

Updated: 2024 March















## **Product Information Sheet**

Jelonet			
Classification	Non-Adherent Contact Layer: Paraffin		
Key Points	<ul> <li>Conformable, paraffin gauze dressing.</li> <li>Allows the passage of wound exudate into secondary dressing.</li> <li>Prevents wound bed trauma by decreasing adherence of secondary dressing.</li> <li>Primary dressing requiring a secondary dressing.</li> </ul>		
Indications	For prevention of wound bed trauma.		
Precautions  Contraindications	<ul> <li>When used on burns treated with meshed grafts or after facial resurfacing, imprinting of dressing can occur if too much pressure is applied at the site.</li> <li>Use with caution in areas of undermining and do not use in sinus tracts due to potential of fraying.</li> <li>Has not been evaluated on pregnant/lactating individuals or neonates/infants, consult with physician/NP prior to using on these populations.</li> <li>Sensitivity or allergy to paraffin or any other components of the dressing.</li> </ul>		
Formats & Sizes	Sheets:  5 x 5 cm  10 x 10 cm  10 x 40 cm		

Directions	Rationale / Key Points
Selection	
Choose a size that just covers the wound. Jelonet can be cut to fit the wound size.	Overlap onto surrounding skin can cause maceration.
For a wound with depth, choose appropriate wound filler for amount of exudate expected and the anticipated frequency of dressing change.	Refer to Wound Packing Procedure or QR Code below
Choose secondary dressing based on amount of wound exudate expected and the anticipated frequency of dressing change.	
Preparation	
Cleanse wound and periwound / surrounding skin with sterile normal saline or agency approved wound cleanser.	See Wound Cleansing Procedure or QR Code below.
Dry periwound / surrounding skin.	
If required and appropriate for secondary dressing, apply barrier film to periwound skin. Refer to Product Information Sheet for secondary dressing to determine if barrier film is appropriate.	To protect periwound skin from moisture associated skin damage and medical adhesive related skin injury.  Barrier film may interfere with the function of some cover dressings, (e.g., some silicone dressings).
Application	
Remove both backing papers from the dressing.  For wounds with minimal depth (less than 1 cm): cover wound bed with single layer of Jelonet.	Handle dressing by edges only. Excess jelly will remain on backing papers.  Multiple layers may restrict the exudate from going into the secondary dressing leading to a wet wound bed.
For wounds with depth (more than 1 cm) or undermining: cover wound bed with single layer of Jelonet. Then lightly fill dead space up to skin level with appropriate wound filler.	Use with caution in areas of undermining. Do not use in sinus tracts. Multiple layers may restrict the exudate from going into the wound filler. Refer to Wound

















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Directions	Rationale / Key Points
Apply secondary dressing to cover the wound.	Packing Procedure or QR Code below.
Removal	
Consider using adhesive remover to remove adhesives (e.g. border dressings, tape).	To decrease risk of medical adhesive related skin injury (MARSI).
Gently lift the edge of the secondary dressing remove.	
Remove wound filler (if present).	
Gently lift the edge of the Jelonet and remove from wound.	Jelonet should not adhere to wound bed and should lift with no trauma.
If Jelonet has been cut, ensure all loose fibres are removed from wound bed.	Dressing may fray when cut.
Frequency of Dressing Change	
Usually changed daily but can be left in place until dressing starts to dry out.	Dry dressing may adhere to wound bed.
Secondary dressing can be changed as needed while leaving Jelonet in place provided Jelonet is still moist.	Secondary dressing change frequency is dependent on amount of wound exudate.
Expected Outcomes	
Jelonet, wound filler and secondary dressing do not adhere to wound bed.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting
Product performs as expected.	a <u>Supply Chain Product Concern Form</u> .
OP Codes	

## **QR Codes**





**Wound Packing** 

**Wound Cleansing** 

For further information please contact NSWOC/Wound Clinician