

This local formulary and pathway is an example used in the NICE medical technology guidance adoption support resource for UrgoStart for treating diabetic foot ulcers and leg ulcers. It was not produced for or commissioned by NICE.

CLCH North Division Wound Management Formulary

Version CLCH 2018

Introduction to the Formulary

The aim of this formulary is to guide the clinician in their choice of wound dressing, treatment or device to create the optimum wound healing environment, promote healing and improve clinical outcomes.

The formulary must be used in conjunction with CLCH wound care guidelines, policies and holistic assessment. All appropriate clinical pathways relevant to specific conditions/products should also be considered. All policies can be found on the HUB and clinical pathways are included in this document.

The clinician must familiarise themselves with the appropriate product literature and manufacturers guidelines prior to use. Practitioners should use their professional judgement and consider individual patient circumstances. Any allergies to any of the products listed or their ingredients must be established and considered to avoid potential harm.

The patient's wound/s should be assessed at every dressing change to ensure appropriate care is provided. All products should only be prescribed for a maximum of 14 days and then reviewed to evaluate clinical effectiveness. Dressings/devices may be prescribed as single items and not just by pack/box. All products listed under specialist advice require the patient to be discussed with or referred to the tissue viability specialist service.

Tissue viability team can be contacted on: 0208 349 7334

Review date: 30th June 2019

TIMES FRAMEWORK

	WOUND APPEARANCE	CAUSE	WOUND BED PREPARATION	EFFECT
Т	Necrotic Sloughy tissue	Cell Debris/ Defective matrix	Debridement	Viable wound base clear of dead tissue
- 1	Infection/ Inflammation	High bacterial load or prolonged Inflammation	Topical/Systemic Antimicrobials, Protease Inhibitors	Bacterial balance and reduced inflammation
M	Moisture balance Moisture management	Desiccation Excess Exudate	Increased hydration Exudate management	Balanced moist wound environment
E	Edge of Wound (Non advancing or Undermining)	MMPS Growth Factors	Protease inhibitors Fibroblast stimulators	Advancing wound edge
S	Surrounding Skin	Possible maceration, dry flaky skin, hyperkeratosis	Manage skin condition prevent and protect	Maintain skin integrity

TIME Adopted from: Dowsett C., Newton H. (2005) Wound bed preparation: TIME in practice. Wounds UK

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CAN ONLY BE PRESCRIBED FOLLOWING SPECIALIST ADVICE

Absorbent/Super Absorbent Dressings

Dressing change frequency will depend on the clinical needs and level of exudate. Use with caution on bleeding wounds as they can exacerbate the bleeding. Cream and ointments may reduce the absorbency of some products. Absorbency may be decreased under compression. Can be used as a primary or secondary dressing.

Absorbent Dressings

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Zetuvit E (Sterile)	10 x 10	0.22	10
	10 x 20	0.25	10
	20 x 20	0.40	10
	20 x 40	1.11	10
Zetuvit E	10 x 10	0.07	10
(Non-sterile, use as secondary dressing only)	10 x 20	0.09	10
	20 x 20	0.14	10
	20 x 40	0.28	10
Zetuvit Plus	10 x 10	0.83	10
	10 x 20	1.44	10
	15 x 20	1.31	10
	20 x 25	1.79	10
	20 x 40	2.77	10

Super Absorbent Dressings

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Kerramax Care	10 x 10	1.30	10
	10 x 22	1.70	10
	20 x 22	3.00	10
	20 x 30	3.42	10
Cutimed Sorbion Sachet	7.5 x 7.5	1.80	2 - 5
EXTRA	10 x 10	2.27	2 - 5
	20 x 10	3.77	2 - 5
	20 x 20	7.08	2 - 5
	30 x 20	10.09	2 - 5
Cutimed Sorbion Sachet	8 x 8	3.02	2 - 5
Multi Star	14 x 14	4.94	2 - 5

Foams

Foams are made up of hydrophilic, absorbent polyurethane or silicone foam. They are gas permeable and help to maintain a moist wound environment. They may be used as a primary or secondary dressing. They must not be covered with film dressings.

Do not use for protection of intact skin or pressure relief.

