

**Step 1**

A layer of non-adhesive mesh dressing applied where possible with antiseptic/antimicrobial properties. In our department we routinely use paraffin impregnated cotton and viscose weave (Jelonet, Smith and Nephew, Watford United Kingdom) or iodine impregnated viscose weave (Inadine, 3M KCI, San Antonio, Texas, USA) this prevents the sponge, sheets and lines from sticking to or abrading the traumatised skin



**Step 2**

Size of nose estimated and number of sponges required calculated



**Step 3**

Sponge separated from plastic baseplate and baseplate discarded



**Step 4**

Sponge placed against side of nose and shape of nose traced and then cut out from long side of sponge ensuring a minimum of 15mm of sponge remains at the point which will be in contact with the bed



<b>Step 5</b>	
Shape traced onto additional sponges (depending on size of patient) for the 2 end pieces shape is cut on the corner without going all the way through	
	
<b>Step 6</b>	<b>Step 7</b>
Sponges are loosely taped together on the side that will face the bed only. This ensures that there can be some movement between the sponges so that they can splay slightly and settle into the most appropriate position	
	
<b>Step 8</b>	<b>Step 9</b>
Sponge applied to patient nose and areas of pressure on local structures (such as eyes) Identified	Top corners are trimmed to ensure no contact with eyes

*Figure 1 Steps required to measure and fit the sponge based nasal protector*