## Product

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Indication for Use</th>
<th>Instructions for Use</th>
<th>Utilization and Billing</th>
<th>Fire Safety Hyperbaric O₂ Use</th>
</tr>
</thead>
</table>
| **Alternative Graft Materials** | - Naturally occurring tissue  
  o Allograft/homograft  
  o Gamma graft  
  o Xenograft / heterograft  
  - Synthetic Bilamine  
  - Collagen based analogues | - Full thickness ulcers  
  - Burns | - Applied by physician, podiatrist, APN  
  - May be sutured in place  
  - May be left in place for extended periods of time  
  - May require secondary dressing | - Reimbursement dependent on Local Coverage Determination (LCD)  
  - Private Insurance | - Probably do not pose a fire safety risk.  
  - Consider fire safety of nonadherent contact layer.  
  - Consider fire safety of secondary dressing. |
| **Altrazeal** | - Nanoflex technology  
  - Promotes moist environment  
  - Protects from contaminants  
  - May stimulate cell growth and fibroblast mobility.  
  - Enhances comfort.  
  - Does not require secondary dressing.  
  - Extended wear time.  
  - Conforms to size of wound. | - Chronic wounds  
  - Surgical wounds  
  - Superficial acute wounds such as donor sites  
  - ?? Skin Tears | - Sprinkle into wound  
  - Allow wound moisture to aggregate particles  
  - For wounds with little exudate, saline may be used to aggregate particles  
  - Avoid petrolatum or oil based products with Altrazeal.  
  - Usually does not require secondary dressing.  
  - May be left in place for up to 30 days.  
  - As wound heals, may need to trim edge of aggregate | - HCPCS covered as wound filler. | - Probably do not pose a fire safety risk. |
| **Antiseptics** | - Bacteriostatic  
  - NOTE: Always cytotoxic  
  - Reduce WBC viability  
  - Decreases phagocytosis  
  - Chemicals include povidine/iodine, hypochlorite, acetic acid, boric acid, chlorhexidine | - Partial and full thickness ulcers  
  - Acute wounds  
  - Infected ulcers  
  - Odorous ulcers | - USE CONTROVERSIAL  
  - NEVER use more that 2-3 days without reassessing patient  
  - NEVER USE FULL STRENGTH chemicals | - No reimbursement | - Probably do not pose a fire safety risk. |
| **Apigraf** | - Bilayered living human  
  - Venous Insufficiency | - Applied to newly debrided | - Reimbursement | - Probably do not pose a fire safety risk. |

