


Skin and Wound Product Information Sheet

Mesalt	
Classification	Debrider: Hypertonic - Dry
Key Points	<ul style="list-style-type: none"> Hypertonic saline impregnated gauze that creates an environment to draw gently exudate, debris and edema out from the wound.
Indications	<ul style="list-style-type: none"> For ‘sloughy” wounds with moderate to large amounts of exudate. For infected wounds in conjunction with appropriate clinical treatment. For removal of hypergranulation tissue, see Hypergranulation Tissue: Guideline.
Precautions	<ul style="list-style-type: none"> N/A
Contraindications	<ul style="list-style-type: none"> Do not use on granulating wounds. Do not use on wounds with small amount of drainage. Do not use on wounds with exposed tendon or bone.
Formats & Sizes	<ul style="list-style-type: none"> Dressing <ul style="list-style-type: none"> 5 x 5 cm 7.5 x 7.5 cm 10 x 10 cm Ribbon <ul style="list-style-type: none"> 2 x 100 cm <div style="text-align: right;">  </div>
Application Directions	Rationale
Cleanse/irrigate wound with sterile normal saline or agency approved wound cleanser; do <u>not</u> blot excess moisture from wound bed. Dry peri-wound skin.	Reduces wound debris and allows for a adhesion of dressing or tape. Small amount of moisture is needed to activate the salt in the dressing.
Apply skin barrier to peri-wound skin.	To protect the peri-wound skin from maceration as there may be an initial increase in the exudate and to improve the adhesion of the dressing or tape.
To Apply – Wound Care	
<p>Mesalt gauze and ribbon may be cut but do not cut less than 1cm in width.</p> <p>Wound bed:</p> <ul style="list-style-type: none"> Apply dry. Fluff the gauze(s) and loosely fill the wound bed/cavity. <p>Packing undermining/sinus tract/tunnel:</p> <ul style="list-style-type: none"> Apply dry. Cut ribbon to length needed to pack the non-visible space. If using more than one ribbon piece, tie the pieces together using sterile gloves. Lightly pack ribbon into the space. Secure the tail of the ribbon to the peri wound area with steri-strip or tape. <p>Apply appropriate cover dressing to maintain a moisture-balanced wound environment.</p> <p>Write the count of all the inserted dressing pieces on the cover dressing and on the assessment flowsheet.</p>	<p>Over-packing undermining/sinus tracts/tunnels can lead to tissue necrosis.</p> <p>The securing the tail of the packing to the peri wound skin ensures the packing ribbon will be seen and facilitates easy removal of packing.</p> <p>The choice of cover dressing is depended upon the amount of exudate expected.</p> <p>Documenting the count of the number of pieces inserted will inform how many pieces need to be removed on the next dressing change.</p>
To Apply – Hypergranulation Tissue	
Choose and/or cut Mesalt dressing to over the area affected by the hypergranulation tissue. If hypergranulation tissue is at a tube/drain site, cut a Y into the dressing.	The salt in the dressing will dry the hyper-granulation tissue.



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<p>Apply skin barrier to peri-wound or peri-tube/drain skin.</p> <p>Apply Mesalt dry.</p> <p>For wounds, cover with appropriate cover dressing to maintain a moisture-balanced wound environment.</p> <p>For tube/drain, tape dressing in place.</p>	<p>Skin barrier will protect the peri-wound skin from maceration and the peri-tube/drain skin from the dry salt dressing.</p> <p>The choice of cover dressing is depended upon the amount of exudate expected.</p>
To Remove	
<p>Gently remove the Mesalt dressing using forceps</p>	<p>Dressing adherence to the wound bed may indicate that the amount of exudate has decreased and that Mesalt is no longer appropriate.</p>
Frequency of Change	
<p>Change Mesalt at least once daily.</p>	<p>When dressing becomes saturated, it is no longer hypertonic and therefore not effective as a debrider.</p>
Expected Outcome	
<p>Wound bed is debrided of necrotic tissue within 2 weeks.</p> <p>Hypergranulation tissue will be removed in 7 days.</p>	
For further information, please contact your NSWOC/Wound Clinician.	