







Product Information Sheet

Melgisorb Ag	
Classification	Wound Filler: Antimicrobial Alginate
Key Points	<ul style="list-style-type: none"> • A highly absorbent, non-woven, pad composed of a high G (guluronic acid) calcium alginate and carboxymethylcellulose (CMC) which forms a gel as it absorbs wound exudate. Does not contain animal products. • Contains a bactericidal ionic silver complex, effective against a broad spectrum of micro-organisms, which, in the presence of wound exudate, releases silver ions within the dressing over a 7-day period. • Requires a secondary (cover) dressing.
Indications	<ul style="list-style-type: none"> • Superficial to deep wounds with moderate to heavy exudate. May be used under compression. • Superficial and partial-thickness burns. • Due to its alginate property, may assist in the control of minor bleeding in superficial wounds. • 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.
Precautions	<ul style="list-style-type: none"> • If dressing adheres to the wound, moisten with sterile normal saline prior to removal. • The performance of the dressing may be impaired if used in combination with excessive use of petroleum-based products. • Dressing must not come in contact with electrodes or conductive gels during ECG or EEG testing. • Dressing must be removed prior to client undergoing MRI examination. • Has not been evaluated on pregnant/lactating individuals or neonates/infants, consult with physician/NP prior to using on this/these population(s).
Contraindications	<ul style="list-style-type: none"> • Sensitivity or allergy to silver, alginate or other components of the dressing. • Do not use on dry or lightly exudating wounds. • Do not to control heavy bleeding. • Do not use on surgical implantation.
Formats & Sizes	<ul style="list-style-type: none"> • Sheet: <ul style="list-style-type: none"> ○ 5 x 5 cm ○ 10 x 10 cm ○ 15 x 15 cm ○ 20 x 30 cm • Ribbon <ul style="list-style-type: none"> ○ 3 x 44 cm <div style="text-align: right;">  </div>

Directions	Rationale / Key Points
Selection	
Select a size of dressing that is slightly larger than the wound. Dressing may be cut. Choose secondary dressing based on amount of wound exudate expected and the anticipated frequency of dressing change.	
Preparation	
Cleanse wound and periwound / surrounding skin with sterile normal saline or agency approved wound cleanser. Dry periwound / surrounding skin. If required and appropriate for secondary dressing, apply barrier film to periwound skin. Refer to the Product Information Sheet for secondary dressing to determine if	See Wound Cleansing Procedure or QR Code below. To protect periwound skin from moisture associated skin damage and medical adhesive related skin injury. Barrier film may interfere with the function of some



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barrier film is appropriate.	cover dressings, (e.g. some silicone dressings).	
Application		
<p>For wounds with minimal depth (less than 1 cm): fold or cut dressing to fit the wound area.</p> <p>For wounds with depth (more than 1 cm): lightly fill the dead space up to skin level with Melgisorb Ag.</p> <p>For undermining/sinus tracts: lightly pack with one piece (where possible) of Melgisorb Ag ribbon. Leave a tail of the ribbon so that it can easily be seen. Dressing sheet may be spiral cut to make a ribbon, (e.g. 3cm wide) if needed.</p> <p>Ensure dressing does not overlap onto the periwound skin.</p> <p>Apply secondary dressing to cover the wound.</p>	<p>Over-packing undermining or sinus tracts can lead to tissue necrosis.</p> <p>The tail will facilitate the removal of packing.</p> <p>Use one piece of packing whenever possible.</p> <p>Refer to Wound Packing Procedure or QR Code below.</p> <p>Dressing in contact with the periwound skin may cause maceration.</p>	
Removal		
<p>Gently lift the edge of the secondary dressing and remove.</p> <p>Remove Melgisorb Ag from the wound. If dressing has adhered to the wound bed, soak with sterile normal saline to loosen.</p>	<p>To decrease risk of medical adhesive related skin injury (MARS).</p> <p>If the dressing has adhered to the wound bed, consider another dressing as the wound exudate amount has decreased.</p>	
Frequency of Dressing Change		
<p>Dressing changes should be based upon the need for wound infection assessment and the amount of exudate anticipated.</p> <p>Melgisorb Ag may be left in place for up to 7 days.</p>		
Expected Outcomes		
<p>S&S of wound infection resolved within 14 days.</p> <p>If used prophylactically, S&S of wound infection did not develop.</p> <p>Exudate is managed with no periwound maceration.</p> <p>Product performs as expected.</p>	<p>If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting a Supply Chain Product Concern Form.</p>	
QR Codes		
		
Wound Packing	Wound Cleansing	Wound Infection QRG
For further information please contact NSWOC/Wound Clinician		