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<table>
<thead>
<tr>
<th>Dressing Material</th>
<th>Components</th>
<th>Ulcer Type</th>
<th>Wound Type</th>
<th>Reimbursement</th>
<th>Fire Safety Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autologous Growth Factors (APG)</td>
<td>- Processed from patient platelets&lt;br&gt;- Platelet gel releases variety of growth factors</td>
<td>Partial and full thickness ulcers&lt;br&gt;- Acute wounds&lt;br&gt;- DO NOT USE in infected ulcers</td>
<td>• Reimbursement varies by Local Coverage Determination (LCD)&lt;br&gt;- May not be covered&lt;br&gt;- Private Insurance??</td>
<td>• Probably do not pose a fire safety risk.&lt;br&gt;- Consider fire safety of secondary dressing.</td>
<td></td>
</tr>
<tr>
<td>Becaplermin</td>
<td>- Recombinant DNA technology&lt;br&gt;- PDGF-bb</td>
<td>Diabetic foot ulcers&lt;br&gt;- Full thickness with adequate blood supply&lt;br&gt;- Clean, non-infected ulcer</td>
<td>• May have coverage under Medicare Part D&lt;br&gt;- Private Insurance</td>
<td>• Probably do not pose a fire safety risk.&lt;br&gt;- Consider fire safety of secondary dressing.</td>
<td></td>
</tr>
<tr>
<td>Cadexomer Iodine</td>
<td>- Hydrophilic beads contain .9% elemental iodine&lt;br&gt;- Absorbs ulcer fluid&lt;br&gt;- Reduces bacterial load through release of iodine</td>
<td>Partial and full thickness ulcers&lt;br&gt;- Infected wounds&lt;br&gt;- Effective against staph, strep, MRSA and Pseudomonas&lt;br&gt;- CONTRAINDICATED in</td>
<td>• HCPCS as either hydrogel wound filler or as wound filler not otherwise covered.&lt;br&gt;- Secure as necessary</td>
<td>• Probably not an issue.&lt;br&gt;- Consider secondary dressing.</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Dressing Material</th>
<th>Benefits</th>
<th>Indications</th>
<th>Change Frequency</th>
<th>Fire Safety Concerns</th>
</tr>
</thead>
</table>
| Calcium Alginate | • Lowers ulcer pH enhancing antibacterial effect  
• Decreases wound odor | • Thyroid disease, iodine sensitivity, impaired renal function, goiter | • Product changes color from brown to yellow/grey indicating need for dressing change | 1 dressing per day  
• Fillers up to 2 per day  
• Covered when used on full-thickness ulcers with moderate to heavy exudate | Probably not an issue.  
• Consider fire safety of the secondary dressing |
| Charcoal Dressing | • Activated carbon (charcoal)  
• Absorbs toxins and wound degradation products  
• Absorbs volatile amines and fatty acids responsible for odor | • Malodorous, infected wounds  
• Fungating lesion  
• Fecal fistula  
• Pressure ulcers | • Apply as a “filter” for odor control  
If absorbing exudate, may need to be changed daily—weekly if no exudate  
Can be reused if filter only | Probably do not pose a fire safety risk. |
| Collagen | • May enhance deposition of organized collagen fibers  
• Chemotactant to granulocytes and fibroblasts  
• Biodegradable  
• Hemostatic properties  
• Most processed from bovine or porcine sources | • Full thickness ulcers  
• Non-infected ulcers  
• Minimal to moderate drainage | • Packaged as gels, alginites, sheets, powders  
Cleanse ulcer as appropriate  
Apply to ulcer base  
Apply appropriate secondary dressing  
Secure as necessary  
Dressing change frequency dependent upon product used. Check manufacturers recommendations | Probably do not pose a fire safety risk.  
• Consider fire safety of secondary dressing |
| Collagen EDTA Dressing (Biostep) | • Porcine collagen matrix material  
• Transforms into a soft gel when in contact with wound fluid.  
• EDTA binds zinc to inactivate MMPs | • Full and partial thickness wounds  
• Pressure ulcers, diabetic ulcers, mixed vascular etiologies, venous ulcers, donor and graft sites, abrasions, traumatic wounds, dehisced wounds, first and second degree burns | • Cut dressing to fit wound.  
• Apply directly to wound for heavily exuding wounds.  
• Moisten with WATER for dry wounds.  
• Use appropriate secondary dressing.  
• Change daily or up to every 6 days. | • DMERC coded as Collagen Dressing  
• Probably do not pose a fire safety risk.  
• Consider fire safety of secondary dressing. |
| Composite Dressings | • Combine physically distinct components into a single dressing  
• Functions as a bacterial barrier  
• Absorptive layer distinct from alginates, foams, hydrocolloid or hydrogel  
• Semi- or non-adherent | • Partial or full thickness ulcers  
• Product selection varies based on ulcer characteristics | • Cleanse ulcer as appropriate  
• Dressing application dependent on product selected  
• Can function as either a primary or secondary dressing  
• May be used with topical medications | • Up to 3 per week  
• Consider the constituents of the composite dressing.  
• Consider adhesive material of the dressing product. |
| Dermagraft® | • Bioabsorbable scaffold seeded with dermal fibroblast cells  
• Cultured from neonatal foreskin  
• Promotes growth factors, cytokines, matrix proteins and glycosaminoglycans | • Diabetic Ulcers | • Product must be processed from cryopreserved frozen state  
• Applied to clean, debrided wound  
• Must be applied by physician, podiatrist or APN  
• Up to 8 weekly applications | • Reimbursement dependent on LCD  
• Private Insurance  
• May be covered for up to 8 applications  
• Probably do not pose a fire safety risk.  
• Consider fire safety of nonadherent contact layer.  
• Consider fire safety of secondary dressing. |
<table>
<thead>
<tr>
<th>Enzymatic Debriders</th>
<th>Foam</th>
<th>Gauze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissolved denatured collagen. Selective; should not harm healthy tissue Only available is collagenase.</td>
<td>Absorbent Maintains moist environment Insulates ulcer base Semi-permeable Non-adherent</td>
<td>Variety of materials including: Sponges Rolls Packing strips Impregnated gauzes Woven with elastic materials to provide</td>
</tr>
<tr>
<td>Collagenase indicated for dermal ulcers and burns</td>
<td>Frequently a secondary dressing Partial/Full thickness ulcers Moderate to heavily exuding ulcers Contraindicated in ischemic ulcers with dry eschar</td>
<td>Draining wounds Secondary dressing for absorption Tertiary dressings to hold dressings in place Filler materials for packing to prevent premature closure of</td>
</tr>
<tr>
<td>Cleanse ulcer Apply product to wound base Apply zinc oxide to protect peri-wound area May add Nystatin powder to application Use appropriate secondary dressing Change dressing daily</td>
<td>Cleanse ulcer base and dry well Apply topical agent or primary dressing to ulcer base Place foam dressing in ulcer Apply appropriate secondary dressing and secure in place Change every 24 hours or PRN</td>
<td>When used as packing or filling material, lightly pack to prevent injury to internal wound environment</td>
</tr>
<tr>
<td>Pharmaceutical product may be covered under Medicare Part D Private Insurance</td>
<td>3 dressings per week Covered when used on full thickness ulcers with moderate to heavy exudate Foam filler – 1 per day Sheets covered as primary or secondary dressing</td>
<td>Probably not an issue. Is a medication or other material being used in conjunction with the dressing such as an enzymatic debriding agent?</td>
</tr>
<tr>
<td>Collagenase (Santyl) is the only available enzymatic debriding agent and contains petrolatum which is a fire safety concern.</td>
<td>Probably not an issue. Consideration should be given to impregnating material.</td>
<td></td>
</tr>
</tbody>
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<tr>
<th>Dressing Material</th>
<th>Description and Uses</th>
</tr>
</thead>
</table>
| Hydrocolloid      | • Contains gel forming agents such as gelatin, pectin and Carboxymethylcellulose  
|                   | • Forms gelatinous mass  
|                   | • Impermeable to contaminants reducing risk of infection  
|                   | • Promotes autolysis  
|                   | • Reduces pain and protects  
|                   | • Promotes moist ulcer  
|                   | • Molds to body contours  
|                   | • Partial thickness or full thickness ulcers  
|                   | • Avoid acutely infected ulcers  
|                   | • Avoid dry eschar  
|                   | • Use with caution in persons with diabetes  
|                   | • Cleanse ulcer and dry peri-ulcer area well  
|                   | • Select dressing 1-2 inches larger than ulcer  
|                   | • Apply light pressure to allow body heat to promote adhesion  
|                   | • Change every 3-5 days as needed  
|                   | • Aggressively adhesive. Use peri-ulcer skin preparation product to protect skin  
|                   | • 3 dressings per week per ulcer  