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
UrgoTul Absorb Border	6.5 x 10	1.47	5 – 10
	8 x 8	1.38	5 – 10
	8 x 15	2.44	5 – 10
	10 x 10	1.98	5 – 10
	10 x 25	3.67	5 – 10
	13 x 13	2.45	5 – 10
	15 x 20	3.98	5 – 10
	Sacral 20 x 20	4.35	5 – 10
UrgoTul Absorb	6 x 6	1.21	5 – 10
	10 x 10	2.38	5 – 10
	15 x 20	4.20	5 – 10
	Heel 12 x 19	4.80	5 – 10
Allevyn Gentle Border	7.5 x 7.5	1.52	5 – 10
	10 x 10	2.23	5 – 10
	10 x 20	3.59	5 – 10
	12.5 x 12.5	2.73	5 – 10
	Multisite 17.1 x 17.9	4.38	5 – 10
	Sacral 21.6 x 23	5.71	5 – 10
Allevyn Life	10.3 x 10.3	1.72	5 – 10
Use for highly exuding	12.9 x 12.9	2.53	5 – 10
wounds only	15.4 x 15.4	3.09	5 – 10
	Heel 25 x 25.2	11.35	5 – 10

Adhesive Dressing with pad

Adhesive dressings with an absorbent pad are indicated for lightly exuding wounds and in particular post-operative wounds. They can be used as a primary or secondary dressing. Be cautious where patients have fragile skin.

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Mepore	7 x 8	0.11	10
	10 x 11	0.22	10
	11 x 15	0.36	10
	9 x 20	0.44	10
	9 x 25	0.61	10
	9 x 30	0.70	10
	9 x 35	0.76	10
Tegaderm + Pad	5 x 7	0.26	10
	9 x 10	0.65	10
	9 x 15	0.95	10
	9 x 20	1.40	10
	9 x 25	1.57	10
	9 x 35	2.60	10

Alginate Dressings

Suitable for use on a wide range of wounds and in particular those with moderate level of exudate. Kaltostat is useful for wounds with a tendency to bleed easily due to haemostatic properties within the dressing. Kaltostat is not suitable for dry wounds. Dry alginates should be cut to size of the wound to prevent peri-wound damage from transfer of exudate to healthy skin. Carefully fill but do not over pack cavity wounds as the fibres swell this can potentially cause tissue ischaemia.

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Kaltostat	5 x 5	0.97	10
	7.5 x 12	2.12	10
	10 x 20	4.15	10
	15 x 25	7.14	10
Flaminal Forte	15g (approx 40cm coverage)	7.73	5
Flaminal Hydro	15g (approx 40cm coverage)	7.73	5

Contact Layer

Can be used to prevent trauma to low exudate, granulating or fragile wounds. For fragile skin consider silicone contact layer.

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
N-A Ultra	9.5 x 9.5	0.33	6
	9.5 x 19	0.63	6
Atrauman	5 x 5	0.34	14
	7.5 x 10	0.35	14
	10 x 20	0.80	14
	20 x 30	2.19	14
Mepitel One	6 x 7	1.22	4
	9 x 10	2.41	4
	13 x 15	4.98	4
	24 x 27.5	14.25	4

Antimicrobial Dressings

Suitable for increasing symptoms of localised wound infection and in conjunction with systemic antibiotics where indicated (refer to local wound infection management pathway).

Antimicrobial Dressings - Honey

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Medihoney	5 x 5	1.70	10
Tulle Dressing	10 x 10	2.98	10
Medihoney Wound Gel	10g	2.69	5

Antimicrobial Dressings - Iodine

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Iodoflex Paste	5g	4.16	10
	10g	8.30	10

Antimicrobial Dressings - Silver

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
UrgoClean Ag	6 x 6	1.96	6
TLC – Polyabsorbent fibres	10 x 10	4.45	6
	15 x 20	8.39	6
UrgoSorb Silver Rope	2.5 x 30	3.74	6
Acticoat Flex 3	5 x 5	3.57	6
Contact layer	10 x 10	8.73	6
	10 x 20	13.64	6
Acticoat Flex 7	5 x 5	6.21	2
Specialist Advice Only	15 x 15	33.27	2
	10 x 12.5	18.50	2

Antimicrobial Cream

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Flamazine Specialist Advice Only	50g	3.85	1 – 2

Bandages

Bandages can be divided into simple retention bandages, compression bandages and medicated bandages. Compression bandages should only be applied following a holistic leg ulcer assessment inclusive of Doppler ultrasound. Compression bandages should be selected carefully according to **ankle circumference and limb length**.

ompression bandages are contraindicates in patients with arterial insufficiency (see local leg ulcer pathways). Compression bandages should only be applied by staff who have completed the CLCH Leg Ulcer Management training programme. They must be signed off as competent in the application of compression bandages by the tissue viability service.

