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, and/or contaminated (eschar) tissue, 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 time between dressing changes (c) location of the wound (i.e. should the dressing be waterproof?) (d) wound size, and (e) whether or not the wound is infected. This section applies only to uninfected wounds.

Light Exudate: Minimally or scant exuding wounds should be hydrated with Gentell Hydrogel or Gentell Collagen, which is available in multiple different application options. Each has its benefits:

- **Collagen Particles and Dressings** - Collagen can be applied to rebuild a wound from the inside, out. The fiber-like structure absorbs low to moderate exudate while allowing the body to engage in tissue regeneration. After applying the particle or dressing form, 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, including the sacral area or for any area where incontinence might soil the dressing.
- **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. If squeezed directly into the wound, then the tube should not be shared.

- **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 infection control, 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 **Gentell Bordered Gauze** or **Gentell 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 0.5 cm (0.2 inches). Choose the 2”x2” size if the length or width of the wound is greater than 1.0 cm (0.4 inches); choose the 4”x4” size if the length or width is greater than 10 cm (1.5 inches).

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 Calcium Alginate pad or Rope in the wound bed. The Calcium Alginate should line the entire wound bed. Do not pack dead space with Calcium Alginate. 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 not all be removed. Separate Calcium Alginate pieces do not gel up together. After applying the Calcium Alginate, cover with **Gentell Super Absorbent Dressing** or one of **Gentell Foam Dressings**.

Heavy Exudate: Contain, collect, and absorb the exudate with **Gentell Calcium Alginate**, or **Gentell Fiber Dressing**, which holds even more exudate than regular Calcium Alginate Dressings.

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

Gentell Foam Dressings utilize “smart foam” technology that wicks exudate throughout the dressing without strike through. Gentell Foam Dressings absorb up to 20 times their weight. Gentell Foam Dressings also provide a waterproof bacterial barrier to protect the wound.

Quick Reference for Dressing Selection

Dressings	For Infections	For Light Exudate	For Moderate Exudate	For Heavy Exudate
Hydrogel Dressings		X		
Collagen Dressings		X	X	
Calcium Alginate			X	X
Calcium Alginate Ag	X		X	X
Foam Dressings			X	X
Silicone Foam Dressings			X	X
Waterproof Foam Dressings			X	X
CMC Fiber Dressings			X	X
Super Absorbent Dressings			X	X
Super Absorbent Adherent Dressings			X	X

The Role of Collagen in Wound Healing

Wound healing is an intricate process composed of four overlapping steps:

1. **Hemostasis** - Platelets in the blood begin to stick to the injury site resulting in clotting to slow/prevent further bleeding
2. **Inflammation** - Phagocytosis occurs where damaged and dead cells, bacteria, pathogens, and other debris are removed from the injury site
3. **Proliferation** - Endothelial cells, fibroblasts, collagen, fibronectin, and myofibroblasts work together to induce cellular proliferation and the formation of granulation tissue
4. **Remodeling** - A balance is reached between the synthesis of new components of the scar matrix and their degradation, resulting in a strong scar with almost 75% of its original tensile strength

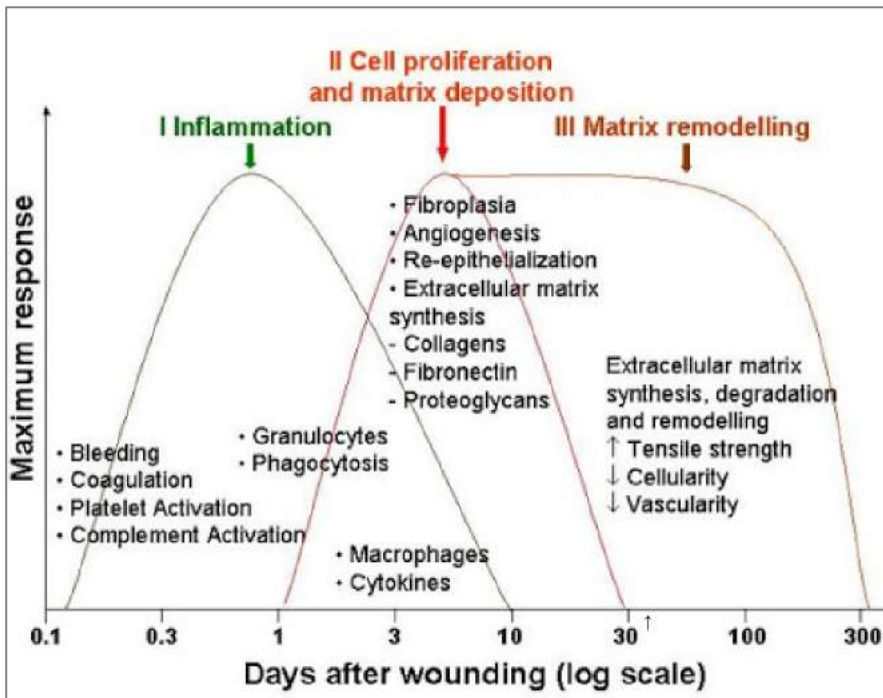
Of all proteins associated with wound healing, some of the most important are matrix metalloproteinases or MMPs. An MMP is a class of protease that plays a major role in cell behavior and is capable of degrading a variety of extracellular matrix proteins. In a wound that is healing properly, the MMPs and extracellular matrix proteins work in unison to build tissue and repair the wound.

While MMPs are beneficial in acute wounds, they tend to exhibit a high expression in chronic wounds, resulting in excessive protein degradation and a delay in tissue regeneration. Collagen, which is a crucial component to the wound healing structure, is a primary target for degradation by MMPs.

One of the most efficient and productive methods for minimizing the effects of MMPs on chronic wounds is by introducing protease modulating dressings. **Gentell Collagen Particles and Collagen Dressings** are composed of 100% bovine-derived Type I Collagen, which can be applied directly to the wound bed and offer a range of benefits:

1. Excess collagen from the dressing interacts with the MMPs as a buffer, which allows the collagen present within the body to engage in tissue regeneration
2. The fiber-like structure allows for absorption of low to moderate exudate which allows maintenance of a moist healing environment
3. Collagen Dressings come in multiple forms and sizes ideal for use on a wound of any dimension
4. The presence of collagen in a wound can prevent the recurrence of infection

Gentell Collagen Dressings should be applied directly to the wound bed, are typically non-adherent, and generally require use of a secondary dressing, such as **Gentell Bordered Foam, Super Absorbent, or Comfortell Dressings**. Collagen Dressings are designed for use on chronic non-healing wounds, wounds with light to moderate exudate, and granulating tissue.



<http://www.worldwidewounds.com/2004/august/Enoch/Pathophysiology-Of-Healing.html>

Gentell Collagen Dressings should not be utilized on patients with allergies to bovine-derived materials.

The Use of Autolytic Debridement

Delayed healing in chronic wounds can be influenced by multiple factors, including poor nutrition, age, autoimmune deficiencies, and even emotional stress. But one of the major contributors that can contribute to persistent wounds are physical barriers created by necrotic tissue, slough, and biofilm:

1. **Necrotic Tissue** - A form of cell injury that causes premature cell death (autolysis) as a result of external factors.
2. **Slough** - Cellular debris forced out of the wound when the wound is experiencing high levels of degradation due to an extended inflammatory period.
3. **Biofilm** - A coagulation of cellular debris and microorganisms that attaches to the wound and forms into a complex structure that is resistant to the defense mechanisms of the body.

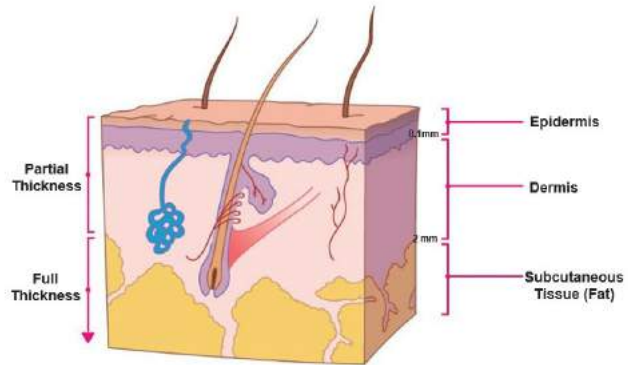
One of the most effective methods of removal for necrotic tissue, slough, and biofilms is autolytic debridement, or the process of allowing the body to utilize its own healing processes. While this method may be comparably slower than others, it is known to be safe, effective, easy to administer, and virtually painless for the patient.

In order to assist the body in autolytic debridement, wound management dressings that support a moist and vascular environment can be utilized. The maintenance of this ideal environment, with the help of dressings such as Collagen, Hydrogels, Honey Dressings, Calcium Alginates, Fiber Dressings, and Foam Dressings allow for the release of proteolytic, fibrinolytic, and collagenolytic enzymes that facilitate the removal of unwanted debris.

NOTE: Autolytic debridement should not be used on residents with poor perfusion and intact stable eschar, on residents at risk for severe infection or sepsis, infections or cellulitis not being treated with antibiotics, third degree burns, when a treated or untreated anaerobic wound infection is present, or when the neutrophil count is less than 500mm³.

Partial and Full Thickness Wounds

When assessing a wound, an important distinction to make is whether the wound is a pressure injury or not. Pressure injuries are generally classified in a staging system set by the NPIAP. All other wounds fall into one of two categories: Partial Thickness and Full Thickness.



<https://www.healthline.com/health/layers-of-skin#1>

A Partial Thickness Wound (PTW)

can be characterized by having loss of epidermis and an exposed dermis. A PTW can bleed and be red/pink, painful, and moist. Most often, these wounds have the etiology of trauma, minor skin tears, burns, abrasions, and edema.

A Full Thickness Wound (FTW) can be characterized by having loss of the epidermal and dermal layers, with exposed subcutaneous tissue, fascia, adipose tissue, muscle, tendon, and/or bone. An FTW may show signs of tunneling but is statistically less painful than a PTW. The etiology of an FTW is most often surgical, trauma, vascular (venous and arterial, if chronic), and varying degrees of burns.

Due to the difference in depths associated with the wounds, PTWs and FTWs heal through different mechanisms. A PTW will heal by tissue regeneration, which allows for the use of less aggressive dressings for healing such as XeroForm Gauze, Petrolatum Gauze, Oil Emulsion Dressing, or Dermatell™ Hydrocolloid.

An FTW, on the other hand, requires the wound be healed from the bottom-up. Because this healing process is extensive, it is not uncommon for a Full Thickness Wound to show signs of necrotic tissue, slough, or eschar. Resultantly, dressings that support efficient healing, as well as autolytic debridement, are vital. These options include Collagen Particles or Collagen Dressings, Hydrogels, and Calcium Alginates or CMC Fiber Dressings, or Honey Dressings.

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 Waterproof 4" x 4" Foam Dressing**



5cc = 1 teaspoon

Moderate Exudate

5cc - 10cc of wound fluid within a 24-hour period
Front and back of **Gentell Waterproof 4" x 4" 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 Waterproof 4" x 4" Foam Dressing**



Assessing Wound Exudate

Measuring wound exudate has always been a subjective “guess” by the person 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. Properly assessing exudate should be done over a 24-hour period. If a dressing is changed multiple times through the day because of exudate, then the wound should be documented as heavy. The guidelines on the previous page show how to accurately define wound exudate with a visual inspection.

