Comprehensive Solutions for Advanced Skin & Wound Care

MCKESSON

Calcium Alginate Dressings ROPE
STERILE

3/4” x 12” (19 cm x 30.5 cm)
1 PER PACK
10 PACKS PER BOX
SINGLE USE ONLY
MFR # 61-88112

THERA
MADE WITH SAFFLOWER
MOISTURIZING BODY CREAM

Hydrogel Sheet Dressings
NON-CYTOTOXIC | SOOTHING | STERILE

2” x 2” (5 cm x 5 cm)
1 PER PACK
10 PACKS PER BOX
SINGLE USE ONLY
MFR # 61-82022

MCKESSON
With McKesson’s exclusive brand of products, you’ll never have to compromise. We deliver quality products at competitive prices, backed by our 100% satisfaction guarantee. We have decades of experience in the market and we offer you support, clinical training and work to help ensure you have the products you need, when you need them—making it even easier for you to provide the best care for your patients.

McKesson Medical-Surgical offers comprehensive product and technology solutions for long-term care facilities, home health agencies, and home medical equipment suppliers to help streamline processes, enhance the quality of care and reduce costs.

THERA™ and McKesson’s exclusive brand of Advanced Wound Care products do not contain natural rubber latex.
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1. MEDIHONEY® is a registered trademark of Medihoney Pty Ltd. and licensed to Derma Sciences, Inc. MEDIHONEY® is not a private label product of McKesson but is available for distribution through McKesson’s exclusive brand of Advanced Wound Care products.
Addressing wounds is a daily challenge within any healthcare setting. At McKesson, we can help you reduce costs with our exclusive brand of quality advanced skin and wound care products at meaningful savings. We can also help you improve the quality of patient care with our clinical support and education services. We combine the right balance of quality, savings and service to help you offer great care to your patients through our 3-part solution:

**PART 1**
**Clinical Support / Education:**
Toll-free Clinical Support Line, Product Selection Guides, Educational Seminars, In-servicing and Webinars.

**PART 2**
**Prevention:** Maintaining skin integrity is the first step in addressing wounds. THERA™, our advanced skin care product line, will help you address skin issues and protect and treat skin irritations.

**PART 3**
**Treatment:** Our Advanced Wound Care products will help you address a variety of wounds.

Get started with our 3-part Advanced Skin & Wound Care solution today. Visit mms.mckesson.com or call clinical support at 877.611.0081.
McKesson offers clinical support for our exclusive skin and wound care product portfolio. Our Board-Certified Wound, Ostomy Continence Nurses manage a toll-free support line and offer product selection guides, educational seminars, in-servicing and webinars to help address your skin and wound care needs. All of this support is provided to you at no additional cost as part of the purchase of our skin or wound care products.

Clinical Support Line
877.611.0081

Educational Seminars
Face-to-face presentations that provide educational training on specific skin and wound care topics.

In-servicing
Face-to-face educational training to address specific needs/issues your staff is facing.

Webinars
Phone and/or computer presentations that provide educational training that can be tailored to meet your needs.

Product Selection Guides
We have product selection guides, found in the back pocket of this catalog, that provide information on selecting products to address skin issues and wounds with our exclusive brand of products.

Call 877.611.0081 or ask your McKesson Medical-Surgical Account Manager about taking advantage of these clinical support and educational opportunities today.
INTACT, DRY: Also called xerosis, the epidermis lacks moisture or sebum, often characterized by a pattern of fine lines, scaling and itching. Causes include too frequent bathing, low humidity and decreased production of sebum in aging skin.

DRY, FLAKY, CRACKED: Skin lacks adequate moisture or sebum resulting in excessive drying of the skin leading to flaking of the epidermis and cracks and fissures that may extend into the dermis. Cracks in the skin may result in portals for infection.

ERYTHEMA: The presence of bright or dark, red skin or darkening of normal skin.

WET, CRACKED, RAW: Denuded skin results from the loss of the epidermis resulting in partial thickness breakdown of the skin into the dermis. The denuded area is raw and weepy. Macerated skin is water logged skin; if it is not protected from moisture it may lead to denudement.

FOLDS/INTERTRIGINOUS AREAS: Intertriginous is a term used to define an area where two skin areas may touch or rub together.

FUNGAL RASH: Signs and symptoms of fungal rash may include severe itching, burning, soreness and irritation. Impairment of the integrity of the skin due to moisture is a common contributing factor.
LOCATION: Refers to specific body part or boney prominence over which the wound is located.

