















Skin and Wound Product Information Sheet

Hydrofera Blue Classic		
Classification Antimicrobial: Methylene Blue/Gentian Violet Foam		
Key Points	 An absorbent polyvinyl alcohol foam (Poprovides a broad-spectrum antibacteria PVA foam comes as a dry, firm dressing must not be allowed to dry out as the fiinjury if external pressure is applied to to Choose thickness of sheet dressing based determined dressing change frequency Ostomy ring is a non-mouldable cut-to-film(shiny) side to be in contact with the May be used with enzymatic debrideme Animal studies have shown gentian viol 	VA) containing Methylene Blue and Gentian Violet which I activity effective against a variety of bacteria and yeasts sheet; it must be thoroughly moistened before using; it rmness of the dry dressing sheet may cause a pressure the dressing area e.g. compression wrap, sitting on wound ed upon the amount of exudate expected for the fit ring which does not need to be moistened before using, e ostomy appliance for good adhesion. Ent or growth factor products et to be a potential mutagen (genotoxic). It is important to ot deliver medicinal substances to the skin or into the
Indications	For wounds, first and second degree burns with moderate to large amounts of exudate which show signs and symptoms (S&S) of local wound infection	
Precautions	 Do not allow the dressing to dry out The use of the dressing should not extend beyond six months without a clinical review by Physician/NP/ NSWOC/ Wound Clinician The use of dressing for pregnant or breastfeeding women has not been studied for safety 	
Contraindications	Do not use for client with known sensitiDo not use for third-degree burns	ivity to ingredients
Formats & Sizes	 Thin Sheet (Standard) 5 x 5 cm 10.2 x 10,2 cm 15.2 x 15.2 cm Thick Sheet (Heavy Drainage) 10.2 x 10.2 x 1.3 cm 15.2 x 15.2 x 1.9 cm Tunnel Tube 9 mm x 15 cm Ostomy Ring 6.4 cm 	Hydriferd Processor Cashe Reconstruction of the cashe Reconstruction of
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 to improve the adhesion of the dressing/ tape.
Dressing Sheet		
Dressing may be cut to fit the wound bed space if needed. Moisten the dressing with sterile saline or sterile water; if		The dressing may cover the peri-wound skin; note that there may be mild transient staining.
using a Heavy Drainage dressing, soak for 5-10 minutes. Squeeze out the excess using forceps or sterile gloves.		The entire sheet needs to be well-hydrated to ensure the dressing conform to the wound bed and holds enough moisture to prevent the dressing from drying
Apply dressing to wound bed; if needed it may be folded or layered to fill the wound bed space.		out between dressing changes.
Apply appropriate cover dressing to maintain a moisture-balanced wound environment.		Choice of cover dressing will depend on the amount of exudate but must ensure a moisture balance that does not allow the Hydrofera Blue dressing to dry out.
Tunnel Tube		
Moisten the one end	of the tube with sterile saline or sterile	















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water; squeeze out the excess using forceps or sterile gloves.			
Gently fill/pack the sinus tract/tunnel.	The additional 2cm is to allow for a tail.		
If needed cut the tube but allow for at least a 2cm tail visible in the wound cavity.	The entire tube needs to be well-hydrated to ensure the dressing conform to the sinus tract/tunnel and holds enough moisture to prevent the dressing from drying		
Moisten the exposed end with a few drops of sterile saline or sterile water.	out between dressing changes.		
Fill the wound cavity as mentioned and apply appropriate cover dressing to maintain a moisture-balanced wound environment.	Choice of cover dressing will depend on the amount of exudate but must ensure a moisture balance that does not allow the Hydrafera Blue dressing to dry out.		
Ostomy Ring			
Cleanse the wound/peri-ostomal skin with appropriate cleanser; pat the peri-ostomal skin dry.			
Cut the ostomy ring to fit around the ostomy.	The film provides a moisture-retentive covering which allows of good adhesive of the ostomy appliance.		
Place the film (shiny) side of the ring onto the appliance; smooth into place.			
Apply ostomy appliance.			
To Remove			
Gently remove the dressing with forceps.			
If the dressing has adhered to the wound bed, then rehydrate it with sterile saline or sterile water and gently remove it.			
If the dressing adheres to the wound bed:			
• reassess if there is enough exudate to warrant continued use			
consider a more occlusive secondary dressing			
 consider a light layer of hydrogel to the top surface of the dressing; gel will liquify and add moisture to the dressing 			
Frequency of Dressing Change			
The initial dressing should be monitored daily to assess if the dressing has turned colour from blue to white:	When the dressing turned white in colour it indicates that the Methylene Blue/Gentian Violet has been		
if the dressing has retained its blue colour, then leave the dressing in place	depleted and the dressing needs to be changed.		
if the dressing has turned white, or the blue colour has lightened, then change the dressing and continue with daily monitoring and daily dressing changes as needed until the dressing colour remains its deep blue colour.			
Subsequent dressing change frequency will depend upon the amount of exudate expected.			
Depending upon the amount of exudate; the Classic dressing can remain in place for up to 3 days.			
For ostomies, change the appliance as needed; reapply the ostomy ring dressing as needed.			
Expected Outcome			
Exudate is managed with no peri-wound skin maceration.			
S&S of local wound or peristomal skin infection are resolved within 2 weeks.			
For further information, please contact your NSWOC/Wound Clinicians.			