

<p><b>UTMB NURSING PRACTICE STANDARDS</b></p> <p><b>POLICY - 7.15 Burns</b></p>	<p><b>Policy 7.15.24</b></p> <p>Page 1 of 2</p>
<p><b>7.15.24 NexoBrid for Burn Injuries</b></p> <p style="text-align: right;">Formulated: 3/31/2024</p>	<p><b>Reformatted:</b> N/A</p> <p><b>Revised:</b> N/A</p>

**I. Title**

*NexoBrid for Burn Injuries*

**II. Policy**

NexoBrid (anacaulase-bcdb) is indicated for eschar removal in adults with deep partial thickness and/or full thickness thermal burns.

Limitations of Use

The safety and effectiveness of NexoBrid have not been established for treatment of:

- Chemical or electrical burns.
- Burns on the face, perineum, or genitalia.
- Burns on the feet of patients with diabetes mellitus or on the feet of patients with occlusive vascular disease.
- Circumferential burns.
- Burns in patients with significant cardiopulmonary disease, including inhalation injury.

NexoBrid is not recommended for wounds contaminated with radioactive and other hazardous substances.

NexoBrid is not indicated for use on burn wounds greater than 20% Total Body Surface Area (TBSA).

Contraindications

NexoBrid is contraindicated in patients with known hypersensitivity to anacaulase-bcdb, bromelain, pineapples, papayas, papain or to any other components.

Warnings and Precautions

At least 15 minutes prior to NexoBrid related procedures, ensure that adequate pain control measures are in place.

NexoBrid is not recommended for treatment of burn wounds where medical devices or vital structures could become exposed during eschar removal.

Avoid use of NexoBrid in patients with uncontrolled disorders of coagulation. Use with caution in patients on anticoagulant therapy or other drugs affecting coagulation, and in patients with low platelet counts and increased risk of bleeding from other causes. Monitor patients for possible signs of coagulation abnormalities and signs of bleeding.

The most common adverse reactions are pruritus and pyrexia.

Instructions for Use

NexoBrid lyophilized powder and gel vehicle must be mixed prior to administration and used within 15 minutes of preparation.

Each vial of lyophilized powder, jar of gel vehicle, and the mixed NexoBrid are for use for only one patient and for one application.

NexoBrid is available as:

- 2 g of lyophilized powder (containing 1.94 grams of anacaulase-bcdb) mixed in 20 g gel vehicle per 1% TBSA.
- 5 g lyophilized powder (containing 4.85 grams of anacaulase-bcdb) mixed in 50 g gel vehicle per 2.5% TBSA.

NexoBrid is for topical use only.

NexoBrid may be applied in up to two applications of 4 hours each, separated 24 hours apart. A first application may be applied to an area of up to 15% TBSA. A second application may be applied 24 hours later. The total treated area for both applications must not exceed 20% TBSA.

### **III. Procedures**

#### Wound Preparation

- Thoroughly clean the wound to remove any charred tissue, blisters, and any topical products.
- Apply a dressing soaked with an antibacterial solution to the treatment area for at least 2 hours.
- Ensure the wound bed is clear of any remnants of topical agents (e.g. silver sulfadiazine or povidone iodine).
- Apply an ointment skin protectant (e.g., petrolatum) 2 to 3 cm outside of the treatment area to create an ointment barrier.
- Protect any open wounds (e.g., laceration, abraded skin and escharotomy incision) with skin protectant ointments or ointment gauze to prevent possible exposure to NexoBrid.
- Avoid applying the ointment to the treatment area itself, as this would impede direct contact of NexoBrid with the eschar.

#### Application

- Implement and maintain pain management throughout the application procedure.
- Prepare NexoBrid at the patient's bedside within 15 minutes of the intended application.
- Using aseptic technique, mix NexoBrid lyophilized powder and gel vehicle by pouring the NexoBrid lyophilized powder into the gel vehicle jar.
- Thoroughly mix the NexoBrid lyophilized powder and gel vehicle using a sterile instrument (e.g., tongue depressor or spatula) until the mixture is uniform.
- Discard NexoBrid if not used within 15 minutes of preparation, as the enzymatic activity of the product decreases progressively following mixing.
- Moisten the treatment area with 0.9% Sodium Chloride Irrigation onto the burn wound.
- Using a sterile instrument (e.g., tongue depressor), completely cover the moistened treatment area with the mixed NexoBrid in a 3 mm thick layer (approximate thickness of a tongue depressor) that completely covers the burn wound area.
- Cover the treated wound with a sterile occlusive film dressing (e.g., Steri-Drape).
- Gently press the occlusive film dressing at the area of contact with the ointment barrier to ensure adherence between the occlusive film dressing and the sterile ointment barrier and to achieve complete containment of NexoBrid on the treatment area.

- NexoBrid gel should fill the entire volume of the treatment area, and there should be no visible air under the occlusive film dressing.
- Cover the dressed wound with a sterile loose, thick, fluffy dressing (e.g., Kerlix).
- Leave the dressing and NexoBrid in place for 4 hours.
- Discard any unused portions of NexoBrid.

Removal

- Remove NexoBrid after 4 hours.
- Implement and maintain pain management throughout the removal procedure.
- Remove the occlusive film dressing using aseptic technique.
- Remove the ointment barrier using a sterile blunt-edged instrument (e.g., tongue depressor).
- Remove the dissolved eschar from the wound by scraping it away with a sterile blunt-edged instrument.
- Wipe the wound thoroughly with a large sterile dry gauze, then wipe with a sterile gauze that has been soaked with sterile 0.9% Sodium Chloride Irrigation.
- Rub the treated area until the appearance of a clean dermis or subcutaneous tissues with pinpoint bleeding.
- To remove remnants of dissolved eschar, apply a dressing soaked with an antibacterial solution for at least 2 hours.

Second Application

A second application of NexoBrid may be applied 24 hours following the first application to either the same area previously treated with NexoBrid or to a new area.

A second application may be considered if:

- The wound area is more than 15% TBSA, or
- Multiple wound areas on different body surfaces require two treatments for logistical reasons such as body position, or
- The first application’s eschar removal was not complete.

The total treated area must not exceed 20% TBSA, inclusive of both applications.

**IV. Additional References**

Vericel Corporation. (2023). *NexoBrid prescribing information*.

**V. Dates Approved or Amended**

<i>Originated: 3/31/2024</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>