Applying Dressings as “Diamonds”

The lumbar, sacral, gluteal, and coxal regions of the body can have bony or irregular protrusions that require the use of highly flexible dressings. We recommend applying square dressings in these regions as “diamonds” - this is, with a corner pointed up the spine - which provides greater adhesion and flexibility.

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 removes 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 has evolved a resistance to penicillin (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 silver-infused products that disrupt and eliminate bacterial cells. **Gentell Calcium Alginate Ag Dressing** can be substituted for standard **Gentell Calcium Alginate** when treating infected wounds. Silver products should not be used for patients who have a history of metal allergies or sulfa allergies. Do not use silver products with a chemical debriding agent because the silver may counteract the enzymes in the debriding agent. High concentrations of silver may stain the skin around the wound; Gentell silver products will not stain the skin. Patients with silver allergies should instead use a course of oral antibiotics.

Role of Skin Care in Wound Prevention

As early as the 1840's physicians began to notice a direct correlation between increasing basic hygiene practices and a decrease in child mortality rates. As an acknowledgment to these elementary principles, Gentell has created an entire line of personal care products including soaps, sanitizers, peri-washes, body washes, and barrier creams. A variety of Gentell Skin Care products contain gentle and moisturizing ingredients which prove to be effective as well as revitalizing to the skin.

Steps to Healthier Skin

1. Wash hands with anti-bacterial hand soap.
2. When away from a sink, clean hands with **Gentell Hand Sanitizer** with 70% alcohol plus Aloe and Vitamins A & D. Gentell Hand Sanitizer is available in pleasing Mango Coconut 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 Dermal Wound Cleanser** can be used to dissolve adhesives.
5. Acids in urine and feces eat away at skin. Spray and wipe affected area with **Gentell Liquid Clean**, and then protect skin from incontinence with **Gentell Shield & Protect™**.
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 removal time.

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



Wound Documentation System

Comprehensive, Easy-to-Use Wound Documentation System Featuring Wound Reporting at the Touch of a Button

Offered as part of the Gentell Total Wound Care Solution, Gentell Fastcare is a wound documentation EHR program that saves nursing time by simplifying wound documentation, tracking and reporting.

Features

- Wound evaluation with drop down menu choices, mandatory fields that provide a complete record, and the ability to easily check off wound and skin prevention and treatment plans.
- Wound documentation contains all the information required for MDS and is F686 compliant.
- Wound history and wound progress records including measurements and previous treatments which are easily accessible from any location.
- Ability to view all wounds, open and closed, from the resident's history to note potential areas for recurrence.
- Facility-wide wound log reports and QAPI reports, plus PUSH scores and trend reports for individual wounds.

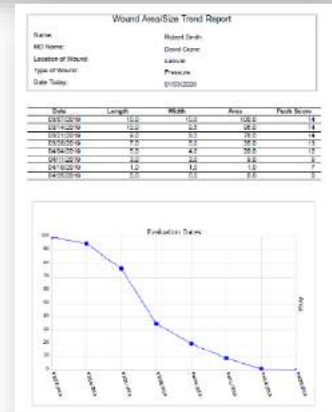
How It Works

- Your staff conducts weekly wound evaluations and enters the information into Gentell Fastcare via a computer, tablet or mobile device.
- Data is encrypted and sent to secure servers.
- Wound Evaluation Report collects all the information recommended by the NPIAP (National Pressure Injury Advisory Panel, formerly NPUAP) and required by U.S. Centers for Medicare & Medicaid Services.
- Fastcare also provides facility-wide reports such as Wound Reports, Trend Reports and QAPI Reports.
- User levels control access and permissions, while still allowing all users to see wound information. Regional or corporate nurses can view information across multiple facilities.
- Gentell Fastcare works in conjunction with major electronic health record systems.

Sample Wound Report

Name	URI/Room	Site/Prod	Observ	Location	Type	Length	Width	Depth	Stage	Tend	Push
Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient
Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient
Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient
Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient	Wound del Patient

Sample Trend Report



Resident: Robert Smith	Room # 1010	Physician: David Stone
08/14/2019	10.0 x 10.0	10
08/21/2019	8.0 x 8.0	10
08/28/2019	6.0 x 6.0	10
09/04/2019	4.0 x 4.0	10
09/11/2019	3.0 x 3.0	10
09/18/2019	2.0 x 2.0	10
09/25/2019	1.5 x 1.5	10

Sample Wound Evaluation Report

Universal Nursing And Rehabilitation

7157 Shady Tree Lane Philadelphia, PA 19120

Resident: Robert Smith

Location: sacrum

Room #: Maple 2-B

Type of Wound: Pressure

Physician: David Crane

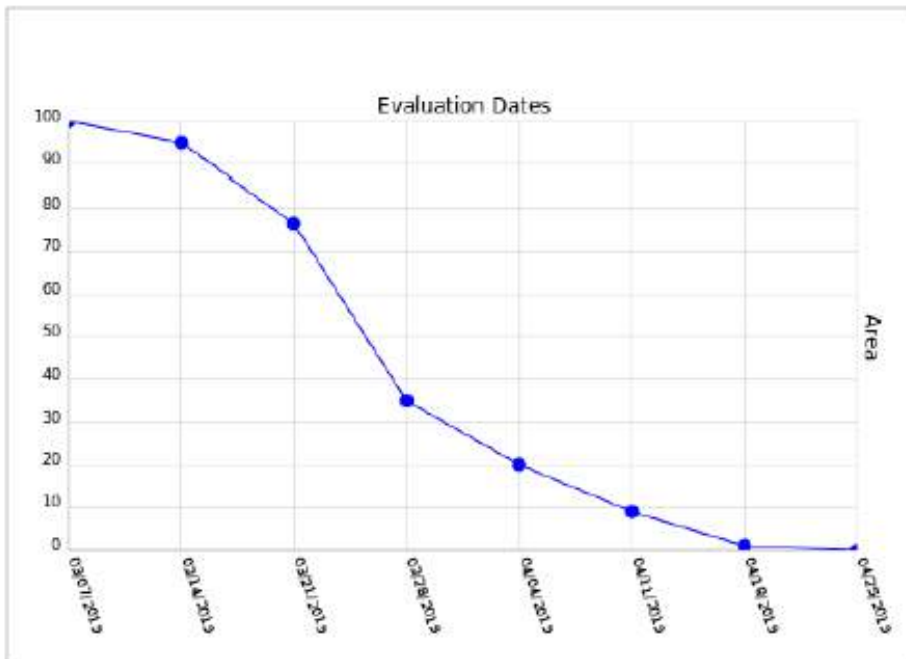
Acquisition: Admitted

		Exudate			Wound Bed			Periwound			Comments				
Measurements (cm)															
Date: 03/07/2019	Thickness/ Stage: IV	Tissue Type: Slough	L 10.0 W 10.0 D 1.9	Color: Yellow	Exudate Type: Sero-sanguinous	Debridement: Sharp	Last Debridement date: 03/05/2019	Amount: Heavy	Odor: No	Pain: Yes	Pain Medication Ordered: Yes	Wound Edges: Unattached	Surrounding Skin: Maceration	Surrounding Skin Other:	Skin & Ulcer Treatment: Pressure ulcer care Treatment: Cleanse with Wound Cleanser, apply Calcium Alginate and cover with Super Absorbent Dressing Primary Dressing: Calcium Alginate 4" x 4" Dressing, QD Secondary Dressing: Super Absorbent Dressing Adherent 5"x5", QD Signature: Michelle Jensen RN [E-signed] 3/07/2019 14:22:17
Date: 03/14/2019	Thickness/ Stage: IV	Tissue Type: Slough	L 10.0 W 9.5 D 1.5	Color: Yellow	Exudate Type: Sero-sanguinous	Debridement: Sharp	Last Debridement date: 03/05/2019	Amount: Heavy	Odor: No	Pain: No	Pain Medication Ordered: No	Wound Edges: Unattached	Surrounding Skin: Maceration	Surrounding Skin Other:	Skin & Ulcer Treatment: Pressure ulcer care Treatment: cleanse with wound cleanser, apply Calcium Alginate, cover with Super Absorbent Adherent dressing Primary Dressing: Calcium Alginate 4" x 4" Dressing, QD Secondary Dressing: Super Absorbent Dressing Adherent 5"x5", QD Signature: Michelle Jensen RN [E-signed] 03/14/2019 14:26:12
Date: 03/21/2019	Thickness/ Stage: IV	Tissue Type: Slough	L 9.0 W 8.5 D 1.3	Color: Yellow	Exudate Type: Sero-sanguinous	Debridement: Sharp	Last Debridement date: 03/05/2019	Amount: Heavy	Odor: No	Pain: Yes	Pain Medication Ordered: Yes	Wound Edges: Unattached	Surrounding Skin: Maceration	Surrounding Skin Other:	Skin & Ulcer Treatment: Pressure ulcer care Treatment: cleanse with wound cleaner, apply Calcium Alginate, then cover with Super Absorbent adherent dressing Primary Dressing: Calcium Alginate 4" x 4" Dressing, QD Secondary Dressing: Super Absorbent Dressing Adherent 5"x5", QD Signature: Michelle Jensen RN [E-signed] 03/21/2019 14:28:02

Wound Area/Size Trend Report

Name:	Robert Smith
MD Name:	David Crane
Location of Wound:	sacrum
Type of Wound:	Pressure
Date Today:	01/03/2020

Date	Length	Width	Area	Push Score
03/07/2019	10.0	10.0	100.0	14
03/14/2019	10.0	9.5	95.0	14
03/21/2019	9.0	8.5	76.5	14
03/28/2019	7.0	5.0	35.0	13
04/04/2019	5.0	4.0	20.0	12
04/11/2019	3.0	3.0	9.0	9
04/18/2019	1.0	1.0	1.0	7
04/25/2019	0.0	0.0	0.0	0



Gentell Fastcare: Facility Report - **Facility Name:** Universal Nursing And Rehabilitation **Dates:** 04/04/2019 - 04/11/2019
Wound Type: Pressure, Medical Device PI Mucosal Membrane PI, Kennedy Terminal PI

Name	Unit/Room	Date First Observed	Admitted			Closed			Location	Type	Length	Width	Depth	Stage/ Thick- ness	Exudate	PUSH
			Admitted	Acquired	Recurring	Admitted	Closed	Recurring								
Wound bed Peri-wound Wound Edge Description																
Carter, Amelia	Maple/12-B	2019-03-30	1	0	0	0	0	0	right heel	Pressure	2.0	1.0	0.1	3	Light	8
			Slough 10% / Unattached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Hydrogel Saturated 2" x 2" Gauze), QD. Cover with (Conforming Stretch Gauze 3" (Kling), FixTape), QD.						
Copeland, Arthur	Pine/1-B	2018-12-05	0	1	0	0	0	0	left heel	Pressure	2.0	2.0	1.0	3	Heavy	10
			Epithelial / Rolled / Maceration							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Calcium Alginate 2" x 2" Dressing), QD. Cover with (Super Absorbent Dressing 4"x4", Conforming Stretch Gauze 3" (Kling), FixTape), QD.						
Harris, Bradley	Cherry/18-A	2019-04-04	1	0	0	0	0	0	left ischium	Pressure	2.0	2.0	0.1	Unstageable	Light	8
			Slough 65% / Unattached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Collagen Wound Dressing 2"x2"), QD. Cover with (Bordered Gauze 4" x 4" Dressing), QD.						
Jameson, Ophelia	Pine/21-B	2018-12-05	0	1	0	0	0	0	sacrum	Pressure	1.5	3.2	0.8	4	Heavy	9
			Granulation / Rolled / Maceration							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Calcium Alginate 2" x 2" with Silver Dressing), QD. Cover with (Super Absorbent Dressing Adherent 5" x 5"), QD.						
Smith, Robert	Maple/2-B	2019-03-07	1	0	0	0	0	0	sacrum	Pressure	3.0	3.0	0.2	4	Moderate	9
			Granulation / Attached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Calcium Alginate 2" x 2" Dressing), QD. Cover with (Silicone Foam 4"x4" Bordered Dressing), QD.						
Withers, April	Cherry/5-A	2019-01-01	1	0	0	0	0	0	right buttock	Pressure	6.0	5.0	0.6	4	Moderate	13
			Necrotic/Eschar 20% / Unattached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Collagen Wound Dressing 4"x4"), QD. Cover with (Bordered Foam 6" x 6" Dressing), QD.						

