

T.I.M.E. 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

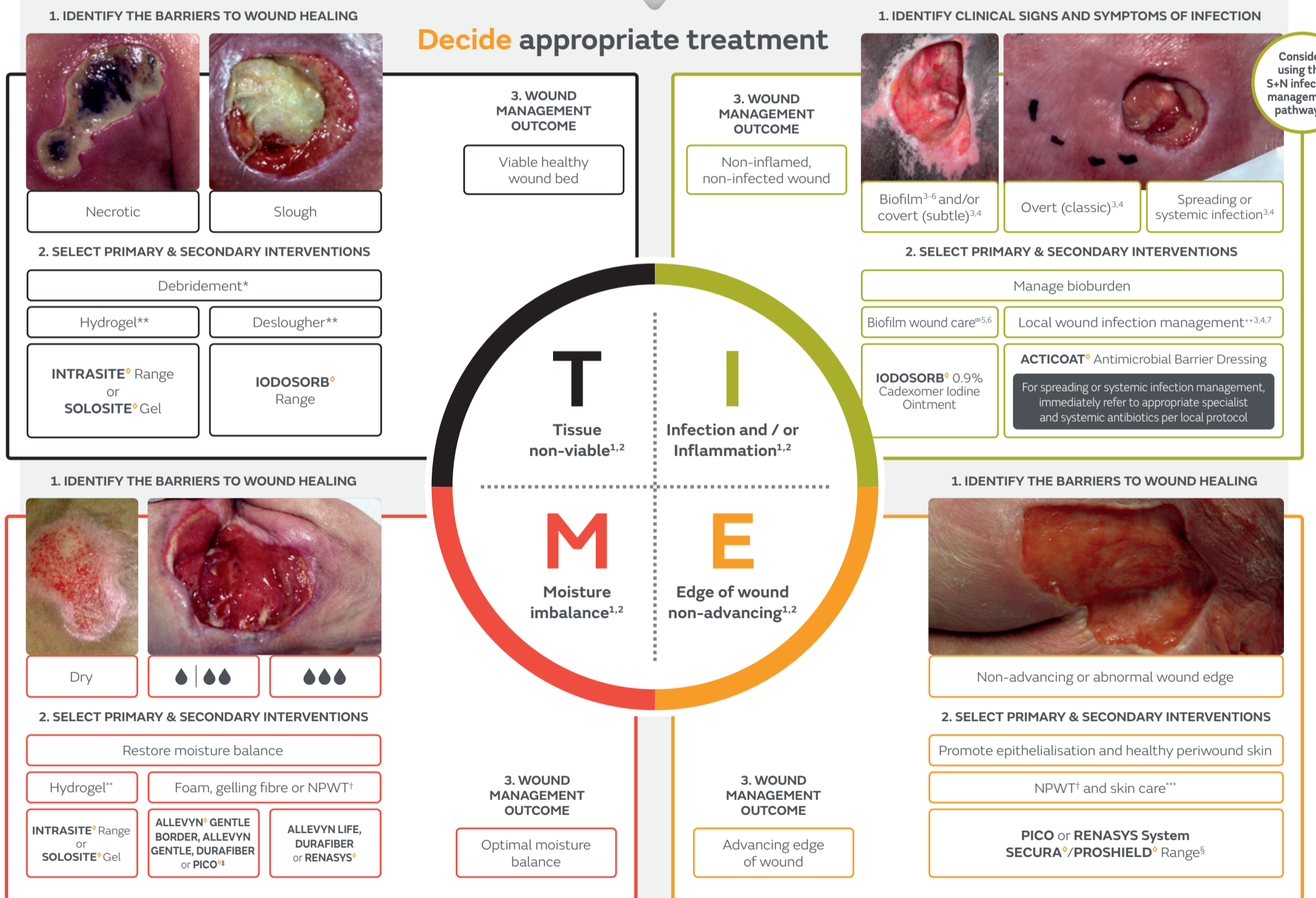
Bring in multi-disciplinary team and informal carers to promote holistic patient care

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



*Always ensure adequate blood supply before debriding necrotic tissue. **Use appropriate secondary dressing as per your local protocol. ***Consider whether wound edge debridement is also required.

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 Smith⁸ and Moore et al. 2019⁹

INTRASITE Range includes INTRASITE Gel and INTRASITE CONFORMABLE. ACTICOAT Range includes ACTICOAT and ACTICOAT FLEX. IODOSORB range includes ointment, powder and dressing †NPWT: Negative Pressure Wound Therapy. ‡Level of exudate for wounds suitable for NPWT. §SECURA Range includes SECURA No Sting Barrier Film. PROSHIELD Plus and PROSHIELD Foam and Spray. ¶Biofilm wound care: Debridement, cleanse and use anti-biofilm agent. ** Debride and cleanse and use effective topical antimicrobial as per local protocol.

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. International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International (2016). 4. Weir D, Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). *Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management* (p. 156-180). 2016. Philadelphia:

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