

Product	Characteristics	Indication for Use	Instructions for Use	Utilization and Billing	Fire Safety Hyperbaric O₂ Use
Alternative Graft Materials	<ul style="list-style-type: none"> Naturally occurring tissue <ul style="list-style-type: none"> Allograft/homograft Gamma graft Xenograft / heterograft Synthetic Bilaminate Collagen based analogues 	<ul style="list-style-type: none"> Full thickness ulcers Burns 	<ul style="list-style-type: none"> Applied by physician, podiatrist, APN May be sutured in place May be left in place for extended periods of time May require secondary dressing 	<ul style="list-style-type: none"> Reimbursement dependent on Local Coverage Determination (LCD) Private Insurance 	<ul style="list-style-type: none"> Probably do not pose a fire safety risk. Consider fire safety of nonadherent contact layer. Consider fire safety of secondary dressing.
Altrazeal	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Chronic wounds Surgical wounds Superficial acute wounds such as donor sites ?? Skin Tears 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> HCPCS covered as wound filler. 	<ul style="list-style-type: none"> Probably do not pose a fire safety risk.
Antiseptics	<ul style="list-style-type: none"> Bacteriostatic NOTE: Always cytotoxic Reduce WBC viability Decreases phagocytosis Chemicals include povidine/iodine, hypochlorite, acetic acid, boric acid, chlorhexidine 	<ul style="list-style-type: none"> Partial and full thickness ulcers Acute wounds Infected ulcers Odorous ulcers 	<ul style="list-style-type: none"> USE CONTROVERSIAL NEVER use more that 2-3 days without reassessing patient NEVER USE FULL STRENGTH chemicals 	<ul style="list-style-type: none"> No reimbursement 	<ul style="list-style-type: none"> Probably do not pose a fire safety risk.
Apligraf [®]	<ul style="list-style-type: none"> Bilayered living human 	<ul style="list-style-type: none"> Venous Insufficiency 	<ul style="list-style-type: none"> Applied to newly debrided 	<ul style="list-style-type: none"> Reimbursement 	<ul style="list-style-type: none"> Probably do not pose a

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

	<p>cells</p> <ul style="list-style-type: none"> • Cultured from neonatal foreskin • Delivers young, active fibroblasts and keratinocytes • Produces new matrix material • Recruits other cell types • Actual mechanisms of actions remain unknown 	<p>Ulcer</p> <ul style="list-style-type: none"> • Diabetic Neuropathic Ulcer • DO NOT USE in infected ulcers 	<p>wound</p> <ul style="list-style-type: none"> • Must be applied by physician, podiatrist or APN 	<p>dependent on Local Coverage Determination (LCD)</p> <ul style="list-style-type: none"> • Private Insurance 	<p>fire safety risk.</p> <ul style="list-style-type: none"> • Consider fire safety of nonadherent contact layer. • Consider fire safety of secondary dressing.
Autologous Growth Factors (APG)	<ul style="list-style-type: none"> • Processed from patient platelets • Platelet gel releases variety of growth factors 	<ul style="list-style-type: none"> • Partial and full thickness ulcers • Acute wounds • DO NOT USE in infected ulcers 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Reimbursement varies by Local Coverage Determination (LCD) • May not be covered • Private Insurance?? 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk. • Consider fire safety of secondary dressing.
Becaplermin	<ul style="list-style-type: none"> • Recombinant DNA technology • PDGF-bb 	<ul style="list-style-type: none"> • Diabetic foot ulcers • Full thickness with adequate blood supply • Clean, non-infected ulcer 	<ul style="list-style-type: none"> • Twice daily dressing change • Wet-to-dry technique alternating becaplermin with saline 	<ul style="list-style-type: none"> • May have coverage under Medicare Part D • Private Insurance 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk. • Consider fire safety of secondary dressing.
Cadexomer Iodine	<ul style="list-style-type: none"> • Hydrophilic beads contain .9% elemental iodine • Absorbs ulcer fluid • Reduces bacterial load through release of iodine 	<ul style="list-style-type: none"> • Partial and full thickness ulcers • Infected wounds • Effective against staph, strep, MRSA and Pseudomonas • CONTRAINDICATED in 	<ul style="list-style-type: none"> • Cleanse wound as necessary • Apply to ulcer bed • Cover with secondary dressing • Needs moisture to release iodine • Secure as necessary 	<ul style="list-style-type: none"> • HCPCS as either hydrogel wound filler or as wound filler not otherwise covered. 	<ul style="list-style-type: none"> • Probably not an issue. • Consider secondary dressing.

