



Step by step instructions for allograft procedure:

1. Set up procedure area.
2. Gather supplies (Allograft- Wound cleanser of choice-each provider is different I like saline or silver med wash, gauze for cleansing wound, wound ruler, wound assessment tool for capturing photo, cotton tip applicators, sterile pickups/tissue forceps, and iris scissors, fenestrated silicone dressing, steri strips (primary dressing to secure allograft in place), choice of secondary dressing such as drymax to help with drainage, and or silicone foam border. This is provider discretion on the brand /type of secondary dressing. May need kerlix to secure in place over primary dressing if on lower extremity. Tape. Debridement tools of choice.
3. Remove old dressing.
4. Cleanse wound with cleanser of choice, and gauze. Saline is good choice. No harsh chemicals.
5. Obtain wound assessment/measurements/photo.
6. Wound bed preparation if this has not been completed. Will need debridement tools of choice and topical anesthetic. Debridement of wound – not to acute process. We are removing exudates/biofilm/devitalized tissue. Prepping wound for application of allograft. Cleanse thoroughly afterwards.
7. If you are using multiple allografts, open only one package at a time. This is in case you do not need all that was ordered. Once opened, cannot return.
8. Use pickups to gently remove from package (I like without teeth).
9. Apply allograft patch onto the wound. May need to be trimmed with iris scissors. The package of the allograft – front side is topside up; backside of package is downside to place onto the wound. This is not a sterile procedure.
10. Apply fenestrated silicone contact layer (I like Mepitel).
11. Apply steri -strips around the border to secure in place.
12. Rehydrate wound if necessary. The wound exudates will naturally hydrate this membrane. Rehydration if needed with saline.

13. Apply secondary dressing to secure allograft, fenestrated silicone dressing in place.  
Again, provider discretion. I have used multiple products in the past but most frequently have used- silicone foam border or similar based off formulary. Silicone foam border does not need to be secured with tape, some may choose to do so. If adhesive border, should not need tape. If the wound is in an area of increased perspiration, I have used Tegaderm over secondary dressing to aid in extra waterproof properties.
14. Dressing should stay in place for 1 week. If there are issues with secondary dressing staying in place, modification may be needed. If home care nurse or another clinician removes primary dressing, allograft cannot be reapplied that same week, will need to wait until next scheduled allograft apt. Caregiver or home care nurse can remove secondary dressing if becomes loose, soiled, dislodged- they are NOT to remove primary dressing. I would make sure this is in your wound care order, and you have clear communication with caregiver/nurses.
15. When using the Allograft application form, apply label from package onto form for billing /insurances purposes. If applying to multiple wounds, need one label form for each wound.
16. When charting procedure, apply manufacturer lot # and expiration date, along with supplier, Qcode, and name of product to the note. In addition, follow procedure documentation per CMS/LCD. See procedure note example and power-point for more information.

[Mepitel Wound Contact Layer Dressings with Safetac | Medline](#)



[Optifoam Gentle Silicone-Faced Foam with Border | Medline At Home](#)



[DryMax Extra Superabsorbent Dressings | Medline](#)



[Wound Closure Strips | Scar Reducing Bandages for Elderly Care Centers \(dermarite.com\)](#)



[McKesson Brand 4809 - McKesson Medical-Surgical](#)



[McKesson Brand 43-1-109 - McKesson Medical-Surgical](#)



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I only use if dressing cannot stay dry – in areas of increased perspiration, urinary or bowel incontinence. Be careful this does not cause increased skin breakdown. Tegaderm also comes in strips like tape.

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Supplies may vary on formulary – Rehydration and dressing selection will vary on provider/wound location.