

T.I.M.E. clinical decision support tool

Diabetic foot ulcer

ASSESS patient, wellbeing and wound^{8,9}

- Systemically evaluate the ulcer, foot and leg
- Use standardised system to document severity of foot ulcer
- Record wound type, location, size and characteristics, pain location and intensity, comorbidities, adherence/concordance to treatment
- Conduct wound assessment using your local guidelines
- Assess for signs and symptoms of infection/ inflammation being mindful that these can be masked due to ischaemia or neuropathy
- **NOTE:** as the classic/spreading signs of infection, including pain may not be present in DFUs, please monitor the development of redness
- Vascular assessment: Clinical diagnostics palpation of foot pulses/doppler/toe pressures
- Neuropathy assessment: Symptom related history to be taken – check loss of sensation, change in foot shape, skin inspection

BRING in multi-disciplinary team (MDT) and informal carers to promote holistic patient care

- Referral must be made to a MDT/foot protection team within 24 hours. If limb or life threatening refer to acute services immediately
- If thought to be a neuropathic ulcer consider offloading techniques
- If considered an ischaemic ulcer revascularisation maybe required - vascular referral to be made
- If infection is suspected start treatment as soon as possible. If ulcer probes to bone conduct investigations into osteomyelitis
- Teach patient and carer about daily foot inspection and care

