












## Product Information Sheet

Mepilex Dressings for Pressure Injury Prevention				
<b>Classification</b>	<b>Pressure Injury Prevention Dressing</b>			
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• PIP dressings are to be used in combination with other pressure injury prevention (PIP) strategies.</li> <li>• This document does not address treatment for a pre-existing pressure injury (non-blanchable area, open wound), or other skin injuries, please see the client’s care plan.</li> <li>• The 5-layer dressings are of a soft, conformable, waterproof/showerproof foam which redistributes shear forces, reduces friction, redistributes pressure and balances microclimate. The Lite dressings are thinner, suitable for under medical devices or for cut-to-fit areas. All dressings have a silicone adhesive layer for atraumatic dressing removal.</li> <li>• PIP dressings are to be lifted at least daily to allow for visual and tactile assessment of the area*.</li> </ul>			
<b>Indications</b>	<ul style="list-style-type: none"> <li>• For <b>intact blanchable skin</b> only: for patients/clients/residents at risk for developing a pressure injury related to pressure, friction/shear or medical device.</li> </ul>			
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Does not replace the use of other pressure injury prevention strategies, (i.e. pressure risk assessment, regular re-positioning, appropriate pressure redistribution and pressure offloading).</li> <li>• Consult with Physician/NP/NSWOC/WC prior to using foam dressings of any kind on ischemic lower legs/feet.</li> <li>• Sacral and heel dressings should not be cut.</li> <li>• Do not use with skin barriers/skin sealants or cleansing wipes containing dimethicone/silicone, emollients etc. as these reduce the effectiveness of the adhesive properties of the dressing.</li> </ul>			
<b>Contraindications</b>	• N/A			
Formats/Sizes & Considerations for Use				
<b>Sacrum</b> <ul style="list-style-type: none"> <li>• 16 x 20cm</li> <li>• 22 x 25cm</li> </ul>	<b>Heel</b> <ul style="list-style-type: none"> <li>• 18.5 x 24cm</li> </ul>	<b>Mepilex Border Flex</b> <ul style="list-style-type: none"> <li>• 7.5 x 7.5cm</li> <li>• 10 x 10cm</li> <li>• 10 x 20cm</li> <li>• 12.5 x 12.5cm</li> <li>• 15 x 15cm</li> <li>• 15 x 30cm</li> </ul>	<b>Mepilex Border Flex Lite</b> <ul style="list-style-type: none"> <li>• 4 x 5cm</li> <li>• 5 x 12.5cm</li> <li>• 7.5 x 7.5cm</li> <li>• 10 x 10cm</li> <li>• 15 x 15cm</li> </ul>	<b>Mepilex Lite (no border)</b> <ul style="list-style-type: none"> <li>• 6 x 8.5cm</li> <li>• 10 x 10cm</li> <li>• 15 x 15cm</li> <li>• 20 x 50 m</li> </ul>
				
5-layer - sacral area only	5-layer - heels only	5-layer - high-risk areas	Under medical devices	Cut-to-fit areas
Application Directions			Key Points	
Ensure area to be protected is clean and dry. Do not use emollient or dimethicone/ silicone ointments, barrier wipes or skin sealants in area where dressing will be applied.			Emollients, dimethicone/silicone and other skin preparations can reduce the adhesive properties of the silicone dressing.	
To Apply to the Sacral-Coccyx Area				
<p>Remove the dressing’s center release film, fold the dressing and apply dressing into the gluteal cleft and then to sacral area.</p> <p>Remove the right-side release film and gently smooth this side of the dressing into place. Repeat with the left side. Run the side of a hand along the gluteal cleft to secure placement. See QR Code.</p>			<p>It is important that the dressing ‘fits’ into the upper aspect of the gluteal cleft to ensure that the dressing is properly secured against incontinence episodes.</p> <p>Tip: the border of the dressing may be cut to fix around the anus to ensure a good fit into the gluteal cleft. The cut edge of the dressing can be sealed by applying a skin barrier film, (e.g. Cavilon No-Sting Barrier Film) to the dressing’s cut edge.</p>	
  				
<p><b>On the dressing, print “P” for Preventative dressing and add the date that the dressing was applied.</b></p>			<p>To communicate with other staff the purpose of the dressing and when it needs to be changed.</p>	

\*National Pressure Injury Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Skin and Tissue Assessment. In: Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline: Fourth Edition. Emily Haesler (Ed.). 2025. [cited: 2026 June]. Available from: <https://internationalguideline.com>.