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

	<ul style="list-style-type: none"> • Lowers ulcer pH enhancing antibacterial effect • Decreases wound odor 	thyroid disease, iodine sensitivity, impaired renal function, goiter	<ul style="list-style-type: none"> • Product changes color from brown to yellow/gray indicating need for dressing change 		
Calcium Alginates	<ul style="list-style-type: none"> • Polysaccharide derived from brown seaweed • Highly absorbent • Converts to viscous, hydrophilic gel • Provides moist environment • Hemostatic properties 	<ul style="list-style-type: none"> • Partial and Full thickness ulcers • Moderate to heavily exudating ulcers 	<ul style="list-style-type: none"> • Clean ulcer base • Place or lightly pack into ulcer • Apply appropriate secondary dressing and secure in place • Change as needed—usually every 24-48 hours 	<ul style="list-style-type: none"> • 1 dressing per day • Fillers up to 2 per day • Covered when used on full-thickness ulcers with moderate to heavy exudate 	<ul style="list-style-type: none"> • Probably not an issue. • Consider fire safety of the secondary dressing
Charcoal Dressings	<ul style="list-style-type: none"> • Activated carbon (charcoal) • Absorbs toxins and wound degradation products • Absorbs volatile amines and fatty acids responsible for odor 	<ul style="list-style-type: none"> • Malodorous, infected wounds • Fungating lesion • Fecal fistula • Pressure ulcers 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Coded as alginate or contact layer, depending on product brand used 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk.
Collagen	<ul style="list-style-type: none"> • May enhance deposition of organized collagen fibers • Chemotactant to granulocytes and fibroblasts • Bioresorbable • Hemostatic properties • Most processed from bovine or porcine sources 	<ul style="list-style-type: none"> • Full thickness ulcers • Non-infected ulcers • Minimal to moderate drainage 	<ul style="list-style-type: none"> • Packaged as gels, alginates, 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 	<ul style="list-style-type: none"> • Reimbursement dependent upon product type • Dependent upon Local Coverage Determination (LCD) • Private Insurance • DMERC—coded as miscellaneous surgical supply • May have own 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk. • Consider fire safety of secondary dressing.

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

				special coding features, e.g., Oasis®	
Collagen EDTA Dressing (Biostep)	<ul style="list-style-type: none"> • Porcine collagen matrix material • Transforms into a soft gel when in contact with wound fluid. • EDTA binds zinc to inactivate MMPs 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Cut dressing to fit wound. • Apply directly to wound for heavily exudating wounds. • Moisten with WATER for dry wounds. • Use appropriate secondary dressing. • Change daily or up to every 6 days. 	<ul style="list-style-type: none"> • DMERC coded as Collagen Dressing 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk. • Consider fire safety of secondary dressing.
Composite Dressings	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Partial or full thickness ulcers • Product selection varies based on ulcer characteristics 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Up to 3 per week 	<ul style="list-style-type: none"> • Consider the constituents of the composite dressing. • Consider adhesive material of the dressing product.
Dermagraft®	<ul style="list-style-type: none"> • Bioabsorbable scaffold ceded with dermal fibroblast cells • Cultured from neonatal foreskin • Promotes growth factors, cytokines, matrix proteins and glycosaminoglycans 	<ul style="list-style-type: none"> • Diabetic Ulcers 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Reimbursement dependent on LCD • Private Insurance • May be covered for up to 8 applications 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk. • Consider fire safety of nonadherent contact layer. • Consider fire safety of secondary dressing.

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

Enzymatic Debriders	<ul style="list-style-type: none"> • Dissolved denatured collagen. • Selective; should not harm healthy tissue • Only available is collagenase. 	<ul style="list-style-type: none"> • Collagenase indicated for dermal ulcers and burns 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Pharmaceutical product may be covered under Medicare Part D • Private Insurance 	<ul style="list-style-type: none"> • Collagenase (Santyl) is the only available enzymatic debriding agent and contains petrolatum which is a fire safety concern.
Foam	<ul style="list-style-type: none"> • Absorbent • Maintains moist environment • Insulates ulcer base • Semi-permeable • Non-adherent 	<ul style="list-style-type: none"> • Frequently a secondary dressing • Partial/Full thickness ulcers • Moderate to heavily exudating ulcers • Contraindicated in ischemic ulcers with dry eschar 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Probably not an issue. • Is a medication or other material being used in conjunction with the dressing such as an enzymatic debriding agent?
Gauze	<ul style="list-style-type: none"> • Variety of materials including: <ul style="list-style-type: none"> • Sponges • Rolls • Packing strips • Impregnated gauzes • Woven with elastic materials to provide 	<ul style="list-style-type: none"> • Draining wounds • Secondary dressing for absorption • Tertiary dressings to hold dressings in place • Filler materials for packing to prevent premature closure of 	<ul style="list-style-type: none"> • When used as packing or filling material, lightly pack to prevent injury to internal wound environment 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Probably not an issue • Consideration should be given to impregnating material.

