






Product Information Sheet

Inadine	
Classification	Antimicrobial Agent: Iodine – Povidone Impregnated
Key Points	<ul style="list-style-type: none"> • Non-adherent viscose sheet impregnated with a polyethylene glycol base containing 10% povidone iodine (equivalent to 1% available iodine) providing an antiseptic action. • Provides protection to wound bed by minimizing adherence of secondary dressing. • A primary dressing requiring a secondary dressing.
Indications	<ul style="list-style-type: none"> • Shallow wounds (less than 1 cm depth). • Maintenance / non-healing wounds. • Treatment of wounds with signs and symptoms of local infection. See Wound Infection Quick Reference Guide or QR Code below. • In combination with systemic antibiotics, to treat wounds with signs and symptoms of spreading infection or systemic infection. • Prophylactically to prevent infection in clients at high risk for developing a wound infection. • Suitable for use in adults and children.
Precautions	<ul style="list-style-type: none"> • Neonates and infants to the age of 6 months as povidone iodine may be absorbed through unbroken skin • Make Physician/NP aware of Inadine usage for clients: <ul style="list-style-type: none"> ◦ Taking lithium as Inadine may increase the possibility of hypothyroidism when used in combination with lithium. Blood work should be monitored on a regular basis. ◦ With renal impairment, as poor renal function is thought to be a factor in increased iodine levels in serum and urine with prolonged use and use in large wounds. ◦ With thyroid disorders as they are more susceptible to thyroid metabolism changes in long-term therapy. Thyroid function should be monitored if large areas are being treated for a prolonged period of time.
Contraindications	<ul style="list-style-type: none"> • Sensitivity or allergy to iodine or other components of dressing. • Do not use in wounds with depth (more than 1 cm), undermining or sinus tracts. • Pregnant or breast-feeding individuals. • Duhring's herpetiform dermatitis (a specific skin disease).
Formats & Sizes	<ul style="list-style-type: none"> • Sheet <ul style="list-style-type: none"> ◦ 5 x 5 cm ◦ 9.5 x 9.5 cm 

Directions	Rationale / Key Points
Selection	
<p>Select size of Inadine that is slightly larger than wound. If necessary, Inadine can be cut or folded to fit wound bed.</p> <p>Choose appropriate secondary dressing.</p>	<p>Easier to cut with one or two backing papers in place.</p> <p>The choice of secondary dressing is dependent on the amount of wound exudate expected and the frequency of dressing change.</p>
Preparation	
<p>Cleanse wound and periwound / surrounding skin with sterile normal saline or agency approved wound cleanser.</p> <p>Dry periwound / surrounding skin.</p> <p>If required and appropriate for cover dressing, apply barrier film to periwound skin. Refer to Product Information Sheet for cover dressing to determine if barrier film is appropriate.</p>	<p>See Wound Cleansing Procedure or QR Code below.</p> <p>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).</p>

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Application		
Remove one backing paper. Peel dressing off of remaining backing paper.	Do not apply to wound with backing paper in place.	
For wounds with minimal depth (less than 1 cm): cover wound bed with single layer of Inadine. Apply secondary dressing.	Applying more than one layer may block exudate from going up to the secondary dressing causing periwound maceration. Do not use in wounds with depth (more than 1 cm), undermining or sinus tracts.	
Removal		
Consider using adhesive remover to assist with removal of secondary dressing. Gently lift the edge of the secondary dressing and remove. Gently lift the edge of Inadine and remove from wound bed.	To decrease the risk of medical adhesive related skin injury (MARSI). Removal may be helped by gentle stretching of dressing at diagonally opposite corners.	
Frequency of Dressing Change		
Can be left in place up to 7 days and may be changed up to twice a day. The dressing changes colour from orange to white as the Povidone Iodine is used up.  Newly applied Should be changed	Dressing change frequency depends on amount of exudate. When Inadine turns white this indicates loss of antiseptic efficacy.	
Expected Outcomes		
Wound infection resolved in 14 days. If using prophylactically, no wound infection develops. Inadine and secondary dressing do not adhere to wound bed. Product performs as expected.	If product does not perform as expected notify NSWOC/Wound Clinician and consider submitting a Supply Chain Product Concern Form .	
QR Codes		
		
Wound Packing	Wound Cleansing	Wound Infection
For further information please contact: NSWOC/Wound Clinician		