Product Information Sheet

Anasept Skin & Wound Cleanser	
Classification	**Antimicrobial: Sodium Hypochlorite Solution**
British Columbia Practice	• To be used under the direction of a NSWOC/Wound Clinician.
Key Points	• Anasept is a skin and wound cleansing solution containing 0.057% Sodium Hypochlorite (NaClO) which is isotonic (does not cause discomfort at the site) and tissue compatible. • Sodium Hypochlorite is a broad-spectrum, oxidizing chlorine-based antimicrobial which is effective against bacteria, fungus, spores and virus; there is no known microbial resistance to the product; most pathogens are killed within 30 seconds of contact with the solution. • May be used as a cleanser, as a soak or for packing. • The effect of the Sodium Hypochlorite solution is dependent upon the amount of slough/ necrotic tissue and exudate in the wound; wounds with heavy debris will need a longer 'soak time' and the cleansing steps repeated. • Can be used in combination with debridement; autolytic, enzymatic, mechanical, conservative sharp wound debridement including biodebridement (maggots). • A primary and/or secondary dressing is required.
Indications	• May be used for all wounds: 1st and 2nd degree burns, graft and donor sites, frostbite injuries, fungating/malignant wounds, and peri-tube/drain sites where normal saline cleansing is not/would not be effective and: ○ The wound needs debridement of slough/necrotic tissue. ○ The wound has an odour. ○ As a treatment of wounds with signs and symptoms (S&S) of contamination or 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. • Unlike for the adult and older pediatric population, no research has been done or government approval given for the young pediatric/neonate population but the product is being used for the pediatric (6 years and younger) and neonatal population with no untoward effect at this time.
Precautions	• Avoid the eyes and the ears, for external use only. • Prior to the application of a metal-based antimicrobial gel/dressing (e.g., silver) pat the wound bed dry to pick up excess Anasept solution to minimize the affect of the sodium hypochlorite on these products.
Contraindications	• Do not use for clients with known sensitivity to Sodium Hypochlorite.
Formats & Sizes	• Bottle ○ 118ml with Dispensing Cap ○ 236ml with Dispensing Cap ○ 444ml with Dispensing Cap 

Directions	Rationale / Key Points
Selection	
Choose the appropriate size bottle of solution for the anticipated duration of the need for the antiseptic cleanser.	
Preparation	
Label bottle with client's name and the date, for bottles with a cap ensure that cap stays clean and re-cap the bottle when done.	Single client use only. Once opened, solution must be used within 14 weeks. Unopened bottles are stable at room temperature for up to 2 years. Do not exposed solution to temperatures below 0°C or above 40°C.

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Directions	Rationale / Key Points
Application for Cleansing	
Peri-tube/drain skin: Cleanse the peri-drain/tube area with 2x2 solution-soaked gauzes. Thoroughly pat dry the peri-drain/tube skin. Apply appropriate drain gauze dressing. **Wound:** Saturate gauze(s) with solution and lightly pack into the wound bed and any undermining/tunneling. Allow a soak-time for: ○ Suspected biofilm, scant to light slough of 30 seconds to 2 minutes. ○ Moderate-heavy amount of slough/necrotic tissue of 5 minutes and then remove. Reapply saturated gauzes for another 5 minutes. Remove the gauzes. If needed, irrigate the wound with solution using an irrigation tip catheter & syringe. Use 5x5cm solution-soaked gauzes to remove, gently but firmly, as much of the loosen slough/necrotic tissue from the wound bed as possible. Use 5x5cm solution-soaked gauzes to cleanse the periwound and surrounding skin. Using dry gauze, pat the wound bed to pick up excess solution, in particular if silver-based product/dressing is to be used. Pat dry the periwound and surrounding skin. Dress the wound using appropriate packing and a wound filler as required. Apply appropriate cover dressing to maintain a 24hr moisture-balanced wound environment.	See Wound Cleansing Procedure or QR Code below. For wounds with little or no debris, solution needs to be in contact with the wound for up to 2 minutes to ensure effectiveness of the solution. For wounds with heavy amounts of slough/necrotic tissue, solution needs to be in contact with the wound for a longer 'soak time' to ensure effectiveness of the solution. Patting the wound bed dry picks up excess solution which will minimize the affect of the sodium hypochlorite on the silver-based products. The choice of cover dressing is depended upon the amount of exudate expected.
Application for Wound Packing	
Soak plain ribbon packing or plain gauze(s) with solution, lightly wring out excess solution. Gently fill/pack any undermining/ tunneling and the wound cavity. Apply absorbent cover dressing to maintain up to a 12– 24hr moisture-balanced wound environment.	See Wound Packing Procedure or QR Code below. The choice of cover dressing is depended upon the amount of exudate expected.
Frequency of Application	
For cleansing: start with daily applications then decrease frequency depending upon the amount of slough/necrotic tissue. For packing: change daily or twice a day as needed to ensure packing gauze(s) does not dry out between dressing changes.	
Expected Outcomes	
Decreased amount slough/necrotic tissue is noted within 1 week. S&S of wound infection resolved within 14 days. Product performs as expected.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting a Supply Chain Product Concern Form.
QR Codes	
Wound Cleansing Procedure	**Wound Packing Procedure**
Wound Infection QRG	
For further information please contact NSWOC/Wound Clinician	