T.I.M.E.[1,2] clinical decision support tool

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

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

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

Decide appropriate treatment and determine short-term goals

T – Tissue non-viable[3,4]

1. ARE THERE BARRIERS TO WOUND HEALING?

Necrotic

Slough

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Cleansing and debridement

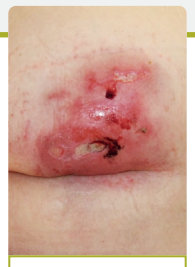
Surfactant, sharp / surgical or mechanical, autolytic or enzymatic, biological / larval

3. WOUND MANAGEMENT OUTCOME

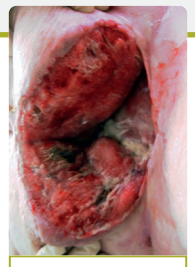
Viable healthy wound bed

I – Infection and / or Inflammation[3,4]

1. ARE THERE BARRIERS TO WOUND HEALING?



Infected



Deep infected cavity wound

Suspected biofilm

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Manage bioburden

Antimicrobial*
(topical antiseptic, and / or antibiotic therapy†)

3. WOUND MANAGEMENT OUTCOME

Non-inflamed, non-infected wound

M – Moisture imbalance[3,4]

1. ARE THERE BARRIERS TO WOUND HEALING?

Dry

Low | Moderate | High

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Restore moisture balance

Hydrogel*; hydrocolloid

Foam, super absorbent, gelling fibre, NPWT‡

Hydrocolloid, alginate

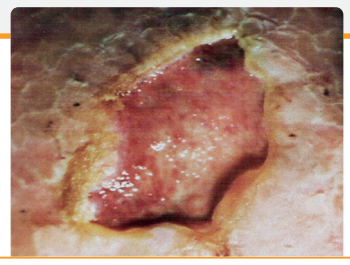
Alginate

3. WOUND MANAGEMENT OUTCOME

Optimal moisture balance

E – Edge of wound non-advancing[3,4]

1. ARE THERE BARRIERS TO WOUND HEALING?



Non-advancing or abnormal wound edge

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Promote epithelialisation and healthy periwound skin

NPWT‡ – Atraumatic wound contact layer, cell or tissue products, skin care and adjunct treatment according to wound type

3. WOUND MANAGEMENT OUTCOME

Advancing edge of wound

*Use appropriate secondary dressing as per your local protocol; †Where systemic infection is present, then it must be treated systemically and not just topically; ‡Negative Pressure Wound Therapy.

Evaluate and reassess the treatment and wound management outcomes

Evaluate: Record wound progression within given timelines. **Flag** if no change, go back to A, B, C and change treatment where indicated

Developed with the support of Glenn Smith[3] and Moore *et al.* 2019[4]

References: 1. Schultz GS, Sibbald RG, Falanga V, *et al.* Wound bed preparation: a systematic approach to wound management. *Wound Rep Reg* (2003);11:1-28. **2.** 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. **3.** Smith G, Greenwood M, Searle R. Ward nurse's use of wound dressings before and after a bespoke educational programme. *Journal of Wound Care* 2010, 19(9). **4**. Moore Z, Dowsett C, Smith G, *et al.* TIME CDST: an updated tool to address the current challenges in wound care. *Journal of Wound Care*, 2019; 28(3): 154-161.

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