Medicated Paste Bandages

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
Ichtopaste	7.5 x 6m	3.75	5
Viscopaste	7.5 x 6m	3.72	5

Retention Banages

K-Soft may be used for protection if required **K-Lite** bandage can be used for retention and securing of non bordered dressings

Compression Bandages

Product	Size (CM)	Price (£)	Max quantity (2 weeks supply)
UrgoKTwo	18-25cm, 8cm	7.77	4
	18-25cm, 10cm	8.24	4
	18-25cm, 12cm	10.39	4
	25-32cm, 8cm	8.45	4
	25-32cm, 10cm	9.00	4
	25-32cm, 12cm	11.35	4
	18-25cm, 10cm (Latex free)	8.75	4
25-32cm, 10cm (Latex free)		9.56	4
UrgoKTwo	18-25cm, 10cm	8.24	4
Reduced	25-32cm, 10cm	9.01	4
	18-25cm, 10cm (Latex free)	8.75	4
	25-32cm, 10cm (Latex free)	9.56	4

K-Four Systems			
K-Soft	10cm x 3.5m	0.46	12
K-Soft Long	10cm x 4.5m	0.58	12
K-Lite	10cm x 4.5m	1.02	6
K-Lite Long	10cm x 5.25m	1.16	6
K-Plus	10cm x 8.7m	2.31	6
K-Plus Long	10cm x 10.25m	2.67	6
Ko-Flex	10cm x 6m	3.07	6
Ko-Flex Long	10cm x 7m	3.51	6
K-ThreeC	10cm x 3m	2.87	6
Profore Latex Fre	е		
Profore 1	10 x 3.5m	0.77	6
Profore 2	10 x 4.5m	1.46	6
Profore 3	10 x 8.75m	4.34	6
Profore 4	10 x 2.5m	3.59	6
Profore+	10 x 3m	4.00	6

Barrier Film/Cream

Protect peri-wound and vulnerable skin from excoriation by wound exudate, urine and faecal matter. Cutimed film is used as a barrier and can be used on broken skin however Cutimed cream should be considered to moisturise and protect unbroken skin.

Product	Size	Price (£)	Max quantity (2 weeks supply)
Cutimed Protect Barrier Film	28ml Spray	5.30	1
Cutimed Protect Cream	28g Tube	3.29	1
	90g Tube	6.27	1
Aproderm Barrier Cream	100g Tube	5.50	1

Hydrocolloid Dressings

Self-adhesive and waterproof dressings for the management of lightly exuding wounds. Facilitate rehydration and autolytic debridement of dry and necrotic tissue. Suitable for the promotion of granulation and epithelial tissue. The size of the dressing should allow for a 2cm border beyond the edge of the wound. Do not use on heavily exuding wounds or diabetic foot ulcers.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
DuoDERM Extra Thin	7.5 x 7.5	0.81	5
	10 x 10	1.34	5
	15 x 15	2.89	5
	5 x 10	0.78	5
	9 x 15	1.80	5
	9 x 25	2.87	5
	9 x 35	4.02	5
DuoDERM Signal	10 x 10	2.16	5
	14 x 14	3.78	5
	20 x 20	7.52	5
	18.5 x 19.5 (heel)	5.29	5
	22.5 x 20 (sacral)	6.18	5
	11 x 19 (oval)	3.31	5

Desloughing and Hydrofiber Dressings

UrgoClean is a non-adherent dressing with polyabsorbent fibres which trap and bind slough within the dressing. Suitable for use on all sloughy wounds and in particular where peri-wound or surrounding skin is fragile due to the TLC technology across the surface of the dressing. Hydrofiber can be used for moderate to highly exuding wounds. Exudate transforms the product to a soft gel sheet which supports a moist wound healing environment. Hydrofiber must not be used on dry or bleeding wounds. Both of these dressings should not be used on infected wounds (refer to local wound infection management pathway). Retention will be required in all circumstances.