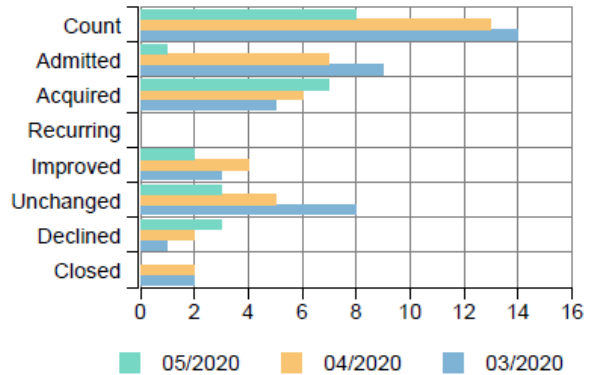
Gentell QAPI (Quality Assurance Performance Improvement) Report

Facility Name : Universal Nursing and Rehab

Summary Report for: 03-01-2020 - 05-31-2020

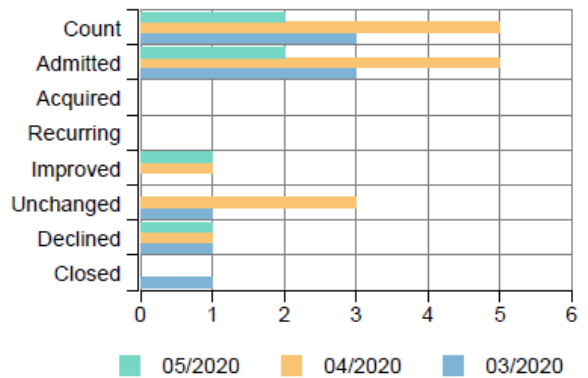
Aggregate Information for Pressure Wounds

	03/2020	04/2020	05/2020
Count	14	13	8
Admitted	9	7	1
Acquired	5	6	7
Recurring	0	0	0
Improved	3	4	2
Unchanged	8	5	3
Declined	1	2	3
Closed	2	2	0



Aggregate Information for Neuropathic / Diabetic Wounds

	03/2020	04/2020	05/2020
Count	3	5	2
Admitted	3	5	2
Acquired	0	0	0
Recurring	0	0	0
Improved	0	1	1
Unchanged	1	3	0
Declined	1	1	1
Closed	1	0	0



GUIDELINES FOR A SKIN CARE & WOUND HEALING PROGRAM

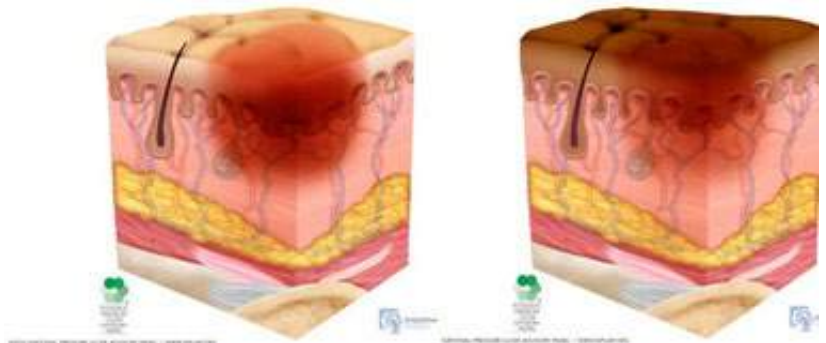
The following are guidelines for the implementation of a program to prevent skin breakdown and promote wound healing through the moist wound healing techniques. This information is provided as a courtesy and does not replace existing facility policy and procedures.

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 micro-climate, nutrition, perfusion, co-morbidities and condition of the soft tissue.” *From NPIAP 2016*

Stage 1

“Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin.” *From NPIAP 2016*



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 NPIAP 2016*

1. Cleanse skin daily, apply skin emollients. (**Gentell Body Wash, Liquid Clean or 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 or SuperMax**)
4. Turn sheets to lift and position patients.
5. Use 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 or as needed.
 - c. Avoid positioning immobile patients directly on bony prominences when possible.
 - 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.” *From NPIAP 2016*



Further Description:

“These injuries commonly result from adverse micro-climate 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 NPIAP 2016*

1. Cleanse skin daily, apply skin emollients. (**Gentell Body Wash, Liquid Clean or 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 or SuperMax**)
4. Turn sheets to lift and position patients/residents
5. Use 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 or as needed.
 - c. Avoid positioning immobile patients directly on bony prominences when possible.

- 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
- a. **Gentell Dermatell Dressing (hydrocolloid)**
 - b. **Gentell Xeroform Dressing**
 - c. **Gentell Petrolatum Dressing**
 - d. **Gentell Oil Emulsion Dressing**
 - e. **Gentell Bordered Gauze Dressing**
 - f. **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.”
From NPIAP 2016

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 NPIAP 2016*

1. Cleanse skin daily, apply skin emollients.
(Gentell Body Wash, Liquid Clean or 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 or SuperMax)**
4. Turn sheets to lift and position patients.
5. Use 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 when possible.

- 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
- a. **Gentell Hydrogel (tube or gauze)**
 - b. **Gentell Collagen Sheet or Particle Dressing**
 - c. **Gentell Calcium Alginate (with or without silver) Dressing**
 - d. **Gentell Super Absorbent (with or without adhesive)**
 - e. **Gentell Bordered Foam Dressing**
 - f. **Gentell Silicone Foam Dressing**
 - g. **Gentell Silver Foam Dressing**
 - h. **Gentell Waterproof Foam Dressing (non-bordered & waterproof)**
 - i. **Gentell Comfortell Dressing (composite & water resistant)**
 - j. **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.
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 NPIAP 2016*

1. Cleanse skin daily, apply skin emollients.
(Gentell Body Wash, Liquid Clean or 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 or SuperMax)
4. Turn sheets to lift and position patients/residents
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 when possible.
 - 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
 - a. **Gentell Hydrogel (tube or gauze)**
 - b. **Gentell Collagen Sheet or Particle Dressing**
 - c. **Gentell Calcium Alginate (with or without silver) Dressing**
 - d. **Gentell Super Absorbent (with or without adhesive)**
 - e. **Gentell Bordered Foam Dressing**
 - f. **Gentell Silicone Foam Dressing**
 - g. **Gentell Silver Foam Dressing**
 - h. **Gentell Waterproof Foam Dressing (non-bordered & waterproof)**
 - i. **Gentell Comfortell Dressing (composite & water resistant)**
 - j. **Gentell Bordered Gauze**
14. Assess fever, edema, pain, and infection.
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.

Unstageable

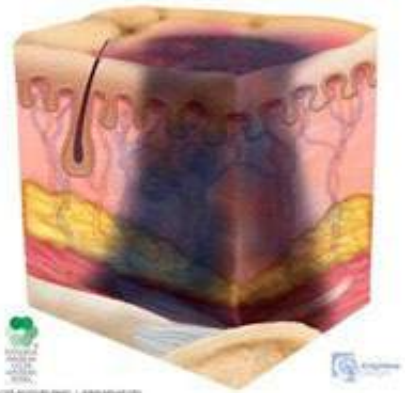


“Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.” *From NPIAP 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 Collagen or Gentell Honey Gauze cover with Gentell Bordered Gauze or wrap.
 - b. Autolytic with moderate to heavy exudate:
Gentell Calcium Alginate, Gentell Calcium Alginate w/ Silver, Gentell Collagen (not recommended for heavy exudate), **or Gentell Super Absorbent**. Cover with **Gentell Bordered Foam, Gentell Silicone Foam, Gentell Bordered Foam with Silver, 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 **Gentell Bordered Foam, Gentell Silicone Foam, Gentell Waterproof Foam or Gentell 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.” *From NPIAP 2016*



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 NPIAP 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** 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. Irregular bordered erosions may follow.” *From NPIAP 2016*




1. Clean area with **Gentell Wound Cleanser** and dry.
2. Measure wound and document appearance.
3. Provide pressure relief. Modify care plan as needed.
4. Apply **Gentell Super Max Barrier Cream** after incontinent episodes.

Skin Tears

1. Cleanse wound with **Gentell Dermal Wound Cleanser**.
2. Assess exudate.
3. Measure wound and document appearance. Each skin tear is to have its own separate documentation sheet.
4. Use Skin Sleeves as needed.
5. Pad sides of wheelchair, bed as needed.
6. Apply **Gentell Hand and Body Lotion** to intact skin on extremities at least BID
 - i) **Category 1:** Flap can be approximated. Clean area with **Gentell Dermal 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 Dermal 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 Dressing**. Cover with a **Gentell Foam Dressing**.
 - iii) **Category 3:** Full Loss of Flap. Clean wound gently using **Gentell Dermal 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 Dressing**. Cover with a **Gentell Foam Dressing**.







