T.I.M.E.[5,6] CDST uses an evidence-based, five-step approach that incorporates T.I.M.E.[5,6] principles into a framework that nurses and other professionals can follow within their procedural guidelines:

ASSESS patient, wellbeing and wound

BRING in multi-disciplinary team and informal carers to promote holistic patient care

CONTROL or treat underlying causes and barriers to wound healing

DECIDE appropriate treatment and determine short-term goals

EVALUATE and reassess the treatment and wound management outcomes

Making a clear choice every time

Effective management requires systematic patient centric and multi-disciplinary approach

At **Smith+Nephew** we have collaborated with expert practitioners to develop the new T.I.M.E.[5,6] CDST to help you identify problems quickly and to help you know when to refer – helping to give you the confidence to make the right treatment choice

The tool is complemented by a comprehensive range of products, helping you to make a clear choice every time

Smith+Nephew does not provide medical advice. The information presented is not, and is not intended to serve as, medical advice. For detailed device information, including indications for use, contraindications, precautions and warnings, please consult the product's Instructions for Use (IFU) prior to use. It is the responsibility of healthcare professionals to determine and utilize the appropriate products and techniques according to their own clinical judgment for each of their patients.

How is your patient's wound progressing?

A weekly reduction in wound size by < 2.5% or any increase in wound area warrants investigation[2,3,4]

Ask yourself:

- Is your differential diagnosis correct?
- Has your patient's general condition deteriorated?
- Is your treatment addressing the underlying cause of the wound?

Once systemic factors are addressed, decide appropriate treatment and determine short-term goals using T.I.M.E.[5,6] principles

- If the wound still fails to progress, consider referral for specialist advice and change treatment where indicated

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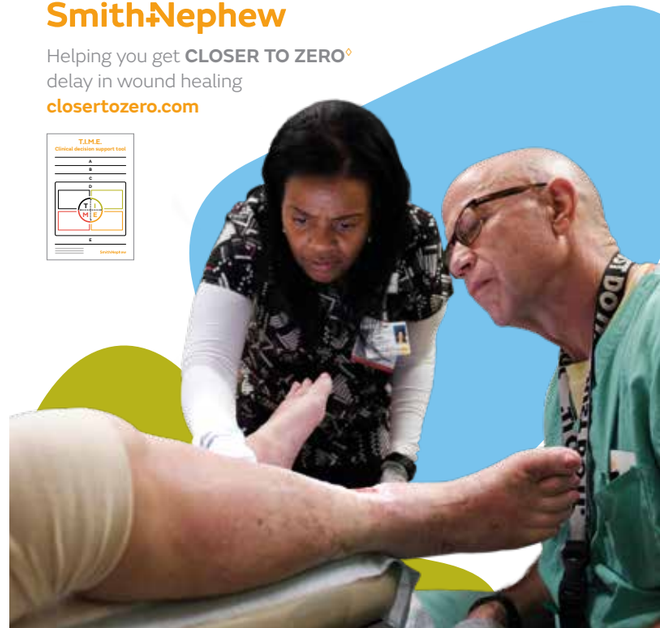
References:
1. Moore Z, Dowsett C, Smith G, et al. TIME CDST: an updated tool to address the current challenges in wound care. J Wound Care. 2019;28(3). **2.** Campbell PE, Smith GS, Smith JM. Retrospective clinical evaluation of gauze-based negative pressure wound therapy. Int Wound J 2008; 5: 280-286 **3.** Kantor J, Margolis DJ,. A multicenter study of percentage change in venous leg ulcer area as a prognostic index of healing at 24 weeks. Br J Dermatol 2000; 142: 960-4. **4.** Gelfand JM, Hoffstad O, Margolis DJ. Surrogate endpoints for the treatment of venous leg ulcers. J Invest Dermatol 2002; 119: 1420-5. **5.** Schultz GS, Sibbald RG, Falanga V et al., Wound Rep Reg (2003);11:1-28. **6.** Leaper DJ, Schultz G, Carville K, Fletcher J, Swanson T, Drake R. Extending the TIME concept: what have we learned in the past 10 years? Int Wound J 2012; 9 (Suppl. 2):1–19.

