

## Skin and Wound Product Information Sheet

<b>Anasept Skin &amp; Wound Cleanser</b>	
<b>Classification</b>	<b>Antimicrobial: Sodium Hypochlorite Solution</b>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• Anasept is a skin and wound cleansing solution containing 0.057% Sodium Hypochlorite (NaClO) which is isotonic and tissue compatible.</li> <li>• Sodium Hypochlorite is a broad-spectrum, oxidizing chlorine-based antimicrobial which is effective against bacteria, fungus, spores and virus; there is no known microbial resistance to the product; most pathogens are killed within 30 seconds of contact with the solution.</li> <li>• Unlike for the adult and older pediatric population, no research is done or government approval given for the young pediatric/neonate population but the product is being used for the pediatric (6 years and younger) and neonatal population with no untoward effect at this time.</li> <li>• May be used as a cleanser, as a soak or for packing.</li> <li>• The effect of the Sodium Hypochlorite solution is dependent upon the amount of debris (slough/necrotic tissue) and exudate in the wound; wounds with heavy debris will need a longer 'soak time' and the cleansing steps repeated.</li> <li>• Can be used in combination with debridement; autolytic, enzymatic, mechanical, conservative sharp wound debridement, but not with biodebridement (maggots).</li> </ul>
<b>Indications</b>	<ul style="list-style-type: none"> <li>• Under the direction of a NSWOC/Wound Clinician may be used for wounds, 1<sup>st</sup> and 2<sup>nd</sup> degree burns, graft and donor sites, frostbite injuries, peri-tube/drain sites where Normal Saline cleansing is not/would not be effective which:                         <ul style="list-style-type: none"> <li>○ Needs mechanical removal of wound debris and slough/necrotic tissue</li> <li>○ Shows signs and symptoms (S&amp;S) of local wound infection and/or biofilm</li> <li>○ Has an odour present</li> </ul> </li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Avoid the eyes and the ears; for external use only.</li> <li>• When foam-based cover dressings are used, ensure that the peri-wound skin is <u>completely dry</u> of the wound cleanser as the oxidizing solution may negatively affect the foam structure.</li> <li>• When used with other antimicrobials, rinse the wound with Normal Saline/Sterile Water prior to applying the antimicrobial.</li> </ul>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>• Do not use for clients with known sensitivity to Sodium Hypochlorite</li> <li>• Do not use with biodebridement (maggot) dressings</li> </ul>
<b>Formats &amp; Sizes</b>	<ul style="list-style-type: none"> <li>• Bottle                             <ul style="list-style-type: none"> <li>▪ 118 ml with Dispensing Cap</li> <li>▪ 236 ml with Dispensing Cap</li> <li>▪ 444 ml with Dispensing Cap</li> </ul> </li> </ul> <div style="text-align: right;"> </div>
<b>Application Directions</b>	
Label bottle with client's name and the date, for bottles with a cap ensure that caps stay clean and re-cap the bottle when done.	<b>Rationale</b>
	Single-client use only. Once opened, solution must be used within 14 weeks. Do not expose solution to temperatures below 0°C or above 40°C. Unopened bottles are stable at room temperature for up to 2 years.
<b>For Cleansing</b>	
<p><b>Peri-tube/drain skin:</b>                      Cleanse the peri-drain/tube area with 2x2 solution-soaked gauzes.                      Thoroughly pat dry the peri-drain/tube skin.                      Apply appropriate drain gauze dressing.</p>	



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<p><b>Wound cleansing:</b> Irrigate undermining/sinus/tunnels and the wound bed with the solution, using an irrigation tip catheter and syringe.</p> <p><u>For wounds with minimal slough/ necrotic tissue/ exudate:</u></p> <ul style="list-style-type: none"> <li>• Allow the solution to be in contact with /pool within the wound area for 30-120 seconds.</li> </ul> <p><u>For wounds with moderate to heavy slough/necrotic tissue/ exudate:</u></p> <ul style="list-style-type: none"> <li>• Soak gauze and/or plain packing ribbon with solution and apply to both visible/nonvisible wound areas. Allow solution to be in contact with the wound/peri-wound skin for 5 minutes.</li> <li>• Remove and reapply newly soaked gauzes/ribbon to both visible/nonvisible wound areas; leave for another 5 minutes. Remove gauzes/packing.</li> </ul> <p>Remove all loosen slough/necrotic tissue:</p> <ul style="list-style-type: none"> <li>• Irrigate undermining/sinus/tunnels and wound bed with solution using an irrigation tip catheter and syringe.</li> <li>• Soak gauze(s) with the solution and wring out to remove excess solution. Gently but firmly cleanse the wound bed/peri-wound skin to remove as much of loosen slough/necrotic tissue as possible.</li> </ul> <p>Rinse with Normal Saline/Sterile Water if another antimicrobial will be used in the dressing.</p> <p>Pat the wound bed to pick up excess solution, <u>thoroughly pat dry</u> the peri-wound skin.</p> <p>Dress the wound and apply appropriate cover dressing to maintain a moisture-balanced wound environment.</p>	<p>For wounds with little or no debris, the solution needs to be in contact with the wound for up to 2 minutes to ensure effectiveness of the solution.</p> <p>For wounds with heavy amounts of debris (slough/necrotic tissue), the solution needs to be in contact with the wound for a longer 'soak time' to ensure effectiveness of the solution.</p> <p>When foam-based cover dressings are used, ensure that the peri-wound skin is complete dry of the wound cleanser as the oxidizing solution may negatively affect the foam structure.</p> <p>The choice of cover dressing is depended upon the amount of exudate expected.</p>
<b>As a Wound Filler/Packing</b>	
<p>Cleanse the wound and peri-wound skin with the solution using irrigation tip catheter/syringe and/or 2x2 solution-soaked gauzes. Gently but firmly cleanse the wound bed/peri-wound skin to remove as much of loosened slough/necrotic tissue as possible.</p> <p>Soak plain ribbon packing or plain gauze(s) with solution, wring out excess solution. Gently fill/pack any undermining/sinus/ tunnel and the wound cavity.</p> <p>Pat the peri-wound skin dry.</p> <p>Apply absorbent cover dressing to maintain up to a 12– 24hr moisture-balanced wound environment.</p>	
<b>Frequency of Application</b>	
<p><u>For cleansing:</u> start with daily then decrease frequency depending upon the amount of debris (slough/necrotic tissue) and exudate in the wound.</p> <p><u>For packing:</u> change daily or BID as needed to ensure that packing/ gauze(s) does not dry out between dressing changes.</p>	
<b>Expected Outcome</b>	
<p>Decreased amount wound debris (slough/necrotic tissue) is noted within 1 week.</p> <p>S&amp;S of local wound infection are resolved within 2 weeks.</p>	
<b>For further information, please contact your NSWOC or Wound Clinician.</b>	