At Risk for Pressure Injury Development Guidelines

Stage 1	Deep Tissue Pressure Injury	Moisture Associated Skin Damage	Stable Heel Eschar
<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>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>Skin in the presence of constant moisture from fecal/urinary incontinence, wound exudate, effluent from stomal fistula or perspiration develops persistent erythema leading to diffuse erosions and partial thickness wounds.</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 footwear 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 quilted shoe for ambulation
<p>Protect — Off Load</p> <ul style="list-style-type: none"> Apply Gentell Shield & Protect after incontinence Optional: Apply Gentell MVP Film or Comfortell™ Change Q3D and PRN 	<p>Protect — Off Load</p> <ul style="list-style-type: none"> Apply no stinging skin sealant after incontinence Optional: Apply Gentell MVP Film or Comfortell™ 	<p>Protect — Off Load</p> <ul style="list-style-type: none"> Apply no stinging skin sealant follow with Gentell SuperMax after incontinence Optional: Apply Gentell MVP Film or Comfortell™ 	<p>Protect — Off Load</p> <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 and 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." — NPUAP 2016

 <p>Stage 1 Pressure Injury: Non-blanchable erythema of intact skin</p>	 <p>Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis</p>	 <p>Stage 3 Pressure Injury: Full-thickness skin loss</p>	 <p>Stage 4 Pressure Injury: Full-thickness skin and tissue loss</p>	 <p>Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss</p>	 <p>Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration</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>Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact 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 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).</p>	<p>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>Full-thickness skin and tissue loss with exposed 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>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>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 DTPJ 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 and interdisciplinary team
- Notify Family or responsible party
- Complete/Update wound documentation
- Complete/Update Risk Assessment
- Referral to Dietary and 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

Pressure Injury Management Guidelines

Unstageable 100% Eschar Full Thickness	Deep Tissue Injury	Kennedy Terminal Ulcer (KTU)	Mucosal Pressure Ulcer (MPrU)	Medical Device Related Pressure Injuries
<p>Keep area intact (closed) Debridement Needed if -Presence of exudate, erythema, fluctuance, odor or pain</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.</p> 	<p>Partial to Full thickness tissue loss due to unavoidable skin breakdown or skin failure that occurs as part of the dying process. Ulcers typically present as pear shape, red/yellow/black and occur suddenly in the sacral/coccygeal region.</p> 	<p>Because of the anatomy of the mucous membranes, these ulcers should NEVER be staged. They often result from a device and present with what appears as "slough" which is, and should be documented as, coagulum.</p> 	<p>Pressure injuries that result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant ulcer generally conforms to the pattern or shape of the device. Should be staged to the most severe tissue damaged depth.</p> 
<p>Off Load Keep Dry Cover/Protect Assess Support Surfaces Decrease Friction/Shear</p>	<p>Off Load Protect Assess Support Surfaces Decrease Friction/Shear</p>	<p>Off Load Debride if needed Manage Exudate Fill Cavity Cover/Protect</p>	<p>Remove or rotate agitator cause (ie. Oxygen tubing, bite blocks, orogastric and nasogastric tubes, urinary catheters, fecal containment devices</p>	<p>Off Load Manage Exudate Debride if needed Fill Cavity Cover/Protect</p>
<p>Stable Eschar: Keep area dry. Keep area intact. Assess wheelchair positioning and 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>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 and amount of incontinence. Assess repositioning interval. Assess support surfaces. Assess wheelchair positioning and seating.</p>	<p>KTU are treated symptomatically like any other pressure ulcer. After Stage of injury has been determined, see Management Guidelines for that stage for treatment.</p>	<p>Because of the location and cellular composition of MPrU, there are no topical therapies that can be instituted to promote healing. Removal, padding or repositioning of device causing injury is of utmost importance to allow for healing.</p>	<p>Removal, padding or repositioning of device causing injury is of utmost importance to allow for healing and/or prevention. Residents with any type of medical device in place should be assessed at least twice a day for possible skin injury. After Stage of injury has been determined, see Management Guidelines for that stage for treatment.</p>





Pressure Injury Management Guidelines

Stage 1	Stage 2 Partial Thickness	Stage 3 Full Thickness	Stage 4 Full Thickness	Unstageable Full Thickness
<p>Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin.</p> 	<p>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>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>Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location.</p> 	<p>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>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 and seating.</p>	<p>Off Load Manage Exudate Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser. Light Exudate: Apply Hydrogel, Hydrogel Ag, Honey Hydrogel, 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, Hydrogel Ag, Honey 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 if needed Fill Cavity Cover/Protect</p> <p>Cleanse with normal saline or Wound Cleanser. Light Exudate: Apply Hydrogel, Hydrogel Ag, Honey 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, Hydrogel Ag, Honey 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>

*Photos courtesy of WCC or WOCN society image library

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> <ul style="list-style-type: none"> • Skin flap can be approximated so that no more than 1mm of dermis is exposed. 	 <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. 	 <p>Skin Tear with Complete Tissue Loss (Full Thickness)</p> <ul style="list-style-type: none"> • Epidermal flap is absent. 	 <p>Skin Tear with Debridement Needed (Full Thickness)</p> <ul style="list-style-type: none"> • Full thickness wound with presence of slough or necrotic tissue.
<ul style="list-style-type: none"> • Use cotton tipped applicator to gently roll flap back into place and approximate edges. • Apply steri-strips to approximated edges. • Cleanse with normal saline or wound cleanser. Pat dry. 	<ul style="list-style-type: none"> • 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. 	<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. 	<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 and tape.</p> <p>Prevention Tips:</p> <ul style="list-style-type: none"> • 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. 	<p>Fragile Skin: Secure with rolled gauze and tape.</p> <ul style="list-style-type: none"> • 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. 	<p>Fragile Skin: Secure with rolled gauze and tape or Silicone Foam.</p> <ul style="list-style-type: none"> • 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 Hydrogel Ag, Calcium Alginate Ag or Border Foam Ag if infection or critical colonization is suspected or present. 	<p>Fragile Skin: Secure with rolled gauze and tape or Silicone Foam.</p>

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. Compression Therapy Considerations ABI is 0.9-0.6: reduced compression of 23mmHg. ABI is 0.5 or lower: compression is contraindicated. Compression is contraindicated with DVT or acute CHF. Diabetes may produce false elevations in ABI readings.</p>
<p>Cleanse with normal saline or Wound Cleanser. Light Exudate Apply Hydrogel, or Collagen if wound base is mostly red. Moderate Exudate Apply Calcium Algininate or Collagen. Heavy Exudate Apply Calcium Algininate and cover with Foam or Super Absorbent Dressing. ABI > 0.9</p>	<p>Cleanse with normal saline or Wound Cleanser. Light Exudate Apply Hydrogel or Collagen. Moderate Exudate Apply Calcium Algininate or Collagen. Heavy Exudate Apply Calcium Algininate and cover with Foam or Super Absorbent Dressing. Silver based product maybe a consideration for this type of wound, if bioburden or signs of localized infection is present. ABI < 0.5 compression therapy is contraindicated</p>	<p>Cleanse with normal saline or Wound Cleanser. Light Exudate Apply Hydrogel or Collagen. Moderate Exudate Apply Calcium Algininate or Collagen. Heavy Exudate Apply Calcium Algininate and cover with Foam or Super Absorbent Dressing. Silver based product maybe a consideration for this type of wound, if bioburden or signs of localized infection is present.</p>	<p>Cleanse with normal saline or Wound Cleanser. Light Exudate Apply Hydrogel or Collagen. Moderate Exudate Apply Calcium Algininate or Collagen. Heavy Exudate Apply Calcium Algininate and cover with Foam or Super Absorbent Dressing. Silver based product maybe a consideration for this type of wound, if bioburden or signs of localized infection is present.</p>
<p>Change QD or QOD</p>	<p>Change QD or QOD</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.


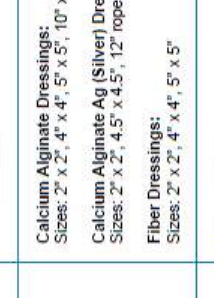

The latest wound management technologies include calcium alginates, foams and hydrocolloids for greater absorption, silver particles to reduce infections, and collagen, a protein-based connective tissue, for faster epithelialization. Gentell Advanced Wound Care Products cover the spectrum of modern wound 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 contacting us at 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 Hydrogel, Collagen, Calcium Alginate, and Fiber Dressings



Hydrogels	Collagens	Calcium Alginates and Fiber
 <p>Hydrogel Tube and Spray: Sizes: 4oz tube, 8oz bottle</p> <p>Hydrogel Tube Gauze Dressings: Sizes: 4oz tube, 2" x 2", 4" x 4", 4" x 8"</p>	 <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", 10" x 10", 12" rope</p> <p>Calcium Alginate Ag (Silver) Dressings: Sizes: 2" x 2", 4.5" x 4.5", 12" rope</p> <p>Fiber Dressings: Sizes: 2" x 2", 4" x 4", 5" x 5"</p>
<p>When to Use: Partial and full thickness wounds with minimum exudate. Rehydrates a dry wound bed.</p> <p>Hydrogel Ag should be used for wounds that have an infection present in the wound bed. <i>Not recommended</i> for moderate or heavy exudate.</p>	<p>When to Use: Full thickness wounds with minimal to moderate exudate. <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 and undermining wounds. Calcium Alginate with Silver should be used for wounds that have an infection present in the wound bed. <i>Not recommended</i> for dry or light exudate.</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>Application: 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 and undermining, if present. Cover with a secondary dressing.</p>
<p>Usual Frequency of Change: Recommended Daily</p>	<p>Usual Frequency of Change: Recommended Daily or QOD</p>	<p>Usual Frequency of Change: Daily or QOD</p>

How to Use Super Absorbent Dressings, Bordered Foam and Non-Bordered Foam

Super Absorbent Dressings	Bordered Foam	Non-Bordered Foam
 <p>Super Absorbent Dressings: Sizes: 2" x 2", 4" x 4", 5" x 5", 8"x8" (not pictured)</p> <p>Super Absorbent Adherent Dressings: Sizes: 2" x 2", 5" x 5", 8"x8" (not pictured)</p>	 <p>Bordered Foam Dressings: Sizes: 4" x 4", 6" x 6", 8" x 8" Circular Split Drain</p> <p>Silicone Foam Dressings (Bordered): Sizes: 4" x 4", 6" x 6"</p>	 <p>Waterproof Foam Dressings (Non-Bordered): Sizes: 2" x 2", 4" x 4", 5" x 5", 4"x5" Non-Bordered Split Drain</p>
<p>When to Use: Full thickness wounds with moderate to heavy exudates. May be used as a primary or secondary dressing.</p>	<p>When to Use: Full thickness wounds with moderate to heavy exudate.</p>	<p>When to Use: Full thickness wounds with moderate to heavy exudate.</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>Application: Apply directly over the wound.</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 Frequency of Change: Daily or QOD</p>	<p>Usual Frequency of Change: If used as a primary dressing — change daily or QOD. If used as a secondary dressing — change with primary treatment.</p>	<p>Usual Frequency of Change: If used as a primary dressing — change daily or QOD. If used as a secondary dressing — change with primary treatment.</p>



Dermal Wound Cleanser

8 oz Adjustable Spray Bottle 6/case GEN-10080	16 oz Adjustable Spray Bottle 6/case GEN-10160
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- **Can be used to cleanse a wound regardless of stage**
- **No rinse required**
- **Adjustable stream**

Ingredients

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



Gentell Dermal Wound Cleanser is a no rinse, non-irritating cleanser forefficient, thorough, and gentle cleansing of the skin. Dermal Wound Cleanser can be used on any wound, regardless of stage.

Directions

1. Adjust the nozzle to a gentle spray or to a stream to dislodge proteinaceous material.
2. Spray Gentell Dermal Wound Cleanser liberally to gently flush debris from the skin.
3. Gently dry the skin.



Collagen

2"x2" (5 x 5cm) 10/box GEN-18200	4"x4" (10 x 10cm) 10/box GEN-18400	7"x7" (17.75 x 17.75cm) 10/box GEN-18700
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- **Reduces high levels of matrix metalloproteases (MMPs) that break down connective tissue**
- **Helpful with chronic, non-healing wounds**
- **Available in particles and multiple dressing sizes**



Gentell Collagen is a primary dressing for management of burns, scrapes, sores, ulcers, and blisters including wounds with minimal to heavy exudate, partial and full thickness, and second-degree burns.