ETIOLOGY: Pressure, venous, diabetic, arterial, surgical, traumatic.

CLASSIFICATION: Stage (for pressure ulcers); full or partial thickness.

MEASUREMENT: Length x width x depth in centimeters. Assess for undermining and tunneling.

WOUND BED: Cleanse prior to assessment. Determine tissue type (granulation, slough, eschar, epithelialization, anatomical structures) and the percentage of each tissue type.

EXUDATE AMOUNT AND CHARACTER: None, light, moderate, heavy. Serous, serosanguineous, sanguineous, purulent, color and consistency.

SURROUNDING SKIN: Normal, red/erythematous, blanchable, nonblanchable, hyperpigmented, macerated, rash, indurated, edematous.

WOUND EDGES: Healthy, diffuse, well defined, undermined, rolled under (epibole), fibrotic, calloused.

SIGNS OF INFECTION: Pain, erythema, edema, heat/warmth, increased drainage, purulence, foul odor, delayed healing.

PAIN: Assess for pain related to the wound in general, as well as how it relates to the treatment or dressing change. Use a pain scale to get a more quantitative assessment.

ACCURATE DOCUMENTATION: Document according to facility policy and procedure so progress to goals can be determined. Accurately document findings.
Debridement is the removal of necrotic or devitalized tissue from the wound bed. The presence of necrotic tissue increases the risk for bacterial growth and infection, and its presence generally impairs the natural healing process. The most common methods of debridement include autolytic, enzymatic and surgical. Necrotic tissue in a wound is typically referred to as either slough or eschar.

**SLough:** Soft moist avascular (devitalized) tissue; may be white, yellow, tan, or green; may be loose or firmly adherent.

**Eschar:** Black or brown necrotic, devitalized tissue; tissue may be loose or firmly adherent, hard, soft or soggy.

**Autolytic Debridement:** Removal of devitalized tissue accomplished by the use of moisture retentive dressings. Maintaining a moist wound environment and moisture balance will facilitate the body’s own enzymes and white blood cells in debridement of necrotic tissue.

**When Not To Debride:** When pressure ulcers are located on the heel, ear or other site with little subcutaneous or muscle tissue and are covered with a dry, stable eschar, they should not be debrided.

Debridement is also generally not recommended for arterial ulcers and diabetic ulcers with dry eschar or dry gangrene, without infection and with an insufficient vascular supply for healing, unless circulation to the area can be improved.

A wound is considered infected when replicating organisms invade the tissues and a host immune response is detected. The only way to definitively determine infection is with a wound culture or tissue biopsy. Two commonly used techniques for obtaining a wound culture (aerobic and anaerobic) by swab are the Z-stroke and Levine techniques. Always first cleanse the wound with normal saline and culture viable tissue; Do not culture necrotic tissue, purulent drainage or hard, dry eschar.

**Clinical Signs and Symptoms of Infection:**

- **PAIN:** Increased pain in the peri-ulcer area.
- **ERYTHEMA:** The presence of bright or dark red skin or darkening of normal skin color immediately adjacent to the ulcer.
- **EDEMA:** The presence of shiny taut skin or pitting impressions in the skin adjacent to the ulcer but within 4 cm of the ulcer margin.
- **HEAT/WARMTH:** A detectable increase in temperature of the skin adjacent to the ulcer (within 4 cm of the ulcer margin) as compared to skin 10 cm proximal to the wound.
- **DRAINAGE:** Increase in amount of drainage and purulent drainage.
- **FOUL ODOR:** Assess for odor after cleansing the wound thoroughly.
- **DELAYED HEALING:** An absence of change or an increase in volume or surface area of the ulcer over the preceding 4 weeks.
Assessing Wounds

TYPES OF TISSUE BREAKDOWN

There are many types of wounds. Some wounds are caused by pressure and deemed pressure ulcers and others such as diabetic/arterial ulcers, venous leg ulcers and skin tears are described as either partial or full thickness to indicate the depth of tissue breakdown.

PARTIAL THICKNESS WOUND:
Confined to the superficial skin layers; damage does not penetrate below the dermis and may be limited to the epidermal layers only.

FULL THICKNESS WOUND:
Ulcration extending through the dermis to involve subcutaneous tissue and possibly muscle/bone.

