Abstract: A wound plaster (1) comprises a patch (2) securable to the skin by an adhesive coating (3) on one side thereof and includes a dressing (4) located on a portion of said one side and a swab (8) located on a portion of the other side of the patch (2). The adhesive coating (3) and the dressing (4) are covered by at least one protective release strip (5, 6) and the swab (8) is covered by another protective strip (9). The plaster (1) therefore combines a separate swab with a wound dressing that is of particular use for cleansing and dressing injection sites. The plaster (1) has been devised particularly for use by diabetics where a blood sample must be taken prior to an insulin injection.
COMBINED WOUND PLASTER AND SWAB

The present invention relates to a combined wound plaster and swab for topical application and, in particular but not exclusively, to a combined puncture wound plaster and swab for use by diabetics.

Those with Type 1 diabetes, where the body is unable to produce insulin, are treated by insulin injections that are usually self-administered. To ensure the correct dose of insulin is administered it is necessary to obtain a small sample of blood to measure the blood glucose level. This is usually done by a finger prick in order that a small drop of blood is obtained for testing. Thereafter, the insulin injection is administered in another part of the body.

It will be appreciated that good hygiene is important when conducting finger prick tests and insulin injections to aid accuracy of the subsequent blood test, to prevent infections and to promote good healing of both puncture sites. However, kits supplied to diabetics, while supplying the necessary testing and injection equipment do not include any swabs or wound dressings. The object of the present invention is to remedy this omission and to provide a puncture wound plaster that is particularly suitable for use by a diabetic.

According to the present invention there is provided a wound plaster comprising a patch securable to the skin by an adhesive coating on one side thereof and including a dressing located on a portion of said one side and a swab located on a portion of the other side of the patch, the adhesive coating and the dressing being covered by at least one protective release strip and the swab being covered by another protective strip.

Preferred additional features of the invention are described in the dependent claims.
An example of the present invention will now be described with reference to the accompanying drawings, wherein:

Fig. 1 is a schematic cross-section through a wound plaster in accordance with the present invention;

Fig. 2 is a schematic view of one side of the wound plaster; and

Fig. 3 is a schematic view of the other side of the wound plaster.

The wound plaster 1 shown in the drawings is preferably made wholly from disposable and biodegradable materials and comprises a patch 2 made from a conventional stretchy plastics sheet or webbing that has a skin-friendly adhesive coating 3 on one side thereof. It is expected that in most cases, for the reasons given below, the degree of tackiness of the coating 3 need only be low relative to a conventional skin plaster and will not need to be waterproof. However, this can be varied if the plaster 1 is adapted for use in particular circumstances.

The size of the patch 2 can depend on the intended use of the plaster 1 but if produced for use by diabetics or others for use with puncture injuries, then patch needs only to be large enough to a cover a puncture wound in a fingertip and can be shaped appropriately. It will be appreciated that the patch 2 can be made in any suitable shape and size and although shown rectangular in the drawing could be made circular or another suitable shape.

On a portion, for example in the centre, of the side of the patch 2 covered with the adhesive coating 3 is located a dressing 4. This dressing 4 is preferably made from an absorbent material that is impregnated with a non-alcohol-based, sterilizing or cleansing balm. Advantageously, the dressing 4 is also impregnated with a coagulant preparation. The adhesive coating 3 and the dressing 4 are covered by at least one protective release strip made from waxed paper, plastics film or similar material. In the present example,
the adhesive coating 3 is covered by two separate release strips 5 and the dressing 4 is covered by another release strip 6 that may be attached to a portion of the adhesive coating 3 adjacent the dressing 4 and which can be removed to expose the dressing 4 without uncovering the major part of the adhesive coating. The reason for this is explained below. The release strips 5 and 6 may also be provided with folded back edges 7, as is conventional, or otherwise adapted to assist removal.

The other side of the patch 2 is provided with a swab 8. The swab 8, like the dressing 4, is also preferably made from an absorbent material that is impregnated with a sterilizing or cleansing balm that is preferably non-alcohol based. In addition, the swab 8 is covered by a peelable protective strip 9 that is adhered to part of the patch 2 adjacent to the swab 8 and also provided with a folded back edge 10 or otherwise adapted to facilitate removal. The swab 8 itself may also be adhered to the patch 2 by a peelable adhesive so that after use it can be detached from the patch 2 for separate disposal.

