

DESCRIPTION:

RTD® Wound Dressing is made of polyurethane/ polyether foam, Methylene Blue (0.25 mg/g), Gentian Violet (0.25 mg/g), and Silver Sodium Zirconium Phosphate (7 mg/g).

INDICATIONS:

The RTD® Wound Care Dressing is indicated for the treatment of partial to full thickness wounds with moderate to heavy exudate, including pressure ulcers, venous stasis and arterial ulcers, diabetic foot ulcers, skin tears, graft wounds and donor sites, surgical/post-operative wounds, first and second degree burns, lacerations and abrasions and any other wound inflicted by trauma.



1. Measure and Cut RTD® to size of wound.
Can roll or layer and pack into wound.



2. Apply RTD® dressing directly to wound.
Direct contact is necessary for best results.



3. Cover with non-occlusive dressing (3a) or hold in place with adhesive (3b). Leave in place for up to 3 days.

CONTRAINDICATIONS

RTD® Wound Care Dressings are not indicated for third-degree burns.

PRECAUTIONS

Do not use RTD® Wound Care Dressing on patients with known sensitivity to silver.

In the event of clinical infection, RTD® Wound Care Dressing is not intended to replace systemic therapy or appropriate treatment protocol for infection.

Latex Free-Not made with natural rubber latex

Caution: Rx only-Federal Laws restrict this device to sale by or on the order of a licensed physician.



CLINICAL RECOMMENDATIONS

WOUND PREPARATION:

Clean the wound with normal saline or other appropriate cleaning agent per facility protocol. Standard precautions should be used to prevent spread of infectious agents when dressing wounds.

SECURING RTD® WOUND DRESSING IN PLACE:

Use gauze, Kerlix®, Omnifix®, Mefix®, other non-occlusive adhesives or medical grade tape.

DRESSING REMOVAL:

RTD® Wound Dressing may be left on for a maximum of three days. Remove the dressing sooner if foam becomes saturated. If RTD® is difficult to remove, soak with saline or sterile water. A meshed non-adherent layer is recommended to prevent sticking or ingrowth at the later stages of wound healing.

TIPS:

Dressing should be in direct contact with the wound for best results. Fit to edges of the wound. For moderate to heavy exudate wounds and initial dressing applications, the 1/4" thickness is recommended. The 1/8" thickness is recommended for lighter exudate wounds. If the dressing becomes saturated before the desired dressing change, a second dressing may be placed on top for continued absorption and vertical wicking.

CONSIDERATIONS FOR TUNNELING WOUNDS:

Cut the dressing (1/4" thickness) into strips or cut and roll to appropriate size. Leave a "tail" at the end of the dressing to assist with easy removal. Insert into wound tunnel. Ensure that foam placed in the wound bed is in communication with the tip of the foam placed in the tunnel.

CONSIDERATIONS FOR OSTOMY DRESSING:

Trim the outer diameter of the RTD® Dressing (1/8" thickness) to fit just inside the adhesive rim of the pouch. Trim the inner diameter of the dressing to fit the stoma. If a peristomal wound is present, cut the 1/8 inch thickness RTD® Wound Dressing to the wound size and placed on the wound. Secure the pouch wafer using preferred tube paste around the precut opening for the stoma.

CONSIDERATIONS FOR SKIN GRAFT AND DONOR SITES:

Apply the RTD® Wound Dressing immediately after the graft placement. A meshed non-adherence dressing such as petroleum impregnated, oil emulsion impregnated, or a silicone based wound contact layer. Cut the non-adherent so that it extends one centimeter beyond the edge of the skin graft.

Cut the RTD® Wound Dressing the same size and place over the non-adherent. Secure dressing per standard protocol. Leave in place per doctor's orders (usually 4 to 7 days).

RTD® Wound Dressing may also be used over the skin graft donor site. Can be either cut to size or use the RTD® Gentle Adhesive Border Dressing.

CONSIDERATIONS FOR AROUND G-TUBES, CHEST TUBES, TRACHEOSTOMY TUBES, PIC LINE OR CENTRAL VENOUS LINES:

Cleanse the area per facility protocol. Cut the RTD® Wound Dressing with a slit and slight cut out to fit securely fit around the tubing or tracheostomy tube and lays flat against the adjacent skin. For the tracheostomy tube, use the 1/8th thickness and fit the foam underneath the flange as able. Secure with a non-occlusive adhesive or medical grade tape. Leave in place for up to three days.

CONSIDERATIONS FOR USE UNDER NEGATIVE PRESSURE THERAPY (NPWT) DEVICE:

Cut the RTD® Wound Dressing to size. Fenestrate the foam. Place the RTD® Dressing in contact with the wound bed. Place the NPWT foam on top of the RTD® Dressing and seal the wound per the NPWT Device protocol.

COMPRESSION WRAPPING:

Compression wrapping or occlusive adhesive can be used under medical supervision or trained care givers.

For more detailed information, please review the package insert instructions for use.

Manufactured by Keneric Healthcare. For additional information please contact:

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