| Hydrofera Blue™ | Polyvinyl alcohol sponge  
|                | • Organic Dyes  
|                | o Methylene Blue  
|                | o Gentian Violet  
|                | • Partial and full thickness ulcers  
|                | • Infected Wounds  
|                | • Effective against MRSA and VRE, s. aureus, s. epidermidis, serratia, e. coli  
|                | • May be of particular use in pyoderma gangrenosum  
|                | • Moisten with saline or water  
|                | • Leave moist  
|                | • Place in contact with wound service  
|                | • Cover with appropriate secondary dressing  
|                | • May require petrolatum or other moisture retentive dressing if wound or environment very dry to keep moist  
|                | • DO NOT allow dressing to dry out  
|                | • Change every 1-3 days or when saturated  
|                | • Change when dressing fades to pale lavender or white  
|                | • May dye necrotic tissue  
|                | • Covered as a foam dressing  
|                | • 3 dressings per week  
|                | • Covered when used on full thickness ulcers with moderate to heavy exudate  
|                | • Foam filler – 1 per day  
|                | • Sheets covered as primary or secondary dressing  

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### Hydrofiber
- Carboxymethylcellulose
- Absorbs heavy exudate
- Converts to a gel
- Keeps ulcer base moist
- Partial and Full thickness ulcers
- Moderate to heavily exudating ulcers
- Clean ulcer base
- Place or lightly pack into ulcer
- Apply appropriate secondary dressing and secure in place
- Change every 24-48 hours
- 1 dressing per day
- Probably not an issue.
- Consider fire safety of the secondary dressing