Product	Size	Price (£)	Max quantity (2 weeks supply)
UrgoClean	6 x 6	0.97	10
	10 x 10	2.16	10
	20 x 15	4.06	10
UrgoClean Rope	2.5 x 40	2.43	10
(includes probe)	5 x 40	3.21	10
Aquacel Extra	5 x 5	1.02	10
(hydrofiber	10 x 10	2.42	10
	15 x 15	4.56	10
	4 x 10	1.31	10
	4 x 20	1.94	10
	4 x 30	2.93	10
Aquacel Ribbon	1 x 45	1.88	10
	2 x 45	2.50	10

Hydrogel Dressings

Donates moisture to promote autolytic debridement. To be used as a primary dressing and requires a secondary dressing. Consider level of exudate as should not be used on heavily exuding wounds as potentially may cause maceration.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
Intrasite Conformable	7.5g (10 x 10)	1.84	5
	15g (10 x 20)	2.48	5
	30g (10 x 40)	4.43	5

Negative Pressure Wound Therapy

Topical negative pressure is applied to the wound via a foam dressing, sealed with an airtight adhesive drape which creates a vacuum via a suction device. Suitable for wounds that have large soft tissue defects, e.g., post-operative, pressure ulcers, diabetic foot ulcers, leg ulcers and fixation of skin grafts. Contraindications include acute bleeding or risk of bleeding, exposed vessels and vascular prosthesis, fistulas of unknown origin, untreated osteomyelitis, malignant wounds (except under medical guidance for palliative management of exudate), necrotic wound beds, patients with cognitive problems.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
V.A.C. Drape	30.5 x 26	9.39	6
V.A.C. Gel Strip	14 x 3	3.76	6
V.A.C. Granufoam Bridge Dressing Kit	One size only	32.04	6
V.A.C. Granufoam	Small	22.95	6
Dressing Kit with SensaT.R.A.C.	Medium	27.32	6
	Large	31.70	6
V.A.C. Simplace EX	Small	26.60	6
Dressing Kit	Medium	30.58	6
V.A.C. White Foam	Small	10.64	6
	Large	17.04	6
V.A.C. White Foam	Small	25.91	6
Dressing Kit	Large	33.54	6
Anti-V.A.C. Canister with Gel	300ml canister with gel, tubing clamp & connector	28.42	4
T.R.A.C. 'Y' Connector	One size only	3.13	6

Odour Absorbent Dressings

Dressings which contain activated charcoal that is effective in absorbing chemicals released from malodorous wounds. Can be used as a primary or secondary dressing in the management of exuding, purulent and contaminated wounds (e.g. fungating) complicated by bacterial infection and offensive malodour. May adhere to wounds that have dehydrated in which case a non-adherent contact layer will be required. Can be used as a secondary dressing over a primary dressing to suppress malodour. Charcoal will be inactivated by moisture. Malodour suspected due to wound infection consider local pathway.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
Clinisorb	10 x 10	1.92	14
	10 x 20	2.56	14
	15 x 25	4.12	14
Carboflex	10 x 10	3.27	14
	8 x 15 Oval	3.92	14
	15 x 20	7.44	14

Protease Inhibitors

Dressings which inhibit matrix metallproteanasis (MMP'S) and limit their detrimental effect on healthy tissue. Contain TLC–NOSF can be used from day one to complete healing on leg ulcers, pressure ulcers and diabetic foot ulcers. UrgoStart Plus will also remove any devitalised tissue and continually clean the wound bed to facilitate faster healing. Contraindicated in malignant, heavily bleeding and infected wounds.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
UrgoStart Contact	5 x 7	3.03	6
(TLC-NOSF)	10 x 10	4.28	6
	15 x 20	10.20	6
UrgoStart Plus Pad	6 x 6	3.37	6
(TLC-NOSF)	10 x 10	4.94	6
	15 x 20	11.07	6
UrgoStart Plus Border	8 x 8	5.12	6
(TLC-NOSF)	10 x 10	6.07	6
	13 x 13	8.49	6
	15 x 20	10.92	6
	20 x 20 (sacrum)	14.67	6