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

	stretch	tunnels and undermining or to maintain anatomic shape of a wound			
Hydrocolloid	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Partial thickness or full thickness ulcers • Avoid acutely infected ulcers • Avoid dry eschar • Use with caution in persons with diabetes 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 3 dressings per week per ulcer 	<ul style="list-style-type: none"> • Probably not an issue. • Is a secondary medication being used with the dressing that may constitute a fire safety issue? • Consider adhesive material of the dressing product.
Hydrofera Blue™	<ul style="list-style-type: none"> • Polyvinyl alcohol sponge • Organic Dyes <ul style="list-style-type: none"> ○ Methylene Blue ○ Gentian Violet 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Alcohol aspect of sponge is a solid and probably does not pose a fire safety risk. • Dressing probably is not a fires safety risk. • Consider secondary dressing use.

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

			purple		
Hydrofiber	<ul style="list-style-type: none"> • Carboxymethylcellulose • Absorbs heavy exudate • Converts to a gel • Keeps ulcer base moist 	<ul style="list-style-type: none"> • Partial and Full thickness ulcers • Moderate to heavily exudating ulcers 	<ul style="list-style-type: none"> • Clean ulcer base • Place or lightly pack into ulcer • Apply appropriate secondary dressing and secure in place • Change every 24-48 hours 	<ul style="list-style-type: none"> • 1 dressing per day 	<ul style="list-style-type: none"> • Probably not an issue. • Consider fire safety of the secondary dressing
Hydrogel	<ul style="list-style-type: none"> • Maintains clean, moist ulcer • Nonadherent • Little or no absorption • Various packaging—amorphous, pads, gauzes • Cool and soothing • Decreases pain • Aggressive autolytic debridement 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Cleanse ulcer • Apply to cover wound base • Do NOT use as a wound filler • Use appropriate secondary dressing • Secure as necessary • Change daily 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Probably not an issue. • Consider components of dressing. • Some hydrogel products contain glycerin that would constitute a fire safety issue. • Consider fire safety of the secondary dressing.
Malto-dextrin (Multidex)	<ul style="list-style-type: none"> • Mono- and polysaccharide plant derived starches • 1% ascorbic acid • Powder converts to gel • Lowers wound pH to ~4 • Chemotaxis of macrophages and fibroblasts 	<ul style="list-style-type: none"> • Chronic ulcers of all types • May be used as wound filler 	<ul style="list-style-type: none"> • Cleanse wound as appropriate • Apply directly to ulcer • Use appropriate secondary to optimize moist wound environment • Change every 1-2 days 	<ul style="list-style-type: none"> • Coded as wound filler 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk. • Consider fire safety of secondary dressing.
Manuka Honey	<ul style="list-style-type: none"> • Leptospermum Honey • Active 	<ul style="list-style-type: none"> • Diabetic foot ulcers • Arterial Insufficiency 	<ul style="list-style-type: none"> • Cleanse ulcer as needed • Apply alginate as alginate 	<ul style="list-style-type: none"> • Coded by function of dressing, e.g., 	<ul style="list-style-type: none"> • Hydrocolloid, alginate and hydrogel forms of

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

	<ul style="list-style-type: none"> • Provides moist wound environment • Deodorizes wound • Antimicrobial property • Antimicrobial barrier • Effective pain relief 	<ul style="list-style-type: none"> • Venous Insufficiency • Mixed etiology wounds • Pressure Ulcers • 1st & 2nd degree burns • Donor sites • Traumatic wounds • Surgical wounds 	<ul style="list-style-type: none"> • Apply hydrocolloid as hydrocolloid • Apply hydrogel as hydrogel • Use appropriate secondary dressing as needed • Secure in place 	hydrocolloid form coded as hydrocolloid, etc.	honey probably do not pose a safety risk.
Matrix Dressings (Matristem, Oasis, Unite Biomatrix, Integra Dermal Template)	<ul style="list-style-type: none"> • Collagen based • Provides scaffold for collagen deposition • Presence of elastin • Incorporates glycosaminoglycans to improve moisture content • Glycoproteins facilitate cell movement • Reinforces ECM • Bioresorbable 	<ul style="list-style-type: none"> • Full thickness ulcers • Recalcitrant ulcers 	<ul style="list-style-type: none"> • 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 	•	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Controlled application of subatmospheric pressure to a wound • Three systems available: <ul style="list-style-type: none"> • VAC • BlueSky • Medela Invia 	<ul style="list-style-type: none"> • Acute and Chronic Wounds • Pressure Ulcers • Diabetic Ulcers • Dehisced Wounds • Acute or Traumatic Wounds • Partial Thickness wounds • Flaps / grafts • Mediastinal wounds 	<ul style="list-style-type: none"> • Application should follow manufacturers guidelines • VAC uses sponge technology • BlueSky and Medela typically use gauze materials • Change dressing interface 3 times per week. 	•	<ul style="list-style-type: none"> • 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.
Non-adherent Contact	<ul style="list-style-type: none"> • Protects tissue from direct contact with other agents or dressings 	<ul style="list-style-type: none"> • Partial and full thickness wounds • Infected wounds 	<ul style="list-style-type: none"> • Cleanse ulcer as appropriate • Line ulcer bed • Apply topical agent over 	• 1 contact layer per week.	• Many nonadherent contact layers consist of petrolatum or paraffin