### Hydrogel
- Maintains clean, moist ulcer
- Nonadherent
- Little or no absorption
- Various packaging—amorphous, pads, gauzes
- Cool and soothing
- Decreases pain
- Aggressive autolytic debridement
- Partial and Full thickness ulcers with minimal drainage
- Sterile gels for every 3 day dressing changes
- Nonsterile gels can be used for daily dressing changes
- Cleanse ulcer
- Apply to cover wound base
- Do NOT use as a wound filler
- Use appropriate secondary dressing
- Secure as necessary
- Change daily
- Sheets or impregnated gauze—1 per day
- Sheets or gauze with adhesive border—3 per week
- Hydrogel filler—3 oz. per 30 days per ulcer
- Probably not an issue.
- Consider fire safety of the secondary dressing.

### Malto-dextrin (Multidex)
- Mono- and polysaccharide plant derived starches
- 1% ascorbic acid
- Powder converts to gel
- Lowers wound pH to ~4
- Chemotaxis of macrophages and fibroblasts
- Chronic ulcers of all types
- May be used as wound filler
- Cleanse wound as appropriate
- Apply directly to ulcer
- Use appropriate secondary to optimize moist wound environment
- Change every 1-2 days
- Coded as wound filler
- Probably do not pose a fire safety risk.
- Consider fire safety of secondary dressing.

### Manuka Honey
- Leptospermum Honey
- Active
- Diabetic foot ulcers
- Arterial Insufficiency
- Cleanse ulcer as needed
- Apply alginate as alginate
- Coded by function of dressing, e.g.,
- Hydrocolloid, alginate and hydrogel forms of

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<tr>
<th>Dressing Material</th>
<th>Use</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hydrocolloid</strong></td>
<td>Provides moist wound environment</td>
<td>hydrocolloid form coded as hydrocolloid, etc.</td>
</tr>
<tr>
<td>Deodorizes wound</td>
<td></td>
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<tr>
<td>Antimicrobial property</td>
<td></td>
<td></td>
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<tr>
<td>Effective pain relief</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Venous Insufficiency</strong></td>
<td>Venous etiology wounds</td>
<td>honey probably do not pose a safety risk.</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td></td>
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<tr>
<td>1st &amp; 2nd degree burns</td>
<td></td>
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<tr>
<td>Donor sites</td>
<td></td>
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<tr>
<td>Traumatic wounds</td>
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<tr>
<td>Surgical wounds</td>
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<tr>
<td><strong>Mixed etiology wounds</strong></td>
<td>Donor sites</td>
<td></td>
</tr>
<tr>
<td>Traumatic wounds</td>
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<tr>
<td>Surgical wounds</td>
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<td></td>
</tr>
<tr>
<td><strong>Surgical wounds</strong></td>
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</tbody>
</table>

| **Matrix Dressings** | **Collagen based** | **Provides scaffold for collagen deposition** |
| Matristem, Oasis, Unite Biomatrix, Integra Dermal Template | **Presence of elastin** | Glycosaminoglycans to improve moisture content |
| **Glycoproteins facilitate cell movement** | Reinforces ECM |
| **Bioresorbable** | **Full thickness ulcers** |
| **Recalcitrant ulcers** | **Cleanse wound as appropriate** |
| **Refer to specific product for application** | **Place material in contact with wound surface** |
| **Sutures may be required** | **Product should remain moist** |
| **May require a nonadherent contact layer** | **Probably do not pose a fire safety risk.** |
| **Consider fire safety with nonadherent contact layer.** | **Consider fire safety of secondary dressing.** |

| **Negative Pressure Wound Therapy (NPWT)** | **Controlled application of subatmospheric pressure to a wound** | **Acute and Chronic Wounds** |
| Three systems available: | **Pressure Ulcers** | **Diabetic Ulcers** |
| VAC | **Dehisced Wounds** | **Acute or Traumatic Wounds** |
| BlueSky | Partial Thickness wounds | Flaps / grafts |
| Medela Invia | Mediastinal wounds | **Application should follow manufacturers guidelines** |
| **VAC uses sponge technology** | **BlueSky and Medela typically use gauze materials** | **Change dressing interface 3 times per week.** |
| **An electrical device.** | **Interface dressings probably, including sponge materials, AMD Gauzes, silvers, etc., should be considered for fire safety.** | **Drainage collection container should be vented.** |

