

Instructions for Mepilex usage on Trauma Patients

Clinical indications:

1. Burn [flame/scalding]
2. Abrasions [road rash or friction burn]

Clinical use instructions:

1. Clean and debridement of wound by GSE team
2. Initial application by GSE team member
3. Follow-up wound care by nursing team or GSE team

Application of Mepilex

1. Mepilex must be applied to clean wounds.
2. Reapplication of Mepilex:
 - a. **Step 1:** Remove old Mepilex dressing
 - b. **Step 2:** Clean wound with moist sponge gauzes +/- soapy water
 - c. **Step 3:** Pad dry wound
 - d. **Step 4:** Apply Mepilex [sticky side down] to the wound. Cut Mepilex to fit wound with 2 cm border contacting normal skin
 - e. **Step 5:** Wrap kerlix snugly [not tight] to conform Mepilex to skin (or 1 inch Conform gauze to fingers)
***Kerlix that is soaked through due to excessive moisture from wound can be changed without changing the Mepilex dressing itself.

Helpful information:

1. Mepilex can stay on for up to 7 days
 - ❖ **Indications for changing Mepilex:**
 - i. Excessive moisture requiring frequent kerlix changes
 - ii. Malodor
 - iii. Concern for infected wound
2. Physicians should assess wounds daily or at every Mepilex change.
3. Patients should not be sent home with Mepilex without physician orders



Mepilex should be in direct contact with the wound

The following are inappropriate use of Mepilex:

1. Use of bacitracin on wound then covering it with Mepilex
2. Covering wound with telfa and then using Mepilex on top of telfa
3. Use of hydrogen peroxide to clean wound
4. Patients with silver allergies
5. Wounds which are healed but dry