Smith+Nephew

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

Use MolecuLight *i*:X™ wound assessment tool to measure wound surface area and evaluate bioburden level

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

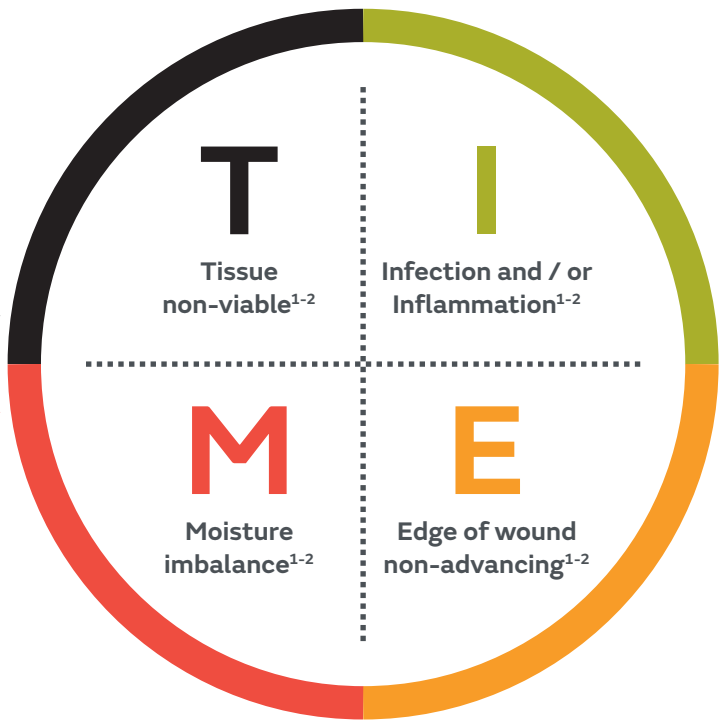
Bring in multi-disciplinary team and informal carers to promote holistic patient care

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



T — Tissue non-viable[1-2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING

Necrotic

Slough

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

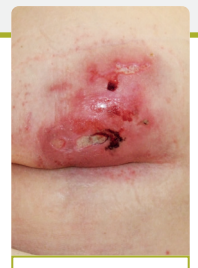
- Debridement
- Hydrogel* / Deslougher*
- INTRASITE◊ GEL or INTRASITE CONFORMABLE / IODOFLEX◊ or IODOSORB◊ Range

3. WOUND MANAGEMENT OUTCOME

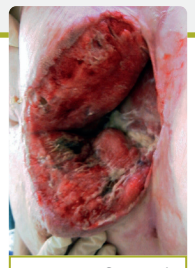
Viable healthy wound bed

I — Infection and / or Inflammation[1-2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING



Infected



Deep infected cavity wound

Suspected biofilm

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

- Manage bioburden
- Antimicrobial*
- ACTICOAT◊ Range / DURAFIBER◊ Ag / IODOFLEX or IODOSORB Range

3. WOUND MANAGEMENT OUTCOME

Non-inflamed, non-infected wound

M — Moisture imbalance[1-2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING

Dry

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2. SELECT PRIMARY & SECONDARY INTERVENTIONS

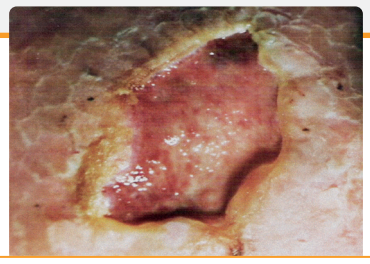
- Restore moisture balance
- Hydrogel* / Foam , gelling fibre or NPWT†
- INTRASITE GEL or INTRASITE CONFORMABLE / ALLEVYN◊ GENTLE BORDER, ALLEVYN GENTLE, DURAFIBER or PICO◊‡ / ALLEVYN LIFE, ALLEVYN LIFE NON-BORDERED, DURAFIBER or RENASYS◊

3. WOUND MANAGEMENT OUTCOME

Optimal moisture balance

E — Edge of wound non-advancing[1-2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING



Non-advancing or abnormal wound edge

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

- Promote epithelialisation and healthy periwound skin
- NPWT and skin care
- PICO or RENASYS SECURA◊ / PROSHIELD◊ Range§

3. WOUND MANAGEMENT OUTCOME

Advancing edge of wound

*Use appropriate secondary dressing as per your local protocol; †NPWT: Negative Pressure Wound Therapy; ‡Level of exudate for wounds suitable for NPWT.

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]

§SECURA Range includes SECURA Moisturising Cleanser, SECURA Total Body Foam, SECURA Dimethicone Protectant, SECURA Extra Protective Cream, No Sting Skin Prep; PROSHIELD Range includes PROSHIELD Plus and PROSHIELD Foam and Spray; ‖ALLEVYN Range includes ALLEVYN LIFE, ALLEVYN GENTLE BORDER and ALLEVYN GENTLE BORDER LITE.

Reference: 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, vol 19, no.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*, vol 28, no 3, March 2019: 154-161.

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