<p>| <strong>Non-adherent Contact</strong> | <strong>Protects tissue from direct contact with other agents or dressings</strong> | <strong>Partial and full thickness wounds</strong> |
| <strong>Infected wounds</strong> | <strong>Cleanse ulcer as appropriate</strong> | <strong>1 contact layer per week.</strong> |
| <strong>Line ulcer bed</strong> | <strong>Apply topical agent over</strong> | <strong>Many nonadherent contact layers consist of petrolatum or paraffin</strong> |</p>
<table>
<thead>
<tr>
<th>Layers</th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conform to wound shape</td>
<td>• Donor sites</td>
<td>contact layer OR apply secondary dressing for absorption</td>
<td>that pose a fire safety risk.</td>
<td></td>
</tr>
<tr>
<td>• Porous to allow exudate to pass or medication to absorb into wound</td>
<td>• Split-thickness skin grafts</td>
<td>• Not intended to be changed with each dressing change</td>
<td>• The only safe nonadherent contact layer is hydrophobic silicone (Mepetel™)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Promogran™ / Prisma™</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Sterile, bioresorbable, freeze dried matrix</td>
<td>• Chronic wounds free of necrotic tissue</td>
<td>• DMERC coded as Collagen Dressing</td>
<td>• Probably do not pose a fire safety risk.</td>
<td></td>
</tr>
<tr>
<td>• Promogran = 55% collagen and 45% oxidized regenerated cellulose</td>
<td>• Non-infected wounds</td>
<td>• Consider fire safety of secondary dressing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prisma = 55% collagen, 44% oxidized regenerated cellulose, and 1% silver</td>
<td>• Venous, arterial, pressure and diabetic ulcers</td>
<td>• Absorbs exudate to form gel and inactivate MMPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Absorbs exudate to form gel and inactivate MMPs</td>
<td>• Apply to ulcer after necrotic tissue has been removed.</td>
<td>• Change every 2-3 days, may change daily if exudating</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Silver Dressings</th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Antimicrobial barrier</td>
<td>• Partial and full thickness ulcers</td>
<td>• Coded by function of dressing, e.g., silver hydrogel uses HCPCS code of A6248—Hydrogel dressing, wound filler, gel, per fluid ounce</td>
<td>• Silver in itself is not a fire safety risk.</td>
<td></td>
</tr>
<tr>
<td>• Silver reservoir</td>
<td>• Infected ulcers</td>
<td>• Silver in itself is not a fire safety risk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Releases silver into wound</td>
<td>• Burns, donor sites, graft sites</td>
<td>• Concern that oxygen may interact with silver to render it useless, e.g., silver oxide.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Silver release may be extended for up to 7 days</td>
<td>• Effective against wide range of organisms including MRSA and VRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Silver type dressing decision based on ulcer characteristic</td>
<td>• CONTRAINDIATED in known silver hypersensitivity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Multiple forms of silver</td>
<td>• May cause staining of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Designed to prevent colonization of dressing</td>
<td></td>
<td></td>
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### Transparent Film
- Permeable to oxygen and water vapor
- Protects from environmental contaminants—good shield
- Maintains moist wound
- Creates “second skin”
- Reduces friction
- Nonabsorbent
- Promotes autolysis

<table>
<thead>
<tr>
<th>Component</th>
<th>Action</th>
<th>Frequency</th>
<th>Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial thickness ulcers</td>
<td>Minimally draining ulcers</td>
<td>Clean ulcer and dry peri-wound area</td>
<td>Covered when used on open partial thickness ulcers with minimal exudate or closed ulcers</td>
</tr>
<tr>
<td></td>
<td>Not recommended for acutely infected ulcers</td>
<td>Allow for a 1-2 inch border around ulcer</td>
<td>Use peri-ulcer skin preparation product</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Apply without stretching or tension</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change every 4-7 days OR as needed</td>
<td></td>
</tr>
</tbody>
</table>

- 3 dressings per week
- Probably not an issue.
- Consider adhesive material of dressing product.
- Is a secondary medication being used with the dressing that may constitute a fire safety issue?

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