Pressure Ulcers
Localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure or pressure in combination with shear and/or friction. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. Pressure ulcers are broken down into stages:

STAGE 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
Further description: The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate “at risk” persons (a heralding sign of risk).

STAGE 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
Further description: Presents as a shiny or dry shallow ulcer without slough or bruising.* This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.
*Bruising indicates suspected deep tissue injury

STAGE 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
Further description: The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

STAGE 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.
Further description: The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

SUSPECTED DEEP TISSUE INJURY: Purple or maroon localized area of discolored intact skin or blood-filled blister due to the damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.
Further Description: Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

UNSTAGEABLE: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.
Further description: Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as “the body’s natural (biological) cover” and should not be removed.

Addressing Goals

PRODUCT SELECTION GUIDES

Connecting the right product to the right application is critical to achieving goals with skin and wound assessment and treatment.

PRODUCT SELECTION GUIDES FOR SKIN CARE AND WOUND CARE CAN BE FOUND IN THE BACK POCKET OF THIS CATALOG.
Maintaining skin integrity is the first step in addressing wounds. THERA™ will help you address skin issues and protect and treat skin irritations.

THERA™ is a specially formulated group of eight products that work together in a five-action system to soothe, treat, moisturize, nourish and protect the skin. Infused with SAFFLEX™, a proprietary blend of nourishing vitamins and minerals and a refreshing Lavender fragrance, THERA™ is as practical for everyday use as it is for critical care settings. Most importantly, THERA™ will help you address skin issues and protect and treat skin irritations.

SAFFLEX™ VITAMIN COMPOUND

Each product in the THERA™ Advanced Skin Care line is enriched with an all-in-one proprietary blend of vitamins called SAFFLEX™. It contains:

– Vitamin E Acetate
– Vitamin B3
– Vitamin B6
– Hyaluronic Acid
– Bisabolol and Ginger Root Extract
– Vitamin C
– Vitamin B5
– Safflower Seed Oil
– Lavender-Ylang Fragrance

THERA™ PERFORMS BETTER

THERA™ has been clinically proven to perform better. Epidermal turnover time was improved by 2.1 days when compared to the leading brand.

THERA™ HYDRATES THE SKIN

Hyaluronic Acid moisturizes and helps improve the appearance of the skin. Hyaluronic Acid is found in all THERA™ products.

THERA™ IS NON-IRRITATING

The combination of Bisabolol and Ginger Extract reduce the appearance of redness caused by skin irritation. Bisabolol and Ginger Extract are found in all THERA™ products.

www.theraskincare.com
THERA™ MOISTURIZING BODY CREAM
Everyday Moisturizer and Skin Conditioner
Active Ingredients: Dimethicone 1.75%......Skin Protectant
Uses
– Temporarily protects and helps relieve chapped or cracked skin
– Exfoliates dry, cracked skin

THERA™ ANTIMICROBIAL BODY CLEANSER
Reduces and Inhibits Bacterial Growth
Active Ingredients: Benzalkonium Chloride 0.13%.......Antiseptic
Uses
– A no-rinse topical antiseptic that reduces and inhibits bacterial growth

THERA™ MOISTURIZING BODY CLEANSER
Protects, Cleanses and Moisturizes the Skin
Active Ingredients: Dimethicone 1.75%.......Skin Protectant
Uses
– Temporarily protects and helps relieve chapped or cracked skin
– Cleanses, moisturizes, nourishes and protects skin
– Can be used on face, body and perineal area

THERA™ FOAMING BODY CLEANSER
No-Rinse Formula for Hair and Body
Uses
– Mild head-to-toe cleanser, can be used as a no-rinse or rinse-off
– Exfoliates dry, cracked skin

THERA™ ANTIFUNGAL BODY POWDER
Treatment for Fungal Skin Irritations
Active Ingredients: Miconazole Nitrate 2.0%.......Antifungal
Uses
– For the treatment of athlete’s foot (tinea pedis), jock itch (tinea cruris), ringworm (tinea corporis)
– Relieves itching, scaling, cracking, burning, redness, soreness, irritation, discomfort and chafing associated with jock itch

THERA™ MOISTURIZING BODY SHIELD
Nourishes and Protects Dry, Cracked Skin
Active Ingredients: Dimethicone 1.5%.......Skin Protectant
Uses
– Helps prevent excess Trans Epidermal Water Loss (TEWL) by sealing in moisture and creating an improved environment for the skin
– For the treatment and/or prevention of diaper rash caused by wetness or urine and/or stool
– Temporarily protects and helps relieve dry, chapped or cracked skin