Directions

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



Collagen

Particles
(1 gram)
5/box
GEN-18000

- Reduces high levels of matrix metalloproteases (MMPs) that break down connective tissue
- Helpful with chronic, non-healing wounds
- Available in particles and multiple dressing sizes



Gentell Collagen Particles are a primary dressing for management of burns, scrapes, sores, ulcers, and blisters including wounds with minimal to heavy exudate, partial and full thickness, and second-degree burns.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Apply Gentell Collagen Particles directly to the wound bed. If the wound is dry (without exudate), Gentell Collagen Particles may be moistened with Gentell Wound Cleanser before applying to the wound.
3. Cover wound with a secondary dressing such as Gentell Bordered Gauze or Gentell Comfortell.
4. Repeat daily or as ordered by a physician.



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 an extended duration**
- **Crystal-clear formula makes the wound easier to see and diagnose**
- **Adjustable spray helps reach tunneling areas**



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 contains less water than other hydrogels, Gentell Hydrogel is more viscous and less “runny.” Aloe Vera is also a source of ace mannin, in addition to other mono- and polysaccharides, amino acids, glycoproteins, vitamins and enzymes. Use on wounds with little or no exudate, diabetic skin ulcers, venous stasis ulcers, first- and second-degree burns, post-surgical incisions, cuts, and abrasions.

Directions

1. Irrigate the wound with Gentell Dermal Wound Cleanser and gently dry the skin surrounding the wound site.
2. Apply a 1/8-inch layer of Gentell Hydrogel to the entire surface of the wound using an appropriate clean applicator or gauze to sufficiently cover the wound bed.
3. Cover the wound with a secondary dressing like Gentell Bordered Gauze or Gentell Comfortell.
4. Repeat daily or as ordered by a physician



Hydrogel Saturated Gauze

2"x2" (5 x 5cm) 10/box GEN-11200	4"x4" (10 x 10cm) 10/box GEN-11400	4"x8" (10 x 20cm) 10/box GEN-11800
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- **Easiest way to apply Hydrogel**
- **Single use saturated gauze is great for infection control**
- **Crystal-clear formula makes the wound easier to see and diagnose**
- **12 ply pads**

Ingredients

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



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 moist environment essential to the healing process. Aloe Vera is also a source of ace mannin, in addition to other mono- and polysaccharides, amino acids, glycoproteins, vitamins and enzymes. Use on wounds with little or no exudate, diabetic skin ulcers, venous stasis ulcers, first- and second-degree burns, post-surgical incisions, cuts and abrasions.

Directions

1. Irrigate the wound with Gentell Dermal Wound Cleanser and gently dry the skin surrounding the wound site.
2. To apply, peel open pouch and remove the Hydrogel Gauze pad.
3. Follow your standard protocol, cover or pack wound loosely with the saturated gauze.
4. Cover wound with a secondary dressing such as Gentell Bordered Gauze or Gentell Comfortell.
5. Repeat daily or as ordered by a physician.



Calcium Alginate Dressing

2"x2" (5 x 5cm) 10/box GEN-13200	4"x4" (10 x 10cm) 10/box GEN-13500	4"x8" (10 x 20cm) 10/box GEN-13480	6"x6" (15.2 x 15.2cm) 10/box GEN-13700	10"x10" (25 x 25cm) 10/box GEN-13010
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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. Use on leg ulcers, pressure ulcers, diabetic foot ulcers, and surgical wounds. May be used for minor conditions such as lacerations, abrasions, skin tears, and minor burns.

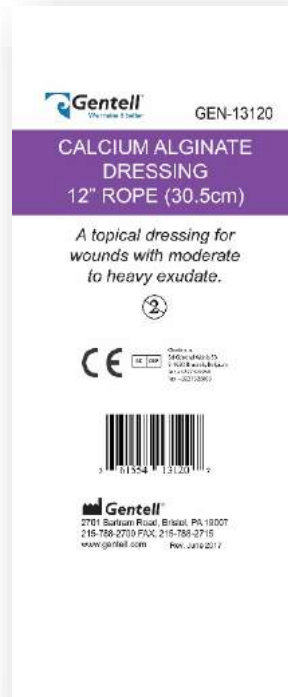
Directions

1. Irrigate the wound with Gentell Dermal Wound Cleanser and gently dry the skin surrounding the wound site.
2. Choose the appropriate size dressing based on the dimensions of the wound.
3. Cover wound with a secondary dressing such as Gentell Super Absorbent, Gentell Comfortell, or Gentell Bordered Foam Dressing.
4. Repeat daily or as ordered by a physician.

Calcium Alginate Rope

12" Rope
 (30.5 cm)
 5/box
GEN-13120

- **Rope is easily 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. May be used on deep cavity wounds, such as leg ulcers, pressure ulcers, diabetic foot ulcers, and surgical wounds with heavy drainage.

Directions

1. Irrigate wound with Gentell Wound Cleanser and gently dry the skin around the wound.
2. Place the Gentell Calcium Alginate Rope in the wound bed. Do not alter the dressing so that it does not become frayed or fibrous.
3. Cover wound with a secondary dressing such as Gentell Super Absorbent, Gentell Comfortell or Gentell Bordered Foam Dressing.
4. Repeat daily or as ordered by a physician.



Calcium Alginate Ag (Silver) Dressing

2"x2" (5 x 5cm) 10/box GEN-13220	4"x4" (10 x 10cm) 10/box GEN-13420	4"x8" (10 x 20cm) 10/box GEN-13482	6"x6" (15.2 x 15.2cm) 10/box GEN-13620	8"x8" (20 x 20cm) 10/box GEN-13820
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Uniformly absorbs, collects, and contains 20 times its weight in exudate 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 (Silver) 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. May be used on wounds, such as leg ulcers, pressure ulcers, diabetic foot ulcers, and surgical wounds or minor conditions such as lacerations, abrasions, skin tears, and minor burns.

Directions

1. Irrigate wound with Gentell Wound Cleanser and gently dry the skin around the wound.
2. Choose the appropriate size dressing based on the dimensions of the wound.
3. Cover wound with a secondary dressing such as Gentell Super Absorbent, Gentell Comfortell or Gentell Bordered Foam Dressing.
4. Repeat daily or as ordered by a physician



Calcium Alginate Ag (Silver) Rope

12" Rope
(30.5 cm)
5/box
GEN-13142

- **Controlled silver release provides antimicrobial protection to the wound**
- **Rope is easily 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 Ag (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. May be used on deep cavity wounds, such as leg ulcers, pressure ulcers, diabetic foot ulcers, and surgical wounds with heavy drainage.

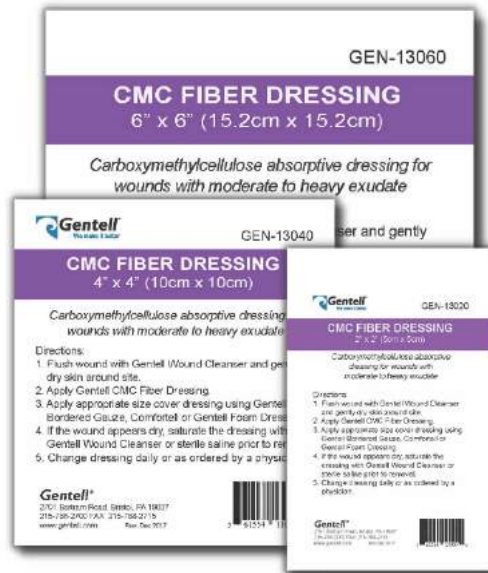
Directions

1. Irrigate wound with Gentell Wound Cleanser and gently dry the skin around the wound.
2. Place the Gentell Calcium Alginate Ag Rope in the wound bed. Do not alter the dressing so that it does not become frayed or fibrous.
3. Cover wound with a secondary dressing such as Gentell Super Absorbent, Gentell Comfortell, or Gentell Bordered Foam Dressing.
4. Repeat daily or as ordered by a physician.

Fiber Dressing

2"x2" (5 x 5cm) 10/box GEN-13020	4"x4" (10 x 10cm) 10/box GEN-13040	6"x6" (15.2 x 15.2cm) 10/box GEN-13060
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- **100% carboxymethylcellulose (CMC), a gel-like substance supports the moist wound healing process**
- **Minimizes the risk of leakage and maceration**
- **Ideal for wounds with moderate to heavy exudate**



Gentell Fiber Dressing is a carboxymethylcellulose absorptive dressing for wounds with moderate to heavy exudate. A reaction between the fiber in the dressing and the wound fluid creates a gel-like substance that promotes moist wound healing and the formation of granulation tissue. The gelling fiber facilitates the removal of dead, damaged and infected tissue from the wound, and manages drainage to reduce the risk of periwound maceration.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Place the Gentell CMC Fiber Dressing in the wound bed.
3. Cover wound with a secondary dressing such as Gentell Comfortell or Gentell Foam Dressing.
4. Repeat daily or as ordered by a physician.



Super Absorbent Dressing

2"x2" (5 x 5cm) 10/box GEN-19320	4"x4" (10 x 10cm) 10/box GEN-19340	5"x5" (12.5 x 12.5cm) 10/box GEN-19350	8"x8" (20 x 20cm) 10/box GEN-19380
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- **Multi-layer construction absorbs exudate and promotes wound healing**
- **Minimizes risk of maceration**
- **Absorbs up to 40 times its weight in exudate**
- **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 non-woven contact layer. Ideal for leg ulcers, pressure injuries, non-infected diabetic foot ulcers, dehisced surgical wounds and donor sites.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Choose the appropriate size dressing based on the dimensions of the wound.
3. Apply Gentell Super Absorbent Dressing with white side to the wound and blue side up.
4. Secure dressing with Gentell FixTape™.
5. Repeat daily or as ordered by a physician.



Super Absorbent Adherent Dressing

2"x2" (5 x 5cm) 10/box GEN-19420	5"x5" (12.5 x 12.5cm) 10/box GEN-19450	8"x8" (20 x 20cm) 10/box GEN-19480
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- Multi-layer construction absorbs exudate and promotes wound healing
- Minimizes risk of maceration
- Absorbs up to 40 times its weight in exudate
- Silicone contact layer provides gentle adherence



Gentell Super Absorbent Adherent Dressing offers excellent absorbent capacity for the treatment of moderate or heavy exuding 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. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Choose the appropriate size dressing based on the dimensions of the wound.
3. Apply Gentell Super Absorbent Adherent Dressing with white side to the wound and blue side up.
4. Repeat daily or as ordered by a physician.



Silicone Foam Bordered Dressing

<p>4" x 4" (Pad size 2.5" x 2.5") 10/box GEN-14744</p>	<p>6" x 6" (Pad size 4" x 4") 10/box GEN-14766</p>	<p>7" x 7" (Pad size 5" x 5") 10/box GEN-14777</p>	<p>9" x 9" (Pad size 6.9" x 7.1") 10/box GEN-14799</p>
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- **Silicone layer suitable for patients with fragile skin or those experiencing pain at dressing change**
- **Minimizes risk of maceration**
- **Foam is great for exudate control and absorption**



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. May be used as a primary or secondary dressing.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Remove and discard the plastic backing.
3. Apply Gentell Silicone Foam Dressing by centering pad over wound.
4. Repeat daily or as ordered by a physician.



