









Product Information Sheet

Mesalt			
Classification	Wound Filler: Hypertonic		
Key Points	 Dry, nonwoven gauze impregnated with crystalline sodium chloride. Promotes autolytic debridement by drawing wound exudate, bacteria, and necrotic material into dressing. Intended for short-term use up to 30 days. Primary dressing requiring a secondary dressing when used on wounds. Secondary dressing not required when using on hypergranulation tissue. 		
Indications	 Heavily exudating wounds with slough. May be used on infected wounds in combination with appropriate clinical treatment. See <u>Wound Infection QRG</u> or QR Code below. Removal of hypergranulation tissue. See <u>Hypergranulation Tissue QRG</u> or QR Code below. May be used in combination with compression therapy. 		
Precautions	 Has not been evaluated on pregnant/lactating individuals or neonates/infants, consult with physician/NP prior to using on these populations. Should not come into contact with exposed bone or tendon. 		
Contraindications	 Sensitivity or allergy to components of the dressing. Do not use on granulating wounds. Wounds with minimal or no exudate. 		
Formats & Sizes	 Pad: 5 x 5 cm 7.5 x 7.5 cm 10 x 10 cm Ribbon: 2 cm x 1 M 		

Directions	Rationale / Key Points
Selection	
Select appropriate size of product for wound or area of hypergranulation tissue.	
For wounds: cut to wound size if needed, but do not cut less than 1 cm wide. Can be spiral cut if necessary.	
For hypergranulation tissue: cut to size required to cover the area of hypergranulation tissue. For tube/drain site, cut a Y into the dressing,	
Choose secondary dressing based on amount of wound exudate expected and tanticipated frequency of dressing change.	Secondary dressing not required for tube/drain sites.
Preparation	
Cleanse wound / hypergranulation and periwound / surrounding skin with sterile normal saline or agency approved wound cleanser.	See <u>Wound Cleansing Procedure</u> or QR Code below.
Dry periwound / surrounding skin but do not dry the wound bed.	
For wounds: if required and appropriate for secondary dressing, apply barrier film to periwound skin. Refer to Product Information Sheet for secondary dressing to determine if barrier film is appropriate.	To protect periwound skin from moisture associated skin damage and medical adhesive related skin injury. Barrier film may interfere with the function of some cover dressings, (e.g., some silicone dressings).











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Directions	Rationale / Key Points
For hypergranulation tissue: apply barrier film to surrounding	To protect skin from maceration and the dry salt
skin.	dressing.
Application	
For wounds:	Do not moisten before application.
For wounds with minimal depth (lessthan 1 cm): cover wound bed with dry Mesalt.	Do not allow Mesalt to overlap onto periwound skin.
For wounds with depth (more than 1 cm) or undermining: fluff dry Mesalt and lightly fill the dead space up to skin level.	Over-packing undermining or sinus tracts can lead to tissue necrosis.
For sinus tracts: lightly pack with one piece (where possible) of	The tail will facilitate the removal of packing.
Mesalt ribbon. Leave a tail of the ribbon so that it can easily be seen. If ribbon is unavailable, spiral cut Mesalt gauze but do	Use one piece of packing whenever possible.
not cut less than 1 cm wide.	Refer to <u>Wound Packing Procedure</u> or QR Code below.
Apply secondary dressing to cover the wound.	
For hypergranulation tissue: Apply dry Mesalt to cover area of hypergranulation.	See <u>Hypergranulation Tissue QRG</u> or QR Code below.
Secure Mesalt in place.	No need for secondary dressing for tube/drain sites.
Removal	
Consider using adhesive remover to remove adhesives (e.g., border dressings, tape).	To decrease risk of medical adhesive related skin injury (MARSI).
Gently lift the edge of the secondary dressing and remove.	
Remove Mesalt.	
Frequency of Dressing Change	
Change dressing whenever saturated (at least once a day).	Dressing change frequency is dependent on amount of wound exudate.
Mesalt is active for 24 hours.	All sodium chloride is donated to wound in 24 hours.
Expected Outcomes	
Wound bed is free of necrotic tissue within 2 weeks.	
Hypergranulation tissue is resolved in 7 days.	If product does not perform as expected, notify NSWOC/WoundClinician and then consider submitting
Product performs as expected.	a Supply Chain Product Concern Form.
QR Codes	

For further information please contact NSWOC/Wound Clinician