(Natural, long-lasting nanotechnology formula, Free from chemicals, peroxide, alcohol and dyes)

How to use microSURE at hospitals by nurses

A. If to keep the wound exposed (undressed)

A.1 Apply a generous amount of **microSURE** within the wound and around wound edges to cover all affected surface areas without massaging and allow it to dry for 5 minutes.

A.2 Repeat step A.1 every 6 - 8 hours daily. (6 hours on first week, 8 hours for the rest of period)

A.3 Continue using **microSURE** until the wound is completely healed.

B. If to keep the wound dressed and changed every 1 - 3 days

i. When the dressing is already placed on the wound

B.i.1 Apply a sufficient amount of microSURE on the top of the dressing and let it dry for 5 minutes.

B.i.2 Repeat step **B.i.1** every 8 hours daily as long as the dressing is on the wound.

ii. Changing the dressing

1. **If necessary,** clean the wound with water or saline.
2. **If necessary**, gently remove any loose devitalized tissue. NOT necessary to remove ALL areas of eschar (This step is similar to doing a wet-to-dry dressing change)
3. Before applying a new dressing to the wound, apply microSURE liberally within the wound and around wound edges to cover all affected surface areas and allow it to dry for 5 minutes. (This might take longer than 5 minutes for deeper wounds). Note that most wounds in stage 3 and 4 will continue to secrete tissue fluid and remain relatively moist.
4. **If necessary**, add any medical ointment to the wound. No ointment will interfere with **microSURE**.
5. Dampen the inside of the new dressing with microSURE and allow to dry for 5 minutes.
6. Use the microSURE-coated dressing to pack and dress the wound**.**
7. **If necessary**, activate the Vacuum mechanism.
8. Apply a sufficient amount of **microSURE** on the top of the new dressing and let it dry for 5 minutes.
9. Ask the patient to repeat step "i" until next dressing change.
10. When you decide to keep the wound exposed (undressed), ask the patient to apply step "A" above and continue until the wound is completely healed.

SPECIAL CONSIDERATIONS

1. Surgical debridement is sometimes necessary to completely remove extensive areas of eschar or active infection including loculated abscess pockets. Typically, in these situations the wound is "left open" and packed with gauze sponges. Wet-to-dry saline dressing changes are frequently performed to allow the wound to heal by "secondary intention" (ie. From inside-out). microSURE can easily be incorporated into an existing post-surgical wound care protocol as outlined in the guideline for stage 3 and 4 pressure ulcers.

2. Vacuum-assisted wound dressings or "Wound Vacs" are being used more frequently in hard to heal, chronically infected wounds that are at least 3 cm deep - - to facilitate healing by secondary intention. microSURE can be incorporated into the Wound Vac protocol to treat a Stage 3 or 4 wound prior to applying the Wound Vac. In this situation, the foam sponge used to pack the wound should be "treated" by dampening the sponge with microSURE and allowing it to dry BEFORE using it to pack the wound and activating the vacuum mechanism.

3. Surgical incisions in general, and post-amputation stump incisions specifically are at risk for infection until the wound is completely healed. microSURE can significantly reduce this risk by applying the product directly on the surgical incision and surrounding skin. The protocol for Stage 1 or 2 pressure ulcers should be followed.