THERA™ DIMETHICONE BODY SHIELD
Skin Repair Treatment for Dry, Cracked Skin
Active Ingredients: Dimethicone 5.0%.......Skin Protectant
Uses
– Helps protect the skin against damage related to dehydration
– For the treatment and/or prevention of diaper rash caused by wetness or urine and/or stool
– Temporarily protects and helps relieve dry, chapped or cracked skin

THERA™ CALAZINC BODY SHIELD
Effective Barrier Against Skin Irritation Associated with Wet, Cracked Skin
Active Ingredients: Zinc Oxide 20.0% (3.0% as Calamine).......Skin Protectant
Uses
– Helps relieve discomfort associated with diaper rash caused by wetness or urine and/or stool
– Temporarily protects skin against moisture, itching and minor irritation

THERA™ MOISTURIZING BODY SHIELD
Nourishes and Protects Dry, Cracked Skin
Active Ingredients: Dimethicone 1.5%.......Skin Protectant
Uses
– Helps prevent excess Trans Epidermal Water Loss (TEWL) by sealing in moisture and creating an improved environment for the skin
– For the treatment and/or prevention of diaper rash caused by wetness or urine and/or stool
– Temporarily protects and helps relieve dry, chapped or cracked skin

THERA™ ANTIFUNGAL BODY SHIELD
Treatment for Fungal Skin Irritations
Active Ingredients: Miconazole Nitrate 2.0%.......Antifungal
Uses
– For the treatment of athlete’s foot (tinea pedis), jock itch (tinea cruris), ringworm (tinea corporis)
– Relieves itching, scaling, cracking, burning, redness, soreness, irritation, discomfort and chafing associated with jock itch

THERA™ and McKesson’s exclusive brand of Advanced Wound Care products do not contain natural rubber latex.
McKesson offers an exclusive line of advanced wound care products, complete with instructional packaging, to meet your needs: Wound Cleansers and Measuring Devices, Hydrogel, Film, Foam, Hydrocolloid and Calcium Alginate Dressings. We’re also proud to expand our product offering to include Calcium Alginate with Antimicrobial Silver Dressings, Super Absorbent Dressings, and MEDIHONEY®1.
Based on direct feedback from clinicians, we know that properly selecting and using the right wound care product can be an ongoing challenge. That’s why we’ve made it easier to identify the products and have provided instructions for use. We are committed to finding ways to make the treatment of wounds less challenging for you.
### Treatment: Advanced Wound Care Product Portfolio

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**EXUDATE LEVEL KEY:**
- Light
- Moderate
- Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate.

Start ordering today! Visit mms.mckesson.com or call clinical support at 877.611.0081.
**Importance of Wound Cleansing:** It is important to cleanse a wound prior to assessing and redressing it. Wound cleansing helps to decrease the bacterial load or bioburden on the wound surface and also helps flush away dead cells and wound debris. McKesson offers three types of wound cleansers.

**Importance of Wound Measuring:** It is important to measure wounds on a consistent basis. Measuring the wound provides objective data that is critical in assessing progression of healing. McKesson offers two types of measuring devices.
1. **Saline Wound Flush**: Sterile saline (0.9% USP Sodium Chloride solution) wound flush for gentle cleansing and removal of dirt and debris.

2. **Skin Wound Cleanser**: Sterile, preservative-free wound cleanser is for single use on chronic and acute wounds.

3. **Dermal Wound Cleanser**: Non-sterile, preserved wound cleanser is for multiple use on chronic and acute wounds. Adjustable nozzle to allow for gentle spray or stream delivery for cleansing and removing dirt and debris.

4. **Plastic Wound Measuring Device**
   Non-Sterile, 5” x 7”

5. **Paper Wound Measuring Device**
   Non-Sterile, 1” x 7”

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**EXUDATE LEVEL KEY**: ★★★ = Light ★★★★ = Moderate ★★★★★ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate.
Wound Dressings

McKesson offers an exclusive brand of dressings to address a variety of wounds:

- Hydrogels
- Hydrophilic Wound Dressing
- Transparent Films
- Hydrocolloids
- Foams
- Calcium Algimates
- Calcium Algimates with Antimicrobial Silver
- MEDIHONEY®

16  McKESSON COMPREHENSIVE SOLUTIONS FOR ADVANCED SKIN & WOUND CARE
## Hydrogels

**Hydrogels:** Primary dressing for wounds with light or no exudate that add or maintain moisture. Helps maintain a moist wound healing environment to assist in autolytic debridement. To protect peri-wound skin from maceration, apply a moisture barrier ointment or barrier film. Available in amorphous, sheet and impregnated gauze forms.