Stockinette's

Elasticated viscose used for dressing retention. Consider using 5 metre packs if used regularly.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
Comfifast Red Line	3.5cm x 1m	0.56	2
Comfifast Green Line	5cm x 1m	0.58	2
	5cm x 5m	2.81	2
Comfifast Blue Line	7.5cm x 1m	0.77	2
	7.5cm x 5m	3.74	2
Comfifast Yellow Line	10.75cm x 1m	1.20	2
	10.75cm x 5m	6.04	2
Tubifast Purple Line	20cm x 1m	3.42	2
	20cm x 5m	15.90	2

Tapes

Use for fixation of dressings and bandages. Be cautious with fragile skin.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
Hypafix	5cm x 5m	1.46	1
	10cm x 5m	2.45	1
	5cm x 10m	2.71	1
	10cm x 10m	4.72	1
	15cm x 10m	6.99	1
	20cm x 10m	9.28	1
Micropore	1.25cm x 5m	0.62	1
	2.5cm x 5m	0.92	1
	5cm x 5m	1.62	1

Vapour Permeable Film Dressings

Vapour permeable waterproof film dressings. For use as a primary dressing for protection of fragile skin or skin at risk of friction damage or as a secondary dressing over hydrogel. Not to be used over foam dressings as this affects the moisture vapour transmission rate of the foam dressing.

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
IV3000	1-hand 5 x 6	0.43	5
	Non-winged peripheral 6 x 7	0.57	5
	Ported peripheral 7 x 9	0.74	5
	PICC Line 9 x 12	1.48	5
	Central Line 10 x 12	1.42	5
Tegaderm Film	6 x 7	0.39	5
	12 x 12	1.11	5
	15 x 20	2.41	5

Miscellaneous

Product	Size	Price (£)	Max quantity (2 weeks supply)
Irripods	25 x 20ml ampoules	5.84	1 box of 25
Aderma	Heel	15.37	1
	Sacrum	17.26	1
Apeel Sterile	Spray 100ml	16.50	1
	Single Use wipes (pack 30)	15.43	5 wipes
Dressit	Small/medium gloves	0.55	10
	Medium/large gloves	0.55	10
Non woven fabric swab (sterile)	7.5 x 7.5 (5 pads per pack)	0.27	15
Non woven fabric swab (non sterile)	10 x 10 (100 per pack)	0.85	1 pack
Prontosan Solution Specialist advice only	350ml bottle		1
Zero derm ointment (moisturiser)	500g	4.10	1
Zero base cream (emollient)	500g	5.26	1

Hosiery

Hosiery can be used in the treatment and prevention of venous leg ulcers. Please ensure you measure the leg according to the manufacturer's guidelines and state the preferences of hosiery as per the ordering information. Please consult the local hosiery pathway for advice on class of hosiery to order and discuss all available options with the patient to promote concordance.

Compression hosiery should only be applied following a holistic assessment inclusive of Doppler ultrasound. Compression hosiery should be selected carefully according to individual measurements and requirements.

Compression hosiery is contraindicated in patients with arterial insufficiency.

For made to measure hosiery, Farrow and Jobst compression wraps, lymphoedema hosiery including Jobst and Elvarex garments, and arm sleeves please refer to tissue viability service.

Product	Size	Price (£)	Max quantity (2 weeks supply)
Altiform Hosiery British standard	Class: 1, 2, 3 Size: Small, Med, Large, Ex Large Open/closed toe Colour: Black/Soft Beige Length: Below knee/ Thigh length N.B Black is not available in class 3 hosiery	Per pair Class 1 Thigh 7.89 B/knee 7.21 Class 2 Thigh 11.73 B/knee 10.54 Class 3 Thigh 13.90 B/knee 11.95	2 stockings per leg every 6 months

Altipress Hosiery Kit (40mmHg) Contains x1 30mmHg outer stocking plus x2 white inner liner stockings	Below knee Size: Small, Med, Large, X Large, XX Large. Leg length: Short, Regular, Long Colour: Soft Beige	14.61	2 stocking kits per leg every 6 months
Altipress Liner Pack Each pack contains x3 Altipress 10mmHg liners	Below Knee size: Small, Med, Large, X Large, XX Large. Colour: Soft Beige/White	11.56	As appropriate