✚ Make a clear choice

Use our T.I.M.E.[5,6] clinical decision support tool (T.I.M.E. CDST)[1] and proven portfolio to chose the right product, for the right wound, at the right time

Smith+Nephew

Helping you get **CLOSER TO ZERO**◊ delay in wound healing
closertozero.com



START HERE ↓

A

ASSESS patient, wellbeing and wound

Establish diagnosis and baseline characteristics for appropriate support and comorbidities that may impact healing. Record wound type, location, size, wound bed condition, signs of infection / inflammation, pain location and intensity, comorbidities, adherence / concordance to treatment

B

BRING in multi-disciplinary team and informal carers to promote holistic patient care

Record referral to others such as surgical team, wound specialist nurse, dietician, pain team, vascular and diabetes team, podiatrist, physiotherapist, family carers and trained counsellor

C

CONTROL or treat underlying causes and barriers to wound healing

Record management plan for: systemic infection, diabetes, nutritional problems, oedema, continence, mobility, vascular issues, pain, stress, anxiety, non-adherence / concordance with offloading and compression, lifestyle choices

D

DECIDE appropriate treatment and determine short-term goals

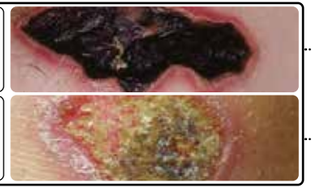
Use T.I.M.E. wound bed preparation principles to help identify barriers to wound healing, to select treatment and outcome target

1. ARE THERE BARRIERS TO WOUND HEALING?

T.I.M.E.

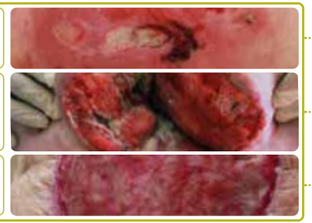
T — Tissue non-viable[5,6]

- Necrotic
- Slough



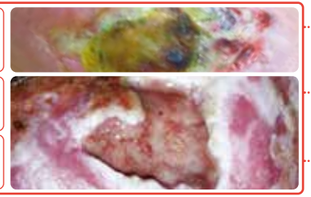
I — Infection and/or Inflammation[5,6]

- Infected
- Deep infected cavity wound
- Suspected biofilm



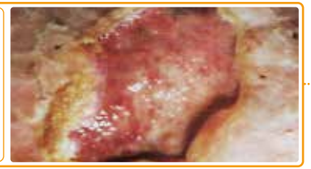
M — Moisture imbalance[5,6]

- Dry
- Low / Moderate
- High



E — Edge of wound non advancing[5,6]

- Non-advancing or abnormal wound edge



2. SELECT PRIMARY & SECONDARY INTERVENTIONS

ACTION	THERAPY	S+N PRODUCTS
Cleansing and debridement	Hydrogel	INTRASITE◊ GEL or INTRASITE CONFORMABLE
	Deslougher	IODOFLEX◊ or IODOSORB◊ RANGE
Manage bioburden	Antimicrobial*	ACTICOAT◊ RANGE
		DURAFIBER◊ AG
		IODOFLEX or IODOSORB RANGE
Restore moisture balance	Hydrogel*	INTRASITE GEL or INTRASITE CONFORMABLE
	Foam, gelling fibre or NPWT†	ALLEVYN◊ GENTLE BORDER, ALLEVYN GENTLE, DURAFIBER or PICO◊
		ALLEVYN LIFE, ALLEVYN LIFE Non-Bordered, DURAFIBER OR RENASYS◊
Promote epithelialisation and healthy periwound skin	NPWT and skin care	PICO or RENASYS / PROSHIELD◊ RANGE§

3. WOUND MANAGEMENT OUTCOME

TARGET
VIABLE HEALTHY WOUND BED
NON-INFLAMED, NON-INFECTED WOUND
OPTIMAL MOISTURE BALANCE
ADVANCING EDGE OF WOUND

*Use appropriate secondary dressing as per your local protocol. NPWT†: Negative Pressure Wound Therapy.

E

EVALUATE and reassess the treatment and wound management outcomes

Record wound progression within given timelines.

Flag if no change.

If target outcome is not achieved, return to the beginning of this process:

Go to START HERE ↓