

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

Top Tips are to support the efficient use of wound care products, to maximise healing and minimise waste.

**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. Consider referring complex/slow to heal wounds to a local Specialist Tissue Viability Nurse. (Please see ***Chapter 17. Wound Management Formulary*** for contact details).
* **Select the product** to meet the needs of the wound, 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.
* **Check the dressing/product is on the Devon Wound Management Formulary:**
  + [*North and East Devon Formulary*](https://northeast.devonformularyguidance.nhs.uk/formulary/chapters/wound-management)
  + [*South and West Devon Formulary*](https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/17-wound-management-formulary)
* 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.

**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
* GPs 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.

**Take care if compression bandages are requested**

* Compression bandaging should only be applied following full assessment including Doppler ABPI measurement.
* 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, therefore 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.
* Compression bandaging is a short-term intervention and for leg ulceration cases full reassessment should be undertaken every 12 weeks when the ulcer is open. The bandages should not be put on repeat.

**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, silver is considered the final option.

* Review all patients on silver dressings for suitability for switching to non-medicated standard dressings.
* 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.
* Silver dressings will either have silver or Ag in the title - take care not to request the silver option on the screen.
* Avoid dressings containing silver sulfadiazine, if applied to large areas or for a prolonged time, they can cause blood disorders or skin discolouration

(PrescQIPP, Briefing 53, Wound Care, Silver Dressings)

**Legal Issues**

* 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.

**Staff Competency**

* Staff should undertake regular continuing professional development (CPD) and demonstrate evidence of competency with regards to wound care.