Specialist

Devices

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
PICO portable	10 x 20	128.09	4
negative pressure wound therapy	10 x 30	127.45	4
Specialist advice only	10 x 40	145.68	4
	15 x 15	127.45	4
	15 x 20	127.45	4
	15 x 30	145.68	4
	20 x 20	145.68	4
Avelle portable negative pressure wound therapy dressings	16 x 16 (x5)	75.0	2
	16 x 21 (x5)	110,0	2
	12 x 21 (x5)	75.0	2
	12 x 31 (5)	120.0	2
Pump		99.0	1

Extended Specialist TVN Formulary

Product	Size (cm)	Price (£)	Max quantity (2 weeks supply)
Biobag (Larval	2.5 x 4	204.09	6
Therapy)	4 x 5	234.78	6
	5 x 6	255.24	6
	6 x 12	285.93	6
	10 x 10	306.39	6
Debrisoft (1 pad)	10 x 10	6.50	5
Microfine Toecaps	XS, S, M, L	27.14	2
Made to measure compression hosiery, wraps and garments	For specialist individualised measuring	Variable	As determined by the specialist service
Proshield foam and spray cleanser	235ml	6.61	1
Proshield plus skin protectant	115g	9.94	1

TISSUE VIABILITY SERVICE **NORTH DIVISION**

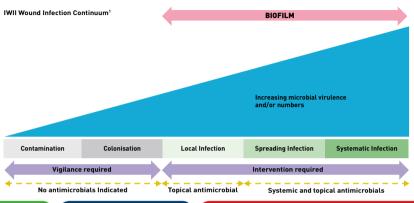
SPA: 0845 389 0940 (Option 3)

TVN: 0208 349 7334

MANAGEMENT OF WOUND **INFECTION LOCAL PATHWAY**

Overt Signs (Classic)

- Ervthema
- Local warmth
- Swelling
- Purulent discharge
- Delayed wound healing beyond expectations
- . New or increasing pain
- Increasing malodour



Covert Signs (Subtle)

- Hypergranulation
- Bleeding/friable granulation tissue
- Epithelial bridging and pocketing
- Wound breakdown and enlargement
- Delayed wound healing
- Increasing malodour
- New/increasing pain

Local Infection

Does the wound have 2 or more covert signs of infection?

- Select one of the following Urgoclean Ag/Acticoat Flex/honev
- Refer to local formulary guidance for secondary dressings
- For use of Acticoat refer to TVN.

Assessment

- Assess the patient holistically identifying increased risk of infection
- · Assess the wound using an appropriate framework (TIME)

Spreading/Systemic Infection

OR 3

Does the wound have 2 or more clinical signs of infection?

- Follow protocol for wound swabbing DO NOT DELAY ANTIBIOTIC THERAPY
- Ensure antibiotic therapy is compliant with local formulary or advice has been sought from a medical microbiologist if there is a variance
- Dress the wound with an antimicrobial as for local infection.

For acute cellulitis and diabetic foot ulcers refer to the relevant clinical pathway. Known MRSA link with Infection Control team

Review - at each dressing change and review care plan every two weeks.

Include a full rationale in the nursing records as to why you have continued/ discontinued treatment.

Discontinue - If there is a reduction in wound dimensions, exudate levels, patient reported pain.

A non-antimicrobial dressing should be considered (Urgotul/Urgotul Absorb Border/ UrgoStart/UrgoStart Plus).

Document full rationale in the nursing notes.

Continue - Reassess the wound. Consider - Appropriate level of compression? Appropriate wound management?

Document full rationale in the nursing notes. No improvement after 4 weeks: Reassess.swab the wound and refer to Tissue Viability/Infection Control or patient's doctor.

1. International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International 2016



FOR LEG ULCERS, PRESSURE ULCERS AND DIABETIC FOOT ULCER

HOLISTIC ASSESSMENT

Identify cause and aetiology of the leg ulcer / pressure ulcer / diabetic foot ulcer

Day 1

AT EACH TREATMENT RENEWAL

1. TREAT UNDERLYING AETIOLOGY

(compression, off-loading, pressure relief)

2. TREAT THE WOUND LOCALLY WITH URGOSTART PLUS TREATMENT.

Assess the wound bed and peri-wound using local wound assessment tool. Optimise care with appropriate wound bed preparation: cleanse and remove necrotic tissue as per local protocol.