**Indications:** Provide moist wound healing environment and help promote autolytic debridement.

**Contraindications:** Patients with a known hypersensitivity to the product itself or to its components.

**Change Frequency:** Hydrogel Amorphous Dressings and Hydrogel Wound Dressings with Zinc should be changed daily or as directed by a physician. Other Hydrogel Dressings should be changed as directed by a healthcare professional.

**Recommended Secondary Dressings:** Cover with an appropriate secondary dressing depending on the amount of exudate and frequency of dressing change.

### Hydrogels

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**Exudate Level Key:** ◆◆ = Light, ◆◆◆ = Moderate, ◆◆◆◆ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate.
Hydrophilic Wound Dressing

Hydrophilic Wound Dressing: Hydrophilic Wound Dressing with Zinc, Vitamins A and B6, Calcium and Magnesium. Provides filler for the wounds. Formulated with a patented zinc-nutrient formulation, and along with its balanced pH technology, provides a moist, mildly acidic environment conducive to wound healing.

Indications: Pressure ulcers I-IV, surgical incisions, tissue trauma, partial thickness wounds, thermal burns, diabetic and venous stasis ulcers.

Contraindications: Patients with a known hypersensitivity to the product itself or to its components.

Change Frequency: Change dressing daily or as directed by a physician.

Recommended Secondary Dressings: Cover with an appropriate secondary dressing depending on the amount of exudate and frequency of dressing change.

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Exudate Level Key: ◆ ◆ = Light ◆ ◆ ◆ = Moderate ◆ ◆ ◆ ◆ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate
**Transparent Films**

*Transparent Films*: May be used as a primary or secondary dressing. Helps maintain a moist wound surface to assist in autolytic debridement in wounds with necrotic tissue. Film dressings are thin and water-resistant, and water, bacteria or other contaminants cannot penetrate the dressing. They are moisture vapor permeable which aids in moisture management.

**Indications**: Protect wounds and IV catheter sites, helps maintain a moist wound surface to assist in autolytic debridement, maintain a moist environment for wound healing and as a secondary dressing.

**Contraindications**: Patients with a known hypersensitivity to the product itself or to its components.

**Change Frequency**: Change dressing as directed by a healthcare professional.

**Recommended Secondary Dressings**: n/a

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**ITEM DESCRIPTION** | **ITEM #** | **MFR #** | **#** | **UOM** | **HCPCS** | **EXUDATE LEVEL***
--- | --- | --- | --- | --- | --- | ---
**TRANSPARENT FILMS** |  |  |  |  |  |  |
TRANSPARENT FILM DRESSING W/FRAME DELIVERY 2 ¾" x 2 ¼" STERILE | 30232100 | 61-83023 | 100 | BX | A6257 | ³³³
TRANSPARENT FILM DRESSING W/FRAME DELIVERY 4" x 4 ¾" STERILE | 30452100 | 61-83045 | 50 | BX | A6258 | ³³³
TRANSPARENT FILM DRESSING W/FRAME DELIVERY 6" x 8" STERILE | 30682100 | 61-83068 | 10 | BX | A6258 | ³³³
TRANSPARENT FILM DRESSING W/TAB DELIVERY 2 ¾" x 2 ¼" STERILE | 31232100 | 61-83123 | 100 | BX | A6257 | ³³³

**EXUDATE LEVEL KEY**: ⚫ = Light  ⚫⚫ = Moderate  ⚫⚫⚫ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate*
Hydrocolloids: Primary or secondary dressing for wounds with light to moderate exudate. Helps maintain a moist wound environment to assist in autolytic debridement. When in contact with wound exudate, it forms a fluid/gel environment over the wound bed.

Indications: Management of partial and full thickness wounds such as leg ulcers and pressure sores. Help maintain a moist wound healing environment to assist in autolytic debridement and protect the wound from external contamination.

