

Top Tips for Wound Healing And Cost-Effective Prescribing of Wound Care Products

Assessment of Patient and Product Selection

- **Review the wound**, if appropriate, revise prescribing of wound dressings to ensure that the most cost-effective dressings that meet the required clinical performance characteristics are routinely chosen (NICE January 2015). Dressing selection should be made after careful clinical assessment of the patient's wound, their clinical condition, and their personal experience and preferences. In the absence of any robust clinical evidence to guide choice, prescribers should routinely choose the dressing with the lowest acquisition cost and the performance characteristics appropriate for that stage of healing.
- **Consider the goal at each clinical assessment**, the expectation is that the wound and dressing type will change over time. Even chronic wounds may change over time. Basic wound preparation including debridement must take place before choosing a wound dressing. Consider referring complex/slow to heal wounds to a local Specialist Tissue Viability Nurse.
- **Select the product** to meet the needs of the wound and the patient, consider exudate, concordance, comfort and frequency of change. Only change the dressing after the appropriate period; not all dressings need daily change. Some can be left in place for **up to 7 days**.
- Please check for contraindications, such as allergies or sensitivities
- **Check the dressing/product is on the Devon Wound Management Formulary:**
 - [17. Wound Management Formulary - North & East devonformularyguidance.nhs.uk](https://www.devonformularyguidance.nhs.uk/17-wound-management-formulary-north-east)
 - [17. Wound Management Formulary - South & West devonformularyguidance.nhs.uk](https://www.devonformularyguidance.nhs.uk/17-wound-management-formulary-south-west)
- Some dressings are intended for use in line with **specialist input or advice**. Please see below or the local formulary, for further information on traffic light colour classification. Products are colour coded as follows:
 - **First line is green** -Preferred treatment option
 - **Second line is blue**-Alternative option generally used later down the treatment pathway, or if the first line options are inappropriate or ineffective
 - **Specialist input is amber**-Treatments where specialist input is required for general use
 - **Secondary care only is red**-The prescribing responsibility for these options should normally remain with the consultant or specialist clinician in secondary care. These should **not** be initiated or prescribed in primary care.
- **Highly absorbent products** are only cost effective for use on heavily exuding wounds.
- **High-cost products** are not necessarily better products, if unsure why the product is being used, consider a referral to a local Specialist Tissue Viability Nurse.
- Staff should undertake regular continuing professional development (CPD) and demonstrate evidence of competency with regards to wound care.

Prescribing or Requesting

- Check the wound has been **clinically reviewed** prior to prescribing/requesting to avoid waste and incorrect product being requested

- Check what is needed before prescribing/requesting a prescription and request the **minimum quantity of dressings** to meet the patient's needs, not one box or one originator
- Clinicians should prescribe the **minimum quantity** necessary, as per individual quantity
- Check the **correct size of dressing** is ordered, larger dressings are usually exponentially more expensive than the smaller sizes. If the wound is not reducing in size, consider requesting a full medical review for the patient
- Remember to check **all storage areas** for dressing items prescribed, before requesting further supplies
- The **frequency of dressing** change should be appropriate for the wound and dressing type. As a guide a maximum period would be:
 - Daily change: **7-14 days'** supply
 - 2-3 times a week change: **2 weeks** supply
 - Weekly change: **3 weeks** supply
- Prescribers are advised **not** to put wound care products on **repeat prescription**

These recommendations will be dependent on an assessment of the individual patient and the progress of wound healing.

- Remember **wound care products are prescribed for individual patients** and must only be used for that patient. They are their property, and it is illegal to use prescribed products for other patients
- Dressings are **single use only** and must not be re-used.

Compression bandage/Compression Hosiery

- There is a need for timely immediate and necessary care to promote healing
- Compression bandaging/hosiery should only be applied in line with the National Wound Care Strategy/Best Practice Statement for Legs: - [NWCSP-Leg-Ulcer-Recommendations-1.8.2023.pdf](#) ([nationalwoundcarestrategy.net](#)) (please note updates to include bleeding varicose veins in the red flag section)
- These should only be applied by **specifically trained staff**, competent in applying this type of dressing.
- They should be left on for up to **7 days**, dependent on exudate levels which would be expected to be high at initial application and may need reapplication **2-3 times per week** until stable. For ongoing care when stable, the **normal maximum monthly supply is 5 items per product** i.e., bandage/wadding etc. If the dressing has to be changed more regularly a larger quantity will be required.
- Active ulceration should be reassessed every **4 weeks** and re-dopplered every **12 weeks** Compression is not short term and any patient identified with venous hypertension will remain in some form of compression garment for life.

Anti-microbials

Do not routinely choose anti-microbial (for example, iodine, honey, or silver) dressings ahead of non-medicated dressings-there are large selections of anti-microbial products to choose from.

- **Review all patients on silver dressings** for suitability for switching to non-medicated standard dressings. If the patient is on a biofilm management pathway switching should only occur when there are no signs of biofilm
- Prescribe or request **a maximum of 5 silver dressings** to cover a treatment period of **2 weeks**.
- **Review** any prescriptions for **5 or more silver dressings**, and any **silver dressings on repeat**.
- Silver dressings should only be prescribed on **an acute prescription** and **not added to a repeat prescription**
- If a wound is not showing signs of improvement **after 2 weeks, discontinue use of silver dressing** and contact the Specialist Tissue Viability Nurse as per local policy. Please note that Silver alone will not penetrate biofilm. Antimicrobials should not be used without biofilm management/wound bed preparation.
- Silver dressings will either have silver or Ag in the title - **take care not to request the silver option on the screen.**