Apply UrgoStart Plus: Choose appropriate version (Pad or Border*) and appropriate size dressing for the wound ensuring a 2cm border around the wound edge. This treatment should be used from day 1 to complete healing.

If any clinical signs of local infection / wound infection: Please refer to local pathway guidance

Wound infection successfully treated

Measure and photograph wound at regular intervals (minimum every two weeks).

Document in patient records.

If wound deteriorates, seek specialist advice.

HEALED WOUND

Discontinue UrgoStart Plus treatment

*If non bordered dressing used, consider formulary for an appropriate secondary dressing. **UrgoStart Plus is contraindicated in malignant wounds.**

Healing

TISSUE VIABILITY SERVICE NORTH DIVISION

SPA Phone number - 0845 389 0940 TVN Phone number - 0208 349 7334

VENOUS LEG ULCER TREATMENT PATHWAY

24 WEEK HEALING TARGET

Holistic Assessment

Venous Leg Ulcer (ABPI 0.8 - 1.3) Ulcer present for less than 4 weeks Symptoms of localised infection/wound infection.
Please refer to local management of wound infection pathway.

N0

Assess the Ulcer using local wound assessment tool.
Choose dressing UrgoStart Plus bordered/pad or UrgoStart
Contact if slough < 30% and low profile dressing required.
If no improvement achieved in 4 weeks please refer
to tissue viability.



Please use extra
K-Soft under
UrgoKTwo if
necessary to achieve
anatomical shape
of the lower limb

Please consider formulary for an appropriate secondary low profile absorbent dressing if necessary Avoid using adhesive dressings under bandage

Please measure ankle circumference to select appropriate size of compression bandage delivering care are competent in application of Compression bandaging

YES

The Clinicians

AND

The Patient is able to tolerate Multi component bandage system Multi component compression bandage system UrgoKTwo for ankles up to 32cm For ankles larger than 32cm use K-Four system

For ankles larger than 32cm use K-Four system K-Soft long/K-Plus long/K-ThreeC/Ko-Flex long

If expected healing outcome is **NOT** met
In 4 weeks, please refer to Tissue Viability Service

If expected healing outcome is met please follow the hosiery pathway and re-Doppler in 6 months

Venous Leg Ulcer has HEALED: Please follow the Aliform and Altipress HOSIERY PATHWAYS

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MIXED AETIOLOGY LEG ULCER TREATMENT PATHWAY

Holistic Assessment
Mixed Aetiology
Leg Ulcer
[ABPI 0.5 - 0.8]
Reassess every 4 weeks

Symptoms of localised infection/wound infection.
Please refer to local management of wound infection pathway.

N₀

Assess the Ulcer using local wound assessment tool.
Choose dressing UrgoStart Plus bordered/pad or UrgoStart
Contact if slough < 30% and low profile dressing required.
If no improvement achieved in 4 weeks please refer
to tissue viability.

Please use extra
K-Soft bandage
Under UrgoKTwo if
necessary to achieve
anatomical shape

of the lower limb

Please consider formulary for an appropriate secondary low profile absorbent dressing if necessary Avoid using adhesive dressings under bandage

Please measure ankle circumference to select appropriate size of

compression bandage

NB: No audible and palpable pulses with rest pain refer immediately to Vascular Team

ABPI 0.5 - 0.8 WITH Rest Pain Urgo K-Lite Single Layer Spiral
Refer to GP for vascular Referral

ABPI 0.5 - 0.6 NO Rest Pain Urgo K-Lite Single Layer Spiral
Refer to GP for vascular Referral

ABPI 0.6 - 0.8 NO Rest Pain **UrgoKTwo REDUCED** Consult TV service if no improvement in 4 weeks

Please follow the care plan If expected healing outcome is **NOT** met please re-refer to the Vascular Team

If expected healing outcome is met please follow hosiery pathway and reassess and re-Doppler every 12 weeks.

Mixed Aetiology Leg Ulcer has **HEALED**: Please follow the Altiform **HOSIERY PATHWAY**Patients with mixed aetiology leg ulcer ALL require on-going continuous close monitoring of their vascular status

TISSUE VIABILITY SERVICE

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ARTERIAL LEG ULCER TREATMENT PATHWAY

Holistic Assessment
Arterial Leg Ulcer (ABPI < 0.5)
VASCULAR REFERRAL
TV Service Referral
(for dressing advice only)

Symptoms of localised infection/wound infection. Please refer to local management of wound infection pathway.