Silicone Foam Bordered Sacral Dressing

9" x 9"
(Pad size 6.9" x 7.1")
10/box
GEN-14700

- **Silicone layer suitable for patients with fragile skin or those experiencing pain at dressing change**
- **Minimizes risk of maceration**
- **Foam is great for exudate control and absorption**



Gentell Silicone Foam Bordered Sacral Dressing is a primary or secondary wound dressing for chronic and acute, partial, and full thickness wounds including superficial wounds and second-degree burns. May be used as a primary or secondary dressing.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Remove and discard the plastic backing.
3. Apply Gentell Silicone Foam Dressing by centering pad over wound.
4. Repeat daily or as ordered by a physician.



Bordered Foam Dressings

4" x 4" (Pad size 2" x 2") 10/box GEN-14400	6" x 6" (Pad size 4" x 4") 10/box GEN-14600
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- **Absorbs twenty times its weight in exudate with no strike through**
- **Water-resistant barrier provides incontinent protection**
- **Excellent pressure relief and protection for skin that has recently healed**



Gentell Bordered Foam Dressings are waterproof and highly absorbent foam dressings 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. May be used as a primary or secondary dressing.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Select appropriate size Gentell Bordered Foam Dressing based on the dimensions of the wound.
3. Remove paper backing from the dressing and apply directly over the surface of the wound.
4. Repeat daily or as ordered by a physician.

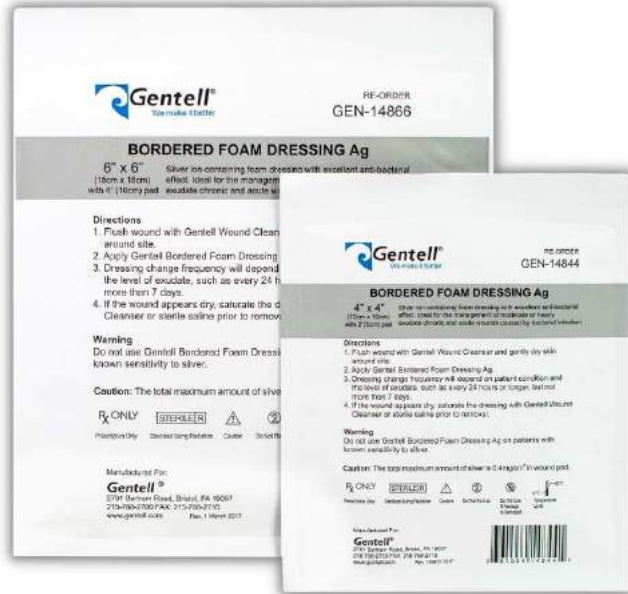


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 www.gentell.com • info@gentell.com

Bordered Foam Dressing with Silver (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 with Silver (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.



Waterproof Non-Bordered Foam Dressings

2"x2" (5 x 5cm) 10/box GEN-14522	4"x4" (10 x 10cm) 10/box GEN-14544	5"x5" (12.5 x 12.5cm) 10/box GEN-14555	8"x8" (20 x 20cm) 10/box GEN-14588
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- Absorbs 20 times its weight in exudate
- 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 exuding, 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. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Select appropriate size Gentell Waterproof Non-Bordered Foam Dressing based on the dimensions of the wound.
3. Remove the dressing from the packaging and apply directly over the surface of the wound.
4. Repeat daily or as ordered by a physician.



Circular Split Drain Foam Dressing

**4" Diameter
(2" Pad)
10/box
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 strike-through**
- **Gentle, spun-lace, hypo-allergenic, water-resistant tape allows skin to breathe and reduces skin tears**



Gentell 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 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. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Ensure the dressing is large enough to provide a minimum of a one-inch margin around the edges of the wound.
3. Remove paper backing and apply directly over the wound surface.
4. Repeat daily or as ordered by a physician.



Split Drain Foam Dressing

4" x 5"
(10 x 12.5cm)
10/box
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 strike-through**
- **Minimized adherence to the wound site reduces discomfort for patients**



Gentell 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 foam dressing reduces strike-through and prevents skin maceration by keeping the wound site dry. May be cut and applied to pressure ulcers, chronic and acute wounds, and full thickness wounds.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Remove the dressing from the pouch and place over the wound secure it in place.
3. Repeat daily or as ordered by a physician.



Dermatell™ Hydrocolloid Wound Dressings

4" x 4" Non-Bordered 10/box GEN-10100	4" x 4" (2.5" x 2.5" Pad) 10/box GEN-10200	6" x 6" (4.5" x 4.5" Pad) 10/box GEN-10400
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- **Flexible hydrocolloid wafer absorbs water, forms a gel and promotes a 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 a 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. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. As a primary dressing, apply directly to the wound surface.
3. As a secondary dressing, apply directly over primary treatment.
4. Change after 72 hours or as ordered by a physician.

Warning: Gentell Dermatell should remain on the patient for at least three days. Do not use on infected wounds.

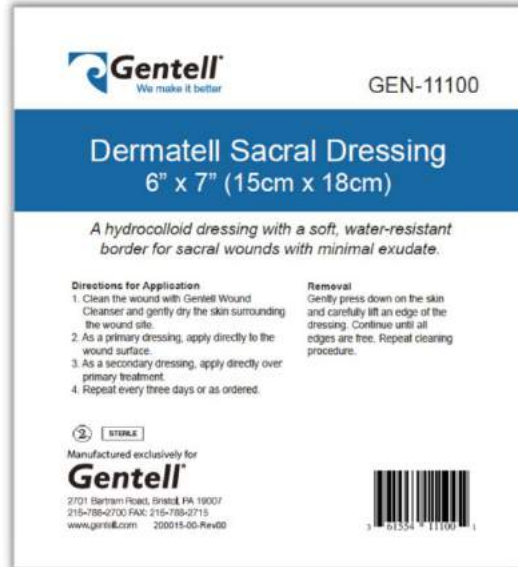


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Dermatell™ Sacral Dressing

6" x 7"
10/box
GEN-11100

- **Flexible hydrocolloid wafer absorbs water, forms a gel and promotes a 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 a 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. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. As a primary dressing, apply directly to the wound surface.
3. As a secondary dressing, apply directly over primary treatment.
4. Change after 72 hours or as ordered by a physician.

Warning: Gentell Dermatell should remain on the patient for at least three days. Do not use on infected wounds.



Xeroform Dressing

Medicated Petrolatum

1" x 8" (2.5 x 20.3cm) 25/box GEN-19210	2" x 2" (5 x 5cm) 25/box GEN-19220	4" x 4" (10cm x 10cm) 50/box GEN-19240	5" x 9" (13 x 23cm) 50/box GEN-19200
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- **Fine mesh gauze impregnated with 3% Bismuth Tribromophenate in a petrolatum blend**
- **Ideal for lightly exuding 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. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Choose the appropriate size dressing based on the dimensions of the wound and apply dressing.
3. Cover wound with a secondary dressing such as Gentell Bordered Gauze, Gentell Comfortell or Gentell Foam Dressing.
4. Repeat daily or as ordered by a physician.

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



Petrolatum Dressing

3" x 9"
(8 x 23cm)
50/box
GEN-19100

- **Petrolatum is ideal for lightly exuding 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

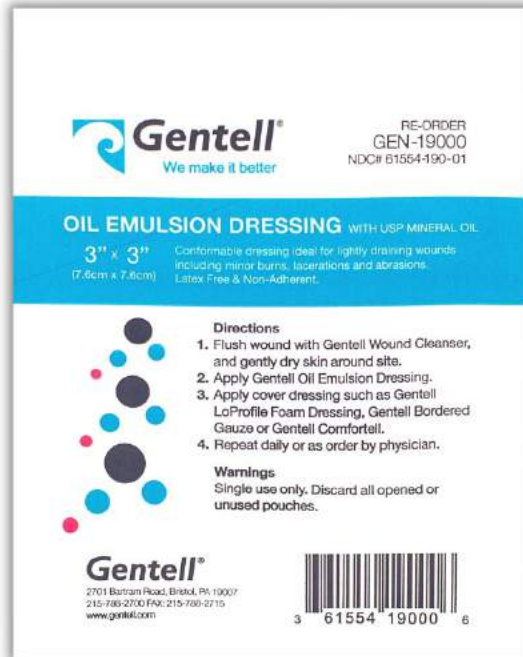
1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Apply Gentell Petrolatum Dressing.
3. Cover wound with a secondary dressing such as Gentell Bordered Gauze or Gentell Comfortell.
4. Repeat daily or as ordered by a physician.



Oil Emulsion Dressing

3" x 3"
(8 x 8cm)
25/box
GEN-19000

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



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

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Apply Gentell Oil Emulsion Dressing.
3. Cover wound with a secondary dressing such as Gentell Bordered Gauze or Gentell Comfortell.
4. Repeat daily or as ordered by a physician.



MVP Transparent Film Dressing

4" x 4.75"
(10 x 12cm)
50/box
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 the body**



Gentell MVP Transparent Film Dressing is a moisture vapor permeable transparent membrane coated with a layer of acrylic, hypo-allergenic adhesive that can be used to cover low exuding wounds. Gentell MVP is a non-absorptive sterile dressing that is permeable to moisture vapor and oxygen, but impermeable to bacteria. It can be used as a secondary dressing for Stage 2 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.

Directions

1. Flush the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound.
2. As a primary dressing, apply directly to the wound surface.
3. As a secondary dressing, apply directly over primary treatment.
4. Repeat daily or as ordered.



Comfortell™ Dressing

4" x 4" (2.5" x 2.5" Pad) 50/case GEN-12400	6" x 6" (4.5" x 4.5" Pad) 50/case GEN-12600
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- **Water resistant border enables wound protection**
- **Four distinct layers absorb mild to moderate exudate**
- **Primary or secondary dressing**



Gentell Comfortell™ Dressing 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. May be used as a primary or secondary dressing.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. As a primary dressing, apply directly to the wound surface.
3. As a secondary dressing, apply directly over primary treatment.
4. Repeat daily or as ordered by a physician.



Bordered Gauze

4" x 4" (2" x 2" Pad) 100/case GEN-15410	6" x 6" (4.5" x 4.5" Pad) 100/case GEN-15610	8" x 8" (6.5" x 6.5" Pad) 100/case GEN-15810
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- Serves as either primary or secondary dressing
- Meets Medicare guidelines for secondary cover dressings
- Gentle, spun-lace, hypoallergenic tape allows skin to breathe and reduces skin tears



Gentell Bordered Gauze is a multi-purpose wound dressing that saves nursing time and is easy to apply. A non-adherent pad is paired with a conforming beveled spun-lace tape to create a secure, comfortable dressing that stays in place. May be used as a primary or secondary dressing.

Directions

1. Irrigate the wound with Gentell Wound Cleanser and gently dry the skin surrounding the wound site.
2. Choose appropriate size dressing based on the dimensions of the wound.
3. Remove paper backing and apply Gentell Bordered Gauze directly over the surface of the wound.
4. Repeat daily or as ordered by a physician.