The plaster 1 is preferably packaged within a sterile, sealed envelope 11 that can be torn away prior to use and that may be provided with a perforated tear strip, rip cord 12 or similar to facilitate this. If the dressing 4 and the swab 8 are impregnated with a cleansing or sterilizing balm that is volatile, the envelope 11 is preferably impermeable to improve the shelf-life of the product. However, it will be appreciated that the plaster 1 need not be individually packaged. Also, a plurality of similar plasters could be provided in a strip form, connected together for individual detachment by the user when required.

When in use by a diabetic, the user will first tear away the protective envelope 11 from the plaster 1 or otherwise unwrap or secure an individual plaster 1. Thereafter, the user should remove the release strip 6 covering the dressing 4. This dressing 4 can then be used as wipe or swab to cleanse a portion of skin, typically on a finger, where the user intends to take a blood
sample. Once the blood sample has been taken, the release strip or strips 5 can be removed and the plaster 1 fixed in place by the adhesive coating 3 with the dressing 4 located over the puncture wound. The balm within the dressing 4 will assist in keeping the puncture site clean and the coagulant preparation will assist in stemming any residual bleeding from the wound and lock any blood droplets within the dressing 4.

Once the plaster 1 is fixed in position, the protective strip 9 can be removed from the swab 8 that is then available to cleanse the area designated for, for example, an insulin injection. It is usual prior to injection for one or two drops of the liquid to be injected to be deliberately expelled from the needle to expel air therefrom. These drops should be wiped from the needle tip prior to the injection as they may irritate the skin. The swab 8 can be used for this purpose. Dependent on the location of the plaster 1 when affixed to the body covering the blood sample site, the swab 8 can be left adhered to the plaster 1 for use and then peeled off for disposal or peeled off the plaster 1 prior to use. Either way, after use the swab 8 can be disposed of leaving the plaster 1 in position protecting the blood sample site. However, it is expected that in normal circumstances by this time that the blood sample site will have ceased bleeding and the puncture wound closed. In this case, there may be no need for the swab 8 to be peeled off the plaster 1 as the whole plaster 1 may then be ready to be discarded. For this reason it is convenient if the adhesive coating 3 only has a low tackiness so that it is easy to remove from the skin without causing any damage thereto.

It will be appreciated that it is intended that the user will first use the dressing side of the plaster 1 and then the swab side. For ease of use, therefore, the release strips 5 and 6 and the protective strip 9 are preferably coded in some way, for example by the use of colour coding, printed-on symbols, words or the like. As diabetics often suffer from eyesight problems as a result of their condition, it may also be appropriate to make the release strips 5 and 6 and the protective strip 9 different in size from one another and also from the underlying patch 2 in such a way that a user with impaired
vision can readily tell the strips 5, 6 and 9 apart and which side of the plaster 1 is which.

Hence, the plaster of the present invention combines a plaster with a swab that is particularly suitable for use by a diabetic and that promotes good hygiene with a consequent reduction in the risk of incorrect blood sample readings and skin infection occurring as a result of the puncture wounds necessitated by the diabetic's treatment. However, it will be appreciated that the plaster can be used in a different way by other patients. 

For example, the swab 8 could be used first to cleanse an injection site and then the plaster 1 applied to cover the site in a conventional way. If adapted for use in this way, the dressing 4 may not need to be impregnated with the coagulant preparation or the balm but with an antiseptic preparation or one that promotes rapid skin healing.
CLAIMS

1. A wound plaster comprising a patch securable to the skin by an adhesive coating on one side thereof and including a dressing located on a portion of said one side and a swab located on a portion of the other side of the patch, the adhesive coating and the dressing being covered by at least one protective release strip and the swab being covered by another protective strip.

2. A plaster as claimed in Claim 1, wherein the dressing and the swab are both impregnated with a sterilizing or cleansing balm.

3. A plaster as claimed in Claim 1 or Claim 2, wherein the dressing is impregnated with a coagulant preparation.

4. A plaster as claimed in any of Claims 1 to 3, wherein the adhesive coating and the dressing are covered by separate protective release strips that can be individually removed.

5. A plaster as claimed in any of Claims 1 to 4, wherein the various protective strips are coded in order that they can be distinguished from one another by the user.

6. A plaster as claimed in any of Claims 1 to 4, wherein the swab is adapted to be readily peelable from the other side of the patch.

7. A plaster as claimed in any of Claims 1 to 5 that is enclosed within a sterile, sealed envelope that can be torn away prior to use.

8. A plaster as claimed in Claim 6, wherein the envelope is impermeable.