















Skin and Wound Product Information Sheet

	PHMB Gauze for	r Wounds	
(AMD Gauze)			
Classification	Antimicrobial: Polyhexamethylene Biquanide (PHMB)		
Key Points	 Antimicrobial gauze dressings impregnated with 0.2% PHMB; ionically attracts bacteria into the dressing where they are then killed. Effective against gram negative bacterial, gram-positive bacteria (MRSA, VRE, Pseudomonas), fungi and yeast. PHMB woven gauze sponges, gauze bandage rolls and gauze sponges have an open cell matrix and appropriate to use with negative pressure wound therapy. PHMB gauze sponges, rolls and packing ribbons are not radiopaque. A fenestrated gauze version is available for use around tubes. May be left in place for up to 3 days depending upon the amount of exudate. If required, may be used with a silicone mesh contact layer as the openings in the mesh allows the PHMB to work. 		
Indications	 For wounds with signs and symptoms (S&S) of local wound infection. May be used prophylactically to prevent infection in clients at high risk for developing a wound infection. Safe to use on all ages including neonates. 		
Precautions	• N/A		
Contraindications	 Do not use for clients with known sensitivity or allergy to PHMB. Do not use with Dakin's Solution or bleach solutions as these solutions will deactivate PHMB. Do not use with ointments, creams, powders, sprays, or petrolatum-based dressings, such as Adaptic, as they create a barrier and prevent the PHMB from attracting/killing bacteria. 		
Formats & Sizes	 Gauze Packing Strips 0.63 x 91.4 cm 1.27 x 91.4 cm 2.51 x 91.4 cm Gauze Dressing Rolls 11.4 x 411.5 cm Gauze Sponges (woven) 5.1 x 5.1 cm (2 in peel back package) 10.1 x 10.1 cm (2 in peel back package) 10.1x10.1 cm (10 in peel back package) Super Sponges 15.2 x 17.1 cm (2 in soft pouch package) 15.2 x 17.1 cm (5 in soft pouch package) 15.2 x 17.1 cm (10 in soft pouch package) 		
	Application Directions	Rationale	
Cleanse/irrigate wound with sterile normal saline or agency approved wound cleanser; dry peri-wound skin If required, apply skin barrier to peri-wound skin.		Reduces wound debris and allows for adhesion of dressing or tape. To protect the peri-wound skin from maceration and	

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	to improve the adhesion of the dressing or tape.
To Apply	
Cut the gauze sponges to size of the wound, if needed. Apply dry. If the wound bed is dry, moisten the sponges with sterile normal saline or hydrogel.	Dressing on peri-wound skin may cause maceration. Must be applied directly to the wound. The use of barriers will prevent the PHMB from killing bacteria.
For packing: if using a packing strip, use the most appropriate width (e.g., 0.63 cm (¼ in) or 1.27 cm (½ in)) for the area that is to be packed. Do not cut the strip to make a smaller width. Lightly pack one piece of packing strip or gauze sponge into cavity, undermining or sinus/tunnel. If more that one packing	Over-packing undermining or sinus tracts can lead to tissue necrosis. Tying the packing pieces together will ensure all of the packing pieces are removed. The tail will facilitate the removal of packing.

















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strip or sponge is needed, tie the pieces together using sterile gloves. Leave a tail of the packing so that it can easily be seen. Tail may be secured to the peri-wound skin with tape/steri-strip. For Negative Pressure Wound Therapy, use the woven gauze	Cutting the packing strip into a smaller width will cause fraying which can lead to fabric being left in the wound.		
and moisten the gauze with normal saline.			
Apply appropriate cover dressing to maintain a moisture-balanced wound environment.	Choice of cover dressing is based on the amount of exudate expected.		
To Remove			
Using forceps, gently remove the dressing from the wound bed.	To minimize trauma to the wound bed.		
If dressing adheres to the wound bed flush the wound with			
normal saline or water to loosen dressing.			
Frequency of Dressing Change			
Change the PHMB gauze/packing at least every 3 days as the			
PHMB remains effective for up to 3 days depending upon the			
amount of exudate. Wounds with moderate-large amounts of			
exudate will require more frequent dressing changes.			
Expected Outcome			
S&S of local wound infection are resolved within 2 weeks.			
If used prophylactically, a wound infection does not occur.			
For further information, please contact your Wound Clinician.			