Circular Split Drain Gauze Dressing

4" Diameter
(2" Pad)
50/case
GEN-15440

- Serves as either primary or secondary dressing
- Gentle, spun-lace, hypoallergenic tape allows skin to breathe and reduces skin tears
- Easy to apply on heels, joints, and tube sites



Gentell Circular Split Drain Gauze Dressing is pre-cut circular, bordered 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.

Directions

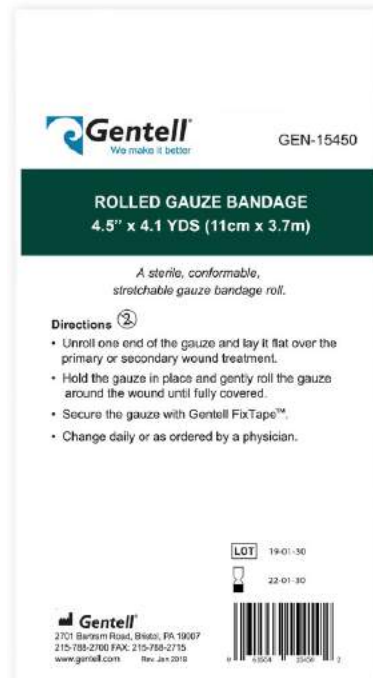
1. Unroll one end of the gauze and lay it flat over the primary or secondary wound treatment.
2. Hold the gauze in place and gently roll the gauze around the wound until fully covered.
3. Secure the gauze with Gentell FixTape.
4. Change daily or as ordered by a physician.



Rolled Gauze Bandage

4.5" x 4.1yards
(11.4cm x 3.7meters)
30/box
GEN-15450

- **Large size for extra coverage**
- **Gentle and highly conformable**
- **Wicks moisture away from the wound site**



Gentell Rolled Gauze Bandage is a sterile, conformable, and stretchable gauze bandage roll. The weave construction allows for a flexible and easy to use dressing designed to suit a variety of wound dimensions and locations.

Directions

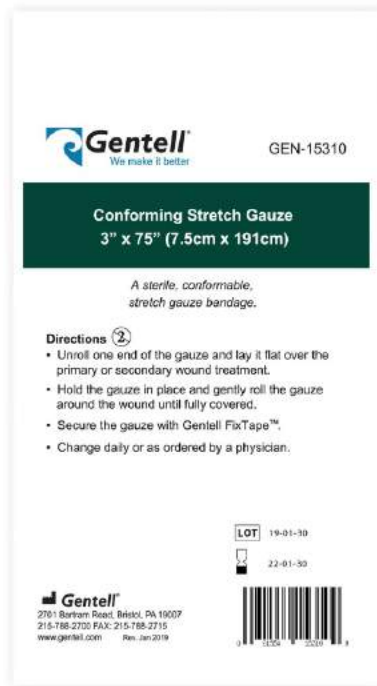
1. Unroll one end of the gauze and lay it flat over the primary or secondary wound treatment.
2. Hold the gauze in place and gently roll the gauze around the wound until fully covered.
3. Secure the gauze with Gentell FixTape.
4. Change daily or as ordered by a physician.



Conforming Stretch Gauze

3" x 75"
(7.5 x 191cm)
30/box
GEN-15310

- **100% sterile cotton**
- **Gentle and highly conformable**
- **Wicks moisture away from the wound site**



Gentell Conforming Stretch Gauze is a sterile, stretchable, and easy to manipulate gauze bandage roll. The weave construction allows for a flexible and easy to use dressing designed to suit a variety of wound dimensions and locations.

Directions

1. Unroll one end of the gauze and lay it flat over the primary or secondary wound treatment.
2. Hold the gauze in place and gently roll the gauze around the wound until fully covered.
3. Secure the gauze with Gentell FixTape.
4. Change daily or as ordered by a physician.



FixTape™

2"x11yards (5cm x 10meters) 16/case GEN-10600	4"x11yards (10cm x 10meters) 16/case GEN-10640
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- **Fixes dressings on wounds, tubes and catheters**
- **Two convenient sizes: 2" x 11 yards and 4" x 11 yards**
- **Non-woven fabric tape with easy-to-remove self-adhesive paper backing**
- **Latex free**



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

Directions

Open top flap. Feed tape through front edge of the box. Close top flap, leaving one inch of tape exposed. Pull appropriate amount of tape from the 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



Perineal Spray

8 oz Spray Bottle
(236 ml)
24/case
GEN-32180

- **Formulated with Aloe Vera**
- **No rinse formula**
- **Designed for use in perineal and ostomy areas**

Ingredients

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



Gentell Perineal Spray gently cleanses skin of bodily waste 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 gentle formula is optimal for stoma and incontinence 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.



Liquid Clean Skin Cleanser

8 oz Spray Bottle
(236 ml)
24/case
GEN-32080

- **Helps to remove unwanted contaminants and debris without aggressive scrubbing**
- **Cleans, moisturizes and conditions**
- **Controls odor**

Ingredients

- Benzethonium Chloride
- Purified Water
- Polysorbate - 20
- Aloe Vera
- DMDM Hydantoin
- Propylene Glycol
- Disodium EDTA
- Fragrance
- FD&C Yellow #6
- FD&C Red #40



Gentell Liquid Clean is a skin cleanser in a convenient non-aerosol dispenser. A rinse-free skin cleanser, Liquid Clean moisturizes and conditions while removing surface debris and contaminants. The pleasant papaya fragrance is ideal for incontinence care.

Directions

1. Spray cleanser liberally on intended area; allow to sit for 30 seconds.
2. Gently wipe away all debris; no need to rinse. Pat dry.
3. Apply Gentell Shield & Protect or SuperMax Barrier Cream to affected area.
4. Repeat after each soiling or according to the policy and procedures of your facility.



SuperMax Barrier Cream

4 oz Tube
(113g)
12/case
GEN-23340

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

Active Ingredients

Zinc Oxide - 16% (skin protectant)

Ingredients

- Petrolatum
- Mineral Oil
- Castor Oil
- DMDM Hydantoin
- Aloe Vera
- Vitamin A Palmitate
- Vitamin D₃
- Peruvian Balsam



Gentell SuperMax Moisture 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.



Shield & Protect™ Barrier Cream

4 oz Tube
(113g)
12/case
GEN-23140

- **Protects skin from irritation**
- **Water insoluble so protection won't wash away**
- **Aloe Vera and Vitamins A&D leave skin soft and smooth**

Active Ingredients

- Zinc Oxide (skin protectant)
- Cetyl Dimethicone (skin protectant)

Ingredients

Purified Water, Mineral Oil, Petrolatum, Cetyl Dimethicone Copolyol, Sodium Chloride, Castor Wax, Bees Wax, Paraffin, Imidazolidinyl Urea, Propylparaben, Methylparaben, Vitamin A Palmitate, Vitamin D₃



Gentell Shield & Protect Moisture Barrier Cream forms a water-shedding shield that helps soothe and protect 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.

Directions

1. Remove diaper, barrier or brief.
2. Mist or apply Gentell Liquid Clean to the entire affected area; allow to sit 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.



Zinc Oxide Ointment

16 oz Jar (454g) 12/case GEN-23400	1 oz Tube 12/box 144/case GEN-23401
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- **Formulated with 20% zinc oxide**
- **Dries the oozing and weeping of poison ivy, poison oak and poison sumac**
- **Available in 1 oz tubes and 16 oz jars**

Active Ingredients

Zinc Oxide - 20%

Inactive Ingredients

Light mineral oil, Petroleum



Gentell Zinc Oxide Ointment is a skin protectant that dries the oozing and weeping of poison ivy, poison oak and poison sumac. It is available in convenient 1 oz. tubes and 16 oz. jars.

Directions: Apply as needed

Warnings

- For external use only
- When using product, do not get into eyes
- Stop use and ask a doctor if condition worsens, symptoms last more than 7 days or clear up and occur again within a few days
- Do not use on deep or puncture wounds or animal bites
- Keep out of reach of children
- If swallowed, get medical help or contact a Poison Control Center right away



A&D+E Ointment

13 oz Jar (368g) 12/case GEN-23450	2 oz Tube (57g) 24/case GEN-23442	20 oz Jar (567g) 12/case GEN-23420
16 oz Jar (454g) 12/case GEN-23460	4 oz Tube (113g) 12/case GEN-23444	

- Temporarily protects minor cuts, scrapes, and burns
- Temporarily protects and helps relieve chapped, chafed, or cracked skin and lips
- Helps protect from the drying effects of wind and cold weather

Active Ingredients

Petrolatum 99.85%

Inactive Ingredients

Medium chain triglyceride oil, Vitamin A palmitate, Vitamin D3, Vitamin E (alpha-tocopherol)



Gentell A&D+E Ointment is a skin protectant that temporarily protects minor cuts, scrapes, and burns. It temporarily protects and helps relieve chapped, chafed, or cracked skin and lips, and helps protect from the drying effects of wind and cold weather.

Directions: Apply as needed.

Warnings

- For external use only
- When using product, do not get into eyes
- Stop use and ask a doctor if condition worsens, symptoms last more than 7 days or clear up and occur again within a few days
- Do not use on deep or puncture wounds or animal bites
- Keep out of reach of children
- If swallowed, get medical help or contact a Poison Control Center right away



A&D Ointment

Foil Pouches
5 grams each
144/box
GEN-23445

- Temporarily protects minor cuts, scrapes, and burns
- Temporarily protects and helps relieve chapped, chafed, or cracked skin and lips
- Helps protect from the drying effects of wind and cold weather



Active Ingredients

White Petrolatum, USP 93% w/w

Inactive Ingredients

Light Liquid Paraffin, Vitamin A, Vitamin D

Gentell A&D Ointment is a skin protectant that temporarily protects minor cuts, scrapes, and burns. It temporarily protects and helps relieve chapped, chafed, or cracked skin and lips, and helps protect from the drying effects of wind and cold weather.

Directions: Apply as needed.

Warnings

- For external use only
- When using product, do not get into eyes
- Stop use and ask a doctor if condition worsens, symptoms last more than 7 days or clear up and occur again within a few days
- Do not use on deep or puncture wounds or animal bites
- Keep out of reach of children
- If swallowed, get medical help or contact a Poison Control Center right away



Petroleum Jelly

13 oz Jar (368g) 12/case GEN-23750	16 oz Jar (454g) 12/case GEN-23760	4 oz Tube (113g) 12/case GEN-23740	Foil Pouches 5 grams each 144/box GEN-23865
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- **Temporarily protects minor cuts, scrapes and burns**
- **Available in 4oz tubes, 13oz and 16oz jars, and 4 gram foil pouches**

Active ingredient
Petrolatum 100%



Gentell Petroleum Jelly temporarily protects minor cuts, scrapes, and burns. It temporarily protects and helps relieve chapped, chafed, or cracked skin and lips, and helps protect from the drying effects of wind and cold weather.

