



Skin and Wound Product Information Sheet

NU-DERM Alginate	
Classification	Wound filler: Alginate
Key Points	<ul style="list-style-type: none"> • Sterile woven pad of high guluronic acid alginate and carboxymethylcellulose
Indications	<ul style="list-style-type: none"> • For wounds with moderate to large amounts of exudate • For the management of localized minor bleeding in superficial wounds
Precautions	<ul style="list-style-type: none"> • Not intended to control heavy bleeding
Contraindications	<ul style="list-style-type: none"> • Do not use for clients with known sensitivity to alginate • Do not use on three degree burns or surgical implantations
Formats & Sizes	<ul style="list-style-type: none"> • Sheet <ul style="list-style-type: none"> ▪ 5 x 5 cm ▪ 10 x 10 cm ▪ 10 x 20 cm • Ribbon <ul style="list-style-type: none"> ▪ 2.5 x 30.5cm 
Application Directions	Rationale
Cleanse/irrigate wound with sterile normal saline or agency approved wound cleanser; dry peri-wound skin.	Reduces wound debris and allows for adhesion of dressing or tape.
If required, apply skin barrier to peri-wound skin.	To protect the peri-wound skin from maceration and to improve the adhesion of the dressing or tape
To Apply	
Choose appropriate size of dressing to fill space in wound. Dressing may be cut to fit. It can also be folded to add additional layers for extra absorption.	Dressing should remain within the edges of the wound to prevent maceration.
For packing: lightly pack one piece (where possible) of ribbon into cavity, undermining or sinus tract. Leave a tail of the ribbon so that it can easily be seen.	Over packing undermining or sinus tracts can lead to tissue necrosis. The tail will facilitate the removal of packing.
Apply appropriate cover dressing to maintain a moisture-balanced wound environment.	The choice of cover dressing is depended upon the amount of exudate expected
To Remove	
Dressing will have turned into a gel pad. Gently remove the pad with forceps or with irrigation.	To avoid trauma to the wound bed. If alginate is adhered to wound, choose a different cover dressing to maintain a better moisture balance within the wound.
Frequency of Dressing Change	
Will depend upon the amount of exudate. Dressing may be left in wound for up to 7 days.	
Expected Outcome	
Exudate is managed with no peri-wound skin maceration.	
Localized minor bleeding is managed.	
For further information, please contact your Wound Clinician.	