NO

Assess the Ulcer using local wound assessment tool.
Choose dressing UrgoStart Plus bordered/pad or UrgoStart
Contact if slough < 30% and low profile dressing required.
If no improvement achieved in 4 weeks please refer
to tissue viability.

4

Please use K-Soft bandage in order to keep lower limb comfortable and warm Use extra padding to protect tibial crest and ankle bones

Please consider formulary for an appropriate secondary absorbent dressing if necessary

Avoid using adhesive dressings under bandage



If arterial blood flow can **NOT** be optimised please follow specific Care Plan from TV Services OR Vascular Consultant

If arterial blood flow

CAN be optimised please follow
tissue viability care plan

Patients with arterial leg ulcer ALL require on-going continuous close monitoring of their vascular status and their wound. Significant changes including sudden onset/increased pain, pallor /discolouration of limb no audible/palpable pulses refer immediately to emergency care

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HOSIERY DECISION PATHWAY

Altiform BRITISH STANDARD Compression Hosiery

aids venous return and can help prevent venous leg ulcer recurrence. It is available in both stock sizes and Made to Measure and patients should have a full holistic assessment and be measured to determine which stockings are the most suitable.

Indications

The Altiform **British Standard** Compression Hosiery Range is available in three classes of graduated compression.

Class I – Light support (14 – 17mmHg compression at the ankle)

Superficial or early varices, varicosis during pregnancy, swollen or aching legs and ankles. Suitable for long distance travel.

Class II – Medium support (18 – 24mmHg compression at the ankle)

Varices of medium severity, venous leg ulcer treatment and prevention of recurrence, mild oedema, varicosis during pregnancy. Suitable for long distance travel.

Class III – Strong support (25 – 35mmHg compression at the ankle)

Gross varices, post thrombotic venous insufficiency, gross oedema, venous leg ulcer treatment and prevention of recurrence.

Altipress 40 Leg Ulcer Hosiery Kit provides the 40mmHg at the ankle required for healing venous leg ulcers. It is suitable for patients with regular shaped limbs and low exuding ulcers. It is also suitable for post-VLU treatment to help prevent recurrence.

Each kit includes two liners and one top stocking. One liner and the top stocking are worn together to provide the 40mmHq. Additional liners are available in a Liner Pack.

Altipress 40 is particularly suitable for people who need to stay on the move because it is discreet and comfortable and patients can continue to wear their regular footwear.

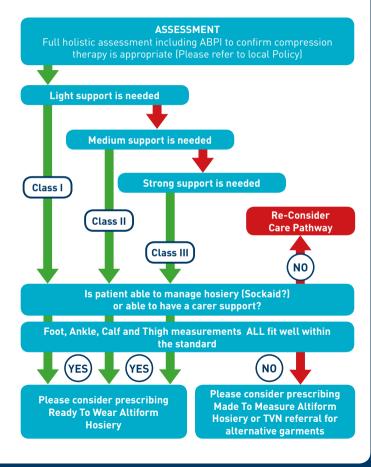
The kit has guaranteed compression levels 'built in' to the hosiery. Where appropriate, it can be applied by patients themselves, offering a level of independence.

The flexibility, practicality and comfort of Altipress 40 also encourages compliance and mobility which helps the healing process and improves patient morale.

DECISION GUIDE* ALTIPRESS 40 LEG ULCER KIT

ASSESSMENT Venous Leg Ulcer is Present/healed Full holistic assessment undertaken including ABPI (0.8 – 1.3) treatment of compression therapy 40mmHg appropriate. Shape of the limb is considered normal Level of exudate is LOW **Consider Compression Bandaging** YES Is patient able to manage hosiery (consider hosiery aid/applicator) or able to have a carer support? Ankle, Calf and Leg Length measurements ALL fit well within standard hosiery Please consider prescribing Please consider prescribing Ready To Wear Altipress 40 Made To Measure Altipress 40 Leg Ulcer Kit Leg Ulcer Kit

DECISION GUIDE*ALTIFORM HOSIERY





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