

Inadine® dressings
Iodoflex® paste
Iodosorb ointment

Context of the alert:

It is known that iodine-based dressings may be associated with a small absorption of iodine into the blood stream but it is very minute and as such was previously a cautionary listing in the British National Formulary (BNF).

However, recently the BNF updated the listing for iodine dressings to become contra-indications and this has been highlighted by the Royal College of Podiatry¹ sparking some debate about how this should be managed and documented locally.

Contra-Indications:

- Where there is a known iodine hypersensitivity (allergy)
- Before and after the use of radioactive-iodine medication (until permanent healing)
- For people who take lithium medication
- If the patient is being treated for kidney problems
- In the patient is pregnant or breast-feeding
- In cases of Duhring's herpetiform dermatitis (a specific, rare skin disease)
- In patients with any thyroid diseases as povidone iodine may be absorbed
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Additionally, precautions should be taken when:

- Used on newborn babies and infants up to the age of six months as povidone-iodine may be absorbed through broken skin
- Treating deep ulcerative wounds, burns or large injuries.

Actions:

Under current protocols for the prescribing of dressings, iodine-based dressings have to be approved by a specialist service such as podiatry or TVN before it can be prescribed. The duration is also reviewed frequently.

The podiatry and TVN leads have agreed that for every service user where iodine dressings are to be used that the contra-indications as listed above, are discussed with the patient first. It was also agreed that signs and symptoms of thyroid disease would be described to the service user and if they feel they develop any of these signs to discuss with the team or their GP.

In terms of renal function severe renal function would be classified using the chart below. Thyroid function tests (where there is a known thyroid condition) will be checked by the specialists to ensure that they are appropriately up to date and stable. If not repeat bloods will be requested

If the service user for some reason needs to be on iodine dressings for greater than one year then the contra-indication checklist will be repeated along with repeat U&E, urine ACR and TSH.

Classification of chronic kidney disease using GFR and ACR categories

GFR and ACR categories and risk of adverse outcomes			ACR categories (mg/mmol), description and range		
			<3 Normal to mildly increased	3–30 Moderately increased	>30 Severely increased
			A1	A2	A3
GFR categories (ml/min/1.73m ²), description and range	≥90 Normal and high	G1	No CKD in the absence of markers of kidney damage		
	60–89 Mild reduction related to normal range for a young adult	G2			
	45–59 Mild–moderate reduction	G3a ¹			
	30–44 Moderate–severe reduction	G3b			
	15–29 Severe reduction	G4			
	<15 Kidney failure	G5			

Increasing risk ↓

→ Increasing risk

¹ Consider using eGFR_{cystatinC} for people with CKD G3aA1 (see recommendations 1.1.14 and 1.1.15)

Abbreviations: ACR, albumin:creatinine ratio; CKD, chronic kidney disease; GFR, glomerular filtration rate

Adapted with permission from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group (2013) KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. Kidney International (Suppl. 3): 1–150