Directions: Apply as needed

Warnings

1. For external use only
2. When using this product, do not get into eyes
3. Stop use and ask a doctor if condition worsens or if symptoms last more than 7 days or clear up and occur again within a few days
4. Do not use on deep or puncture wounds, animal bites or serious burns
5. Keep out of reach of children
6. If swallowed, get medical help or contact a Poison Control Center right away



Hand & Body Lotion

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

- **Moisturizes dry skin**
- **Soothes and moisturizes**
- **Warm vanilla scent**

Ingredients

Water, Stearic Acid, Mineral Oil, Cetyl Alcohol, Glycerol Monostearate, Petrolatum, Hydroxyethyl Cellulose, Propylene Glycol, Glycerin, Aloe Vera, Methylparaben, Propylparaben, Triethanolamine, Fragrance



Gentell Hand & Body Lotion is a gentle 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.



Hospital Bath & Shampoo

8 oz Bottle
(236 ml)
24/case
GEN-51180

- **Mild, soothing, and hydrating lather**
- **Made with Aloe Vera**
- **Formulated for daily use**

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 a mild, soothing, and hydrating lather body wash and shampoo formulated for daily use.

Directions

1. Apply to wet skin, hair, or washcloth.
2. From 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.



Shampoo & Body Wash with Aloe

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

- **Minimally foaming shampoo makes rinsing and washing easier**
- **Soothing green apple fragrance with Aloe Vera moisturizer**
- **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 shampoo and body wash. Its formulation is perfect for frequent use while its effectiveness on all areas of the body makes it a true time-saver. This easy-rinse wash creates minimal foaming and can be diluted for bedside use on less mobile patients. Formulated with a low-residue conditioner, Gentell Shampoo & Body Wash is also an effective skin moisturizer.

Directions

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



Balsam Protein Shampoo & Conditioner

Shampoo 16 oz Bottle (473ml) 12/case GEN-51816	Conditioner 16 oz Bottle (473ml) 12/case GEN-51866
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- 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. Extra gentle for everyday use, 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 hair in usual manner.



Baby Shampoo

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

- **For children & adults**
- **For gentle-to-bleached or tinted hair and frequent shampoos**

Ingredients

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



Gentell Baby Shampoo is 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 clean 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 blood circulation.

Warnings

For external use only



Baby Oil

4 oz Bottle (118ml) 96/case GEN-23604	8 oz Bottle (236ml) 24/case GEN-23608	14 oz Bottle (414ml) 12/case GEN-23614
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- **Helps relieve diaper rash and dryness**
- **Absorbs quickly to protect delicate skin**
- **Pure, fragrant & gentle**

Ingredients

Mineral Oil, Fragrance



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

Directions

Apply liberally as often as necessary.

Warnings

For external use only



Ease Odor Eliminator

2 oz Spray Bottle
(59 ml)
24/case
GEN-21000

- **Diminishes unpleasant airborne odors**
- **Works quickly**
- **Non-aerosol spray will not leave slippery residue on floor**

Ingredients

Purified Water, SDA-39C
Alcohol, Fragrance, DMDM
Hydantoin, FD&C Red #40



Gentell Ease Odor Eliminator diminishes persistent and offensive odors effectively and immediately. Ease weakens the unpleasant biological odors associated with urine, feces, and necrotic tissue by replacing them with a gentle rose fragrance that quickly dissipates from the air.

Directions

1. Hold bottle upright and spray directly into the air.
2. Repeat as often as necessary.



Instant Hand Sanitizer

4 oz Bottle 24/case Mango Coconut GEN-41040 Wild Berry GEN-41041	8 oz Bottle 12/case Mango Coconut GEN-41080 Wild Berry GEN-41081
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- **No sticky or slimy feeling after cleaning**
- **Helps reduce bacteria on the skin**
- **Aloe Vera and Vitamins A&D refresh skin**



Active Ingredients

Ethyl Alcohol 70% v/v

Ingredients – Mango Coconut
Purified Water, Aloe Vera, Triethanolamine, Propylene Glycol, Carbomer, Fragrance, Vitamin A, Palmitate, Vitamin D₃, FD&C Red #40, FD&C Yellow #6

Ingredients – Wild Berry
Purified Water, Aloe Vera, Triethanolamine, Propylene Glycol, Carbomer, Fragrance, Vitamin A, Palmitate, Vitamin D₃, FD&C Blue #1

Gentell Hand Sanitizer is an antiseptic that helps reduce bacteria on the skin. Formulated with Aloe Vera and vitamins A&D, Gentell Hand Sanitizer also refreshes skin while killing bacteria. It is available in Mango Coconut and Wild Berry scents, and in 4oz bottles and 8oz pump bottles.

Directions
Put enough in your palm to cover hand and run hands together briskly until dry. Children under 6 years of age should be supervised when using product.



Spray Hand Sanitizer

2 oz Spray Bottle
68 ml
24/case
GEN-41020

- **Helps reduce bacteria that potentially can cause disease**
- **Fragrance free**
- **Convenient 2 oz spray bottle**

Active Ingredient

Isopropyl Alcohol 75%

Inactive Ingredients

Glycerin, Hydrogen Peroxide,
Purified Water



Gentell Spray Hand Sanitizer is a fragrance-free antiseptic that helps reduce bacteria that potentially can cause disease. Suitable for use when soap and water are not available.

Warnings

- Do not use if you are allergic to any ingredients
- For external use only
- Flammable
- Do not use in children less than 2 months of age or on open skin wounds
- When using this product keep out of eyes, ears, and mouth
- In case of contact with eyes, rinse eyes thoroughly with water
- Stop use and ask a doctor if irritation or rash occurs as these may be signs of a serious condition
- Keep out of reach of children
- If swallowed, get medical help, or contact a Poison Control Center right away

Directions

Place enough product on hands to cover all surfaces. Rub hands together until dry. Supervise children under 6 years of age when using this product to avoid swallowing.



Mouthwash

<p>Spring Mint 4 oz Bottle 12/case GEN-53040</p>	<p>Spring Mint 16 oz Bottle 12/case GEN-53160</p>
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- **Helps freshen breath and leaves mouth feeling clean**
- **Refreshing Spring Mint flavor**
- **Alcohol Free**

Ingredients

Water, Sorbitol, Propylene Glycol, Methylparaben, Propylparaben, Sodium Bicarbonate, Sodium Benzoate, Mint Flavor, Cetyl Pyridinium Chloride, Menthol, FD&C Blue #1, FD&C Yellow #5



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)

CROSS REFERENCE FOR COMPARABLE PRODUCTS

Collagen Dressings	Manufacturer	Product
	Covalon	ColActive® Plus
	DermaRite	DermaCol™
	Gentell	Collagen
	Human Biosciences	Skintemp
	Acelity	Fibracol™
	Angelini	BioPad
	Medline	Puracol®
	MPM Medical	Triple Helix Collagen
Smith & Nephew	Biostep	

Collagen Particles, Gels & Powders	Manufacturer	Product
	Gentell	Collagen Particles
	Human Bioscience	Medfill Particle
	Stimulen	Collagen Powder
	Medline	Puracol Ultra Powder
	Sanara	Hycol Powder
	Human Bioscience	Collatek Gel
	Sanara	CellerateRx Gel

Hydrogel Tube	Manufacturer	Product
	Smith & Nephew	Intrasite Gel
	Coloplast	Purilon
	DermaRite	DermaSyn™
	Gentell	Hydrogel
	Hollister	Restore® Hydrogel
	Medline	Plurogel
	Medline	Skintegrity® Hydrogel
	MPM Medical	Excel™ Gel
Smith & Nephew	Solosite® Gel	

Hydrogel Saturated Gauze	Manufacturer	Product
	DermaRite	DermaGauze™
	Dynarex	DynaGel™ Gauze
	Gentell	Hydrogel Saturated Gauze
	Medline	Skintegrity® Dressing
	MPM Medical	MPM GelPad™
	Smith & Nephew	Solosite® Gauze

Fiber Dressings	Manufacturer	Product
	ConvaTec	Aquacel®
	DermaRite	AquaRite™ Extra CMC
	Gentell	CMC Fiber
	Acelity	KerraCel™
	Medline	Opticell®
	Mölnlycke	Exufiber®
	Smith & Nephew	Durafiber

Calcium Alginate Dressings	Manufacturer	Product
	Hartmann	Sorbalgon
	Equos	Calcium Alginate
	ConvaTec	Kaltostat®
	DermaRite	DermaGinate™
	Gentell	Calcium Alginate
	Dynarex	DynaGinate
	Medline	Maxorb®
Mölnlycke	Melgisorb®	
Smith & Nephew	Algisite	

Calcium Alginate Ag Dressings (Silver)	Manufacturer	Product
	Acelity	SilverCel
	Hartmann	Sorbalgon Ag
	MPM	ExcelGinate
	DermaRite	DermaGinate/Ag™
	Gentell	Calcium Alginate Ag
	Smith & Nephew	Acticoat
	Dynarex	DynaGinate Ag
	Medline	Maxorb® Ag+
Mölnlycke	Melgisorb® Ag	
Smith & Nephew	Biostep Ag	

Hydrocolloid Dressings	Manufacturer	Product
	Coloplast	Comfeel
	DermaRite	DermaFilm™
	ConvaTec	DuoDerm
	Gentell	Dermatell™
	Hollister	Restore®
	Medline	Exuderm OdorShield™
Smith & Nephew	Replicare®	

Super Absorbent Dressings	Manufacturer	Product
	Coloplast	Biatain® Super Absorbent
	Urgo Medical	Drawtex
	DermaRite	HydraLock SA™
	Gentell	Super Absorbent Dressing
	Integra	Xtrasorb®
	Acelity	KerraMax® Care
	Medline	OptiLock®
	Mölnlycke	Mextra® Superabsorbent
Smith & Nephew	Exu-Dry	

Bordered Foam Dressings	Manufacturer	Product
	Coloplast	Biatain® Foam
	Dynarex	DynaLevin
	Gentell	Bordered Foam
	Dynarex	DynaFoam
	Medline	Optifoam® Adhesive
	Dermarite	DermaLevin
Smith & Nephew	Allevyn Adhesive	

Silicone Foam Dressings	Manufacturer	Product
	Coloplast	Biatain Silicone Lite
	Hartmann	Proximel
	DermaRite	ComfortFoam™
	Gentell	Silicone Bordered Foam
	Dynarex	SiliGentle
	Medline	Optifoam® Gentle
	Mölnlycke	Mepilex® Border Lite
Smith & Nephew	Allevyn Gentle Border	

Non-Bordered Foam	Manufacturer	Product
	Smith & Nephew	Allevyn Gentle
	Covalon	CovaWound™ Non-Adherent
	DermaRite	DermaFoam™
	Gentell	Waterproof Foam
	Coloplast	Biatain
	Medline	Optifoam® Non-Adhesive
	DermaRite	HydrFoam
Ferris	Polymem	

Composite Dressings	Manufacturer	Product
	DermaRite	DermaDress™
	Gentell	Comfortell™
	Smith & Nephew	Covrsite
	Medline	Stratasorb®
	Mölnlycke	Alldress®
	Mölnlycke	Mepore

Wound Cleansers	Manufacturer	Product
	DermaRite	DermaKlenz™
	Gentell	Dermal Wound Cleanser
	Hollister	Restore® Wound Cleanser
	Medline	Skintegrity® Wound Cleanser
Smith & Nephew	Dermal Wound Cleanser	