

8

ith Authorit

First N



Allevyn Cavity		
Classification	Cover Dressing: Foam	
Key Points	A porous polyurethane film cased with foam chips	
Indications	• For deep cavity wounds with large to copious amounts of exudate	
Precautions	• Use a sterile gloved hand when placing dressing into the wound as forceps may puncture the dressing	
Contraindications	<ul> <li>Do not use for clients with known sensitivity or allergy to polyurethane</li> <li>Do not use with oxidizing agents such as hypochlorite solutions (Eusol) or hydrogen peroxide</li> <li>Do not use on 3<sup>rd</sup> degree burns</li> <li>Do not use on cavity wounds with small openings</li> </ul>	
Formats & Sizes	Cavity Phot     Scm circular     10cm circular     2.5 x 8.8cm tubular     3.6 x 11.9cm tubular	to
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 a 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 a dressing size that will loosely pack the cavity wound; if needed, different sizes of the dressing can be used.		Do not over-pack the cavity as dressing will 'swell' with exudate.
Using a sterile gloved hand, insert the dressing into the wound.		Using forceps may puncture the dressing.
C over with appropriate cover dressing to maintain a moisture- balanced wound environment. May use transparent film if the cavity dressing itself can manage the exudate amount without the need for an absorbent cover dressing.		Choice of cover dressing will depend upon the amount of exudate expected.
To Remove		
Gently remove the cover dressing and using a gloved hand carefully remove the cavity dressing.		To avoid trauma to the wound.
Frequency of Dressing		
Will depend upon the amount of exudates. Initially the dressing can be left on for up to 3 days but then can be extended up to 7 days.		
Expected Outcome		
Exudate is managed with no peri-wound skin maceration.		
For further information, please contact your Wound Clinician.		

Providence