















Product Information Sheet

Anasept Gel			
Classification	Antimicrobial Agent: Sodium Hypochlorite Gel		
Key Points	 Antimicrobial, amorphous, isotonic skin and wound gel with 0.057% sodium hypochlorite, sodium chloride and hypochlorous acid. Gel either absorbs small amounts of wound exudate or donates moisture to wound. Promotes autolytic debridement. Controls wound odour. Requires a secondary dressing when used on wounds. Dressing not required for intact skin. 		
Indications	Wounds of any depth with slough and/or necrotic tissue. Treatment of wounds with signs and symptoms (S&S) of local infection. See Wound Infection Quick Reference Guide or QR Code below. In combination with systemic antibiotics, to treat wounds with S&S of spreading infection or systemic infection. Prophylactically to prevent infection in clients at high risk for developing a wound infection. Under ostomy pouching systems. Skin abrasions, minor skin irritation, lacerations and skin infections (e.g. candida).		
Precautions	 Has not been evaluated on pregnant/lactating individuals or neonates/infants, consult with physician/NP prior to using on these populations. Do not use with secondary dressings or wound fillers containing silver or other metals. 		
Contraindications	 Sensitivity or allergy to sodium hypochlorite or other components of the dressing. Do not use on unexcised, full thickness burns. 		
Formats & Sizes	• Tube ○ 43 grams ○ 86 grams	Ondsep?	

Directions	Rationale / Key Points
Selection	
Wounds	
For wound with depth, choose appropriate wound filler for amount of exudate expected and anticipated frequency of	Do not use wound fillers containing silver or other heavy metals.
dressing change.	Refer to Wound Packing Procedure or QR Code below.
Choose a non-wicking, secondary dressing (e.g. gauze,	Do not use secondary dressings containing silver or
moistened alginate) based on amount of exudate expected and anticipated dressing change frequency.	other heavy metals. Superabsorbent dressings or foams may wick gel into dressing and limit efficacy.
Ostomies	
Obtain ostomy pouching system, ostomy accessories or other	Can be used under ostomy pouching system.
related supplies as outlined in ostomy management plan.	
Skin	
Choose secondary dressing based on amount of exudate expected and the anticipated frequency of dressing change.	Secondary dressing is not required but can be used if needed.
Preparation	
Wounds	
Cleanse wound and periwound / surrounding skin with sterile normal saline or agency approved wound cleanser. Dry	See Wound Cleansing Procedure or QR Code below.
periwound / surrounding skin.	
Apply small amount of Anasept Gel to periwound skin and rub in. Allow to air dry.	

















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Directions	Rationale / Key Points		
If required and appropriate for secondary dressing, apply barrier film to periwound skin after Anasept Gel has dried. 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).		
Ostomies Cleanse peristomal skin with water unless directed otherwise in ostomy management plan. Allow to air dry.			
Skin Cleanse affected area with normal saline or an appropriate skin or wound cleanser. Allow to air dry.			
Application			
Wounds For wounds with minimal depth (less than 1 cm): apply thick layer of Anasept gel (0.6-1.3 cm) to cover entire wound bed.	For wounds with 100% necrotic tissue apply at least 1 cm of gel to control pathogens and to promote autolytic debridement.		
For wounds with depth (more than 1 cm): apply thick layer of Anasept gel (0.6-1.3cm) to cover entire wound bed. Then lightly fill the dead space up to skin level with wound filler.	Refer to <u>Wound Packing Procedure</u> or QR Code below. If the wound is dry or has scant exudate, apply Anasept Gel to the base of the wound filler and up to 1/2 saturation within the dressing.		
Apply secondary dressing to cover the wound.			
Ostomies Apply a thin coating of gel to the peristomal area. Allow to dry.			
Apply ostomy pouching system and accessories.			
Skin			
Apply thin coating of gel to affected skin. Allow to dry.			
Apply secondary dressing if required.			
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 and remove.			
If there is evidence of gel residue following removal of dressing, irrigate and gently cleanse wound or skin to remove.	As Anasept Gel is isotonic, there is usually no residual gel requiring cleansing.		
Frequency of Dressing Change			
Change dressing at least every 3 days.	Dressing change frequency is dependent on amount of wound exudate.		
Expected Outcomes			
S&S of wound infection resolved within 14 days.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting		
If used prophylactically, wound infection S&S did not develop.	a <u>Supply Chain Product Concern Form</u> .		
Peristomal skin irritation/infection resolved within 14days.			
Skin irritation/infection resolved within 14 days.			
Product performs as expected.			
QR Codes			







Wound Cleansing Wound Packing

Wound Infection QRG

For further information please contact NSWOC/Wound Clinician