Contraindications: Patients with known hypersensitivities to the components of the dressing or third-degree burns. Conditions that lead to the formation of the wound (pressure, venous insufficiency, etc.) must be considered and addressed as part of the total wound care treatment plan. In the presence of infection, use may be continued in combination with appropriate antibiotic therapy and wound monitoring under medical supervision.

Change Frequency: May be left in place for up to seven days or until such time as peri-wound skin is at risk of maceration.

Recommended Secondary Dressings: n/a
Foams: Primary or secondary dressing for wounds with moderate to heavy exudate. Available as non-adhesive or with an adhesive border.

Indications: Wounds with moderate to heavy exudate.

Contraindications: Patients with a known hypersensitivity to the product itself or to its components.

Change Frequency: Change dressing as directed by a healthcare professional.

Recommended Secondary Dressings:

Adhesive Foams: n/a

Non-Adhesive Foams: Cover with an appropriate secondary dressing depending on the amount of exudate and frequency of dressing change or with medical tape.

<table>
<thead>
<tr>
<th>ITEM DESCRIPTION</th>
<th>ITEM #</th>
<th>MFR #</th>
<th>#</th>
<th>UOM</th>
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EXUDATE LEVEL KEY:  ◼ ◼ ◼ ◼ = Light  ◼ ◼ ◼ ◼ = Moderate  ◼ ◼ ◼ ◼ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate.
Calcium Alginates

Calcium Alginates: Primary dressing for wounds with moderate to heavy exudate that help maintain a moist wound environment. The alginate, derived from seaweed, turns to a moist gel mass material when saturated. Requires a secondary dressing.

Indications: Wounds with moderate to heavy exudate and may help absorb minor bleeding.

Contraindications: Patients with a known hypersensitivity to the product itself or to its components.

Change Frequency: Change dressing as directed by a healthcare professional.

Recommended Secondary Dressings: Cover with an appropriate secondary dressing depending on the amount of exudate and frequency of dressing change.

DRESSINGS

<table>
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<tr>
<th>ITEM DESCRIPTION</th>
<th>ITEM #</th>
<th>MFR #</th>
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EXUDATE LEVEL KEY:  ◀ ◀ ◀ = Light  ◀ ◀ ◀ = Moderate  ◀ ◀ ◀ ◀ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate
Calcium Alginates with Antimicrobial Silver: Assist with infection reduction. Primary dressing for wounds with moderate to heavy exudate. Silver ions are released in the presence of wound fluid and protect the dressing from bacterial colonization and provide an effective barrier to bacterial penetration. Requires a secondary dressing.

Indications: Effective barrier to bacterial penetration in moderate to heavily exuding wounds such as diabetic foot ulcers, leg ulcers, pressure ulcers, partial and full thickness wounds, donor sites and traumatic and surgical wounds.

Contraindications: Third degree burns, patients with a known sensitivity to alginates or silver and controlling of heavy bleeding. Should not be used with products that create an ionic exchange in the wound site, i.e., do not use with enzymatic debriding agents.

Change Frequency: May be left in place for up to seven days. Change dressing as directed by a healthcare professional.

Recommended Secondary Dressings: Cover with an appropriate secondary dressing depending on the amount of exudate and frequency of dressing change.
MEDIHONEY®, with Active *Leptospermum* Honey, is the global leading brand of honey-based wound care dressings that help to provide a moist wound healing environment. MEDIHONEY’S osmolarity assists in autolytic debridement of the wound bed while the low pH of MEDIHONEY helps to lower the overall pH levels of chronic and stalled wounds. There are four types of MEDIHONEY dressings: 100% Honey, Gel, Honeycolloids and Alginates.

**MEDIHONEY® Paste:** Primary dressing for wounds with light to moderate exudate.

**Indications:** Diabetic foot ulcers, leg ulcers (venous stasis ulcers, arterial ulcers and leg ulcers of mixed etiology), pressure ulcers/sores (partial and full thickness), 1st and 2nd degree partial thickness burns, donor sites and traumatic and surgical wounds.

**Contraindications:** Third degree burns and patients with a known sensitivity to honey.

**Change Frequency:** Change dressing as directed by your healthcare professional.

**Recommended Secondary Dressings:** Hydrocolloid, Foam, Transparent Film, Island Dressing, Barrier Island Dressing, Super Absorbent Dressing.