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

Layers	<ul style="list-style-type: none"> • Conform to wound shape • Porous to allow exudate to pass or medication to absorb into wound 	<ul style="list-style-type: none"> • Donor sites • Split-thickness skin grafts 	<p>contact layer OR apply secondary dressing for absorption</p> <ul style="list-style-type: none"> • Not intended to be changed with each dressing change 		<p>that pose a fire safety risk.</p> <ul style="list-style-type: none"> • The only safe nonadherent contact layer is hydrophobic silicone (Mepitel™)
Promogran ^T M / Prisma TM	<ul style="list-style-type: none"> • Sterile, bioresorbable, freeze dried matrix • Promogran = 55% collagen and 45% oxidized regenerated cellulose • Prisma = 55% collagen, 44% oxidized regenerated cellulose, and 1% silver • Absorbs exudate to form gel and inactivate MMPs 	<ul style="list-style-type: none"> • Chronic wounds free of necrotic tissue • Non-infected wounds • Venous, arterial, pressure and diabetic ulcers 	<ul style="list-style-type: none"> • Apply to ulcer after necrotic tissue has been removed. • Apply directly to ulcer surface. • Moisten with Ringer's or saline to hydrate dressing in dry ulcers • Use appropriate secondary dressing to maintain moist wound environment • Change every 2-3 days, may change daily if exudating 	<ul style="list-style-type: none"> • DMERC coded as Collagen Dressing 	<ul style="list-style-type: none"> • Probably do not pose a fire safety risk. • Consider fire safety of secondary dressing.
Silver Dressings	<ul style="list-style-type: none"> • Antimicrobial barrier • Silver reservoir • Releases silver into wound • Silver release may be extended for up to 7 days • Silver type dressing decision based on ulcer characteristic • Multiple forms of silver • Designed to prevent colonization of dressing 	<ul style="list-style-type: none"> • Partial and full thickness ulcers • Infected ulcers • Burns, donor sites, graft sites • Effective against wide range of organisms including MRSA and VRE • CONTRAINDICATED in known silver hypersensitivity • May cause staining of 	<ul style="list-style-type: none"> • Cleanse ulcer as necessary • AVOID saline in nanocrystalline silver products • Apply to ulcer • Apply appropriate secondary dressing as needed and secure in place 	<ul style="list-style-type: none"> • Coded by function of dressing, e.g., silver hydrogel uses HCPCS code of A6248— Hydrogel dressing, wound filler, gel, per fluid ounce 	<ul style="list-style-type: none"> • Silver in itself is not a fire safety risk. • Concern that oxygen may interact with silver to render it useless, e.g., silver oxide.

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.

		tissue			
Transparent Film	<ul style="list-style-type: none"> • Permeable to oxygen and water vapor • Protects from environmental contaminants—good shield • Maintains moist wound • Creates “second skin” • Reduces friction • Nonabsorbent • Promotes autolysis 	<ul style="list-style-type: none"> • Partial thickness ulcers • Minimally draining ulcers • Not recommended for acutely infected ulcers 	<ul style="list-style-type: none"> • Clean ulcer and dry peri-wound area • Allow for a 1-2 inch border around ulcer • Apply without stretching or tension • Change every 4-7 days OR as needed • Use peri-ulcer skin preparation product 	<ul style="list-style-type: none"> • 3 dressings per week • Covered when used on open partial thickness ulcers with minimal exudate or closed ulcers 	<ul style="list-style-type: none"> • 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?

Disclaimer: Use of a dressing material in the hyperbaric chamber is ultimately the decision of the hyperbaric safety director. Consideration to the components of the dressing materials must be given for each individual dressing regardless of the classification of the dressing. The safest dressing insider of the hyperbaric chamber is considered no dressing.