## Product Information Sheet

Application Directions	Key Points
<p><b>To Apply to the Heel Area</b></p> <p>Step A:</p> <ul style="list-style-type: none"> <li>Apply the adherent part of the dressing, marked ‘A’, to the posterior heel/Achilles tendon area, positioning the narrowest part of the dressing at the base of the heel. Do not stretch.</li> <li>Remove the backing from one of the ankle flaps. Apply and smooth. Repeat with the other side.</li> </ul> <p>Step B:</p> <ul style="list-style-type: none"> <li>Gently apply the adherent part of the dressing marked ‘B’ to the plantar surface of the foot. Do not stretch.</li> <li>Remove the backing from one of the flaps. Apply and smooth the out the border. Repeat with the other flap.</li> </ul> <p>Press and smooth the dressing to ensure the entire dressing is in contact with the skin.</p> <p><b>On the dressing, print “P” for Preventative dressing and add the date that the dressing was applied.</b></p>	 <p>See QR Code</p>  <p>To communicate with other staff the purpose of the dressing and when it needs to be changed.</p>
<p><b>To Apply to Other Bony Prominences/Under Medical Devices</b></p> <p>Choose the <u>largest</u> size of dressing that will fit the area to ensure good pressure redistribution and wherever possible use the 5-layer Mepilex Border Flex dressing especially for high-risk bony prominence areas.</p> <p>If the PIP dressing needed to be cut to fit the area, (e.g., for the face), use Mepilex Lite non-bordered and do not cut too small.</p> <p>Remove dressing’s backing, apply to area and gently smooth out.</p> <p><b>On the dressing, print “P” for Preventative dressing and add the date that the dressing was applied.</b></p>	<p>If dressing is too thick for the area, (e.g., under a medical device), consider a Lite dressing</p> <p>See QR Code for tips re oxygen tubing, ventilator mask &amp; C-collar.</p>  <p>Smoothing out the dressing ensures no wrinkles and good skin adhesion.</p> <p>To communicate with other staff the purpose of the dressing and when it needs to be changed.</p>
<p><b>Daily Care</b></p>	
<p>As part of the evaluation of person’s specific pressure injury prevention strategies, <b>at least once a day, gently peel back the dressing and assess the skin visually and by palpation:</b></p> <ul style="list-style-type: none"> <li>Lift one corner and use one hand to peel back the dressing, the other to stabilize the skin.</li> <li>Reapply existing dressing ensuring the border of the dressing is smooth with no wrinkles.</li> </ul> <p>If dressing becomes soiled due to incontinence, gently wipe off.</p>	<p>Wrinkles in the dressing are to due to sheer forces being applied to the dressing; if possible, remove these concerns. (e.g. lower the head of the bed).</p> <p>Stabilizing the skin when the dressing is being peeled back will minimize trauma to the skin.</p> <p>Dressing is waterproof and will not allow urine or feces to soak into the dressing.</p>
<p>If due to incontinence, dressing does not stay intact for longer than 24 hours, discontinue dressing and use alternative skin management.</p> <p>If a pressure ulcer develops within the area of the dressing, discontinue the dressing and initiate appropriate wound management. Inform Physician/NP, NSWOC/WC and the Interdisciplinary Team that a pressure injury has occurred.</p>	<p>If dressing does not stay in place, it is not a cost-effective prevention strategy.</p> <p>Other pressure injury interventions will need to be considered.</p>
<p><b>Frequency of Dressing Change</b></p>	
<p>May be left in place for up to 7 days as long as dressing does not lose its adherence, (e.g. edges roll, border does not ‘stick’), or becomes badly soiled. To remove, lift a corner, gently peel back. Continue with the prevention dressings as long as PIP is needed.</p>	<p>Using one hand to stabilize the skin when dressing is being peeled back will minimize trauma to the skin.</p> <p>As the person’s level of pressure ulcer risk improves, the dressing may no longer be required.</p>
<p><b>Expected Outcome</b></p>	
<p>Pressure injury does not develop.</p>	
<p><b>For further information please contact OT/PT/NSWOC/Wound Clinician</b></p>	