**MEDIHONEY® Gel:** Primary dressing for wounds with light to moderate drainage.

**Indications:** Diabetic foot ulcers, leg ulcers (venous stasis ulcers, arterial ulcers and leg ulcers of mixed etiology), pressure ulcers/sores (partial and full thickness), 1st and 2nd degree partial thickness burns, donor sites and traumatic and surgical wounds.

**Contraindications:** Third degree burns and patients with a known sensitivity to honey.

**Change Frequency:** Change dressing as directed by your healthcare professional.

**Recommended Secondary Dressings:** Hydrocolloid, Foam, Transparent Film, Island Dressing, Barrier Island Dressing, Super Absorbent Dressing.

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<th>ITEM DESCRIPTION</th>
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**Exudate Level Key:**   
- Light  
- Moderate  
- Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate.

1. MEDIHONEY® is a registered trademark of Medihoney Pty Ltd. and licensed to Derma Sciences, Inc. MEDIHONEY® is not a private label product of McKesson but is available for distribution through McKesson’s exclusive brand of Advanced Wound Care products.
**MEDIHONEY® Honeycolloids:** Primary dressing for wounds with light to moderate drainage.

**Indications:** Diabetic foot ulcers, leg ulcers (venous stasis ulcers, arterial ulcers and leg ulcers of mixed etiology), pressure ulcers/sores (partial and full thickness), 1st and 2nd degree partial thickness burns, donor sites and traumatic and surgical wounds.

**Contraindications:** Third degree burns and patients with a known sensitivity to honey.

**Change Frequency:** Change dressing as directed by your healthcare professional.

**Recommended Secondary Dressings:** Hydrocolloid, Foam, Transparent Film, Island Dressing, Barrier Island Dressing, Super Absorbent Dressing.

---

**MEDIHONEY® Alginates:** Primary dressing for wounds with moderate to heavy exudate, which can be cut to fit within the wound.

**Indications:** Diabetic foot ulcers, leg ulcers (venous stasis ulcers, arterial ulcers and leg ulcers of mixed etiology), pressure ulcers/sores (partial and full thickness), 1st and 2nd degree partial thickness burns, donor sites and traumatic and surgical wounds.

**Contraindications:** Third degree burns and patients with a known sensitivity to honey.

**Change Frequency:** Change dressing as directed by your healthcare professional.

**Recommended Secondary Dressings:** Hydrocolloid, Foam, Transparent Film, Island Dressing, Barrier Island Dressing, Super Absorbent Dressing.

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<tr>
<th>ITEM DESCRIPTION</th>
<th>ITEM #</th>
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<th>UOM</th>
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</table>

**EXUDATE LEVEL KEY:**
- ın = Light
- ının = Moderate
- ınının = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate
Composite Dressings

Composite Dressings are products which combine physically distinct components into a single dressing. There are numerous combinations of Composite Dressings on the market. McKesson offers three types of Composite Dressings. Island Dressings and Barrier Island Dressings are indicated for light to moderate amounts of exudate and can act as either a primary or secondary dressing. Super Absorbent Dressings absorb moderate to heavy amounts of exudate and require a secondary dressing to secure them.
COMPOSITES

Island Dressings / Barrier Island Dressings

Island Dressings: Primary or secondary bordered non-adherent gauze dressing. Excellent alternative to gauze and tape.

Barrier Island Dressings: Primary or secondary bordered non-adherent gauze composite dressing with film backing that protects from outside contamination.

Indications:

Island Dressings: Primary or secondary dressing.

Barrier Island Dressings: Effective water barrier to permit showering/bathing.

Contraindications: Patients with a known hypersensitivity to the product itself or to its components.

Change Frequency: Change dressing as directed by a healthcare professional.

Recommended Secondary Dressings: n/a

<table>
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<tr>
<th>ITEM DESCRIPTION</th>
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<th>MFR #</th>
<th>#</th>
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<th>HCPCS</th>
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EXUDATE LEVEL KEY:  ■■■ = Light  ■■■■ = Moderate  ■■■■■ = Heavy
*Exudate level indicates highest level of exudate that the dressing can accommodate
Super Absorbent Dressings: Super Absorbent Polymers bind fluid and convert it to a gel. These dressings hold more fluid, lock fluid inside the dressing, helping to decrease the risk of maceration and keep the harmful wound fluid components away from the wound and peri-wound skin. Can be used as a primary or secondary dressing for moderate to heavy exudate.

Indications: Primary dressing or secondary dressing for partial thickness or full thickness wounds.

