




Skin and Wound Product Information Sheet

Chlorhexidine (CHG) Solution 2% w 70% Alcohol for Wound Care	
Classification	Antiseptic
Key Points	<ul style="list-style-type: none"> • Chlorhexidine Gluconate (CHG) 2% solution compounded with 70% alcohol. • Antiseptic known to inhibit/kill skin colonizing flora including methicillin-resistant Staphylococcus aureus (MRSA); including gram-positive, gram-negative non-spore forming bacteria, yeast, & selective lipid envelope viruses (HIV). • Not to be used as a wound cleanser but as a procedural prep or for maintaining dry, stable eschar when Povidone Iodine can not be used.
Indications	<ul style="list-style-type: none"> • As a prep for Conservative Sharp Wound Debridement procedure for wounds which show S&S of a wound infection or for immunocompromised client's wounds e.g. diabetic foot ulcer. • May be used to achieve and maintain dry, stable eschar (e.g. arterial wounds) when the client is sensitive to Povidone Iodine.
Precautions	<ul style="list-style-type: none"> • Solution must be allowed to dry to ensure effectiveness. • Alcohol based solution is flammable. • May cause skin and eye irritation. If irritated, wash with water immediately and discontinue use. If in contact with the eyes, flush with running water 15 minutes
Contraindications	<ul style="list-style-type: none"> • Do not use for clients with known sensitivity to chlorhexidine.
Formats & Sizes	<ul style="list-style-type: none"> • Swab <ul style="list-style-type: none"> ▪ one swab per package • Solution <ul style="list-style-type: none"> ▪ 500 mL <div style="text-align: right;">  </div>
Application Directions	Rationale
Swab are single-use only. Discard once used. Label the 500 mL bottle with the client's name. Date the bottle.	Bottles are to be single-client use. Discard open bottles within 30 days.
For Wound Prep Pre and Post CSWD	
<p>For solution: pour CGH solution into the dressing tray. Soak gauze dressings in the solution. Remove the gauze dressing(s) from the solution, squeeze out excess using sterile glove hand or forceps.</p> <p>Using either the soaked gauze or the swab, cleanse the necrotic tissue/slough wound area(s) and periwound skin. Allow solution to dry for 30 seconds for dry areas and 2 minutes for moist areas.</p> <p>Post-CSWD, thoroughly cleanse the area with Normal Saline to remove any residue.</p>	<p>Do not leave cotton gauze in the GHG solution for longer that 15 minutes as the cotton compromises the effectiveness of CHG.</p> <p>If skin becomes irritated, discontinue use and wash immediately with Normal Saline or tap water.</p> <p>Skin may become irritated with the residue of solution when under a dressing.</p>
For Maintenance of Dry Stable Eschar	
<p>Cleanse area with Normal Saline.</p> <p>For solution: pour CGH solution into the dressing tray. Soak gauze dressings in the solution. Remove the gauze dressing(s) from the solution, squeeze out excess using sterile glove hand or forceps.</p> <p>Using either the soaked gauze or the swab, wipe the dry, stable eschar plus the 2.5cm of the peri-wound skin. Allow solution to dry for 30 seconds for dry areas and 2 minutes for moist areas.</p> <p>If area is to be covered with a dressing, stocking, etc. ensure the area is thoroughly dry before covering it.</p>	<p>Do not leave cotton gauze in the GHG solution for longer that 15 minutes as the cotton compromises the effectiveness of CHG.</p> <p>Skin may become irritated with the residue of solution when under a dressing, stocking, etc. If skin irritation, occurs, discontinue use and wash immediately with Normal Saline or tap water.</p>



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Frequency of Application	
As needed for CSWD prep.	
For maintenance of dry, stable eschar, daily.	
Expected Outcome	
As a prep for CSWD; decreases bacterial load prior to procedure.	
For maintenance of dry, stable eschar; eschar remains dry and stable.	
For further information, please contact your Wound Clinician.	