Contraindications: Patients with a known hypersensitivity to the product itself or to its components, including the sodium polyacrylate super absorbent polymer. Not for use in tunneling wound pockets as the dressing can expand considerably when wound exudates are absorbed. Not for use on wounds with little to no exudates, as this may cause drying out of the wound.

Change Frequency: Change dressing as directed by a healthcare professional.

Recommended Secondary Dressings: Elastic net retainer dressing or conforming bandage. Medical adhesive tape should not be used.

<table>
<thead>
<tr>
<th>ITEM DESCRIPTION</th>
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<th>MFR #</th>
<th>#</th>
<th>UOM</th>
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EXUDATE LEVEL KEY: ⚪️ = Light ⚪️⚫️ = Moderate ⚪️⚫️⚫️ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate.
Compression Dressings

Compression Dressings are a mainstay of treatment for managing venous leg ulcers and related conditions. These dressings vary in the amount of stretch and elasticity they provide. The manner of application also plays an important role, and correct application is vital for product effectiveness. When applied correctly, they provide compression for up to seven days. Prior to using Compression Dressings it is critical to determine the Ankle Brachial Pressure Index (ABPI) using a Doppler ultrasound. An ABPI less than 0.8 may indicate the presence of significant arterial disease. Do not use Compression Dressings if the patient’s ABPI is less than 0.8 or if arterial disease is suspected.
Unna Boots: Gauze bandage that has been evenly impregnated with a non-hardening paste of zinc oxide to provide venous ulcer compression therapy.

Unna Boots with Calamine: Gauze bandage that has been evenly impregnated with a non-hardening paste of zinc oxide and calamine to provide venous ulcer compression therapy.

Indications: Dries the oozing and weeping of poison ivy, poison oak, or poison sumac. Ideal for managing extremities (e.g., varicose ulcers) requiring protection and support.

Contraindications: Patients with a known hypersensitivity to the product itself or to its components, including zinc oxide. Management of arterial and mixed venous/arterial leg ulcers.

Change Frequency: Change dressing as directed by a healthcare professional.

Recommended Secondary Dressings: Elastic adhesive bandage.

<table>
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<tr>
<th>ITEM DESCRIPTION</th>
<th>ITEM #</th>
<th>MFR #</th>
<th>#</th>
<th>UOM</th>
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EXUDATE LEVEL KEY:  ▲▲▲ = Light  ▲▲▲ = Moderate  ▲▲▲ = Heavy

*Exudate level indicates highest level of exudate that the dressing can accommodate
Four-Layer Compression Bandaging System:

Superior bandaging system for optimum compression and absorbency in managing venous ulcer therapy.

Layer One: Non-woven padding is composed of a blend of synthetic materials that absorbs wound exudates and provides protection to bony prominences.

Layer Two: Crepe bandage which anchors and smoothes the padding layer.

Layer Three: Light compression bandage that conforms to the contour of the lower extremity while providing about one-half the compression of the system.

Layer Four: Latex-free cohesive bandage that provides further compression, sticks to itself and secures the bandages for week-long compression.

Indications: Manage venous leg ulcers and related conditions. This system consists of four bandages that, when applied correctly, provide compression for seven days.

Contraindications: Determine the Ankle Brachial Pressure Index (ABI) using a Doppler ultrasound.

- An ABI less than 0.8 may indicate the presence of significant arterial disease.
- Do not use this Bandaging System if the patient’s ABI is less than 0.8 or if arterial disease is suspected.
- While using this product, if the patient develops pain, numbness, color changes, cool toes or foot, the patient should seek immediate medical attention.
- Do not use this Bandaging System on patients with an ankle circumference less than 18 cm.
- Apply extra padding as needed over boney prominences of the ankle and/or tibia to avoid pressure necrosis.

Change Frequency: Change dressing as directed by a healthcare professional.

Recommended Secondary Dressings: n/a
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1. MEDIHONEY® is a registered trademark of Medihoney Pty Ltd. and licensed to Derma Sciences, Inc. MEDIHONEY® is not a private label product of McKesson but is available for distribution through McKesson's exclusive brand of Advanced Wound Care products.

2. The skin protection claim does not apply to the Foaming Body Cleanser and the Antifungal Body Powder.


7. Based on a study conducted on the THERA™ Moisturizing Body Cream and equivalent product from the leading brand.

8. Based on an efficacy test conducted on the combination of Bisabolol and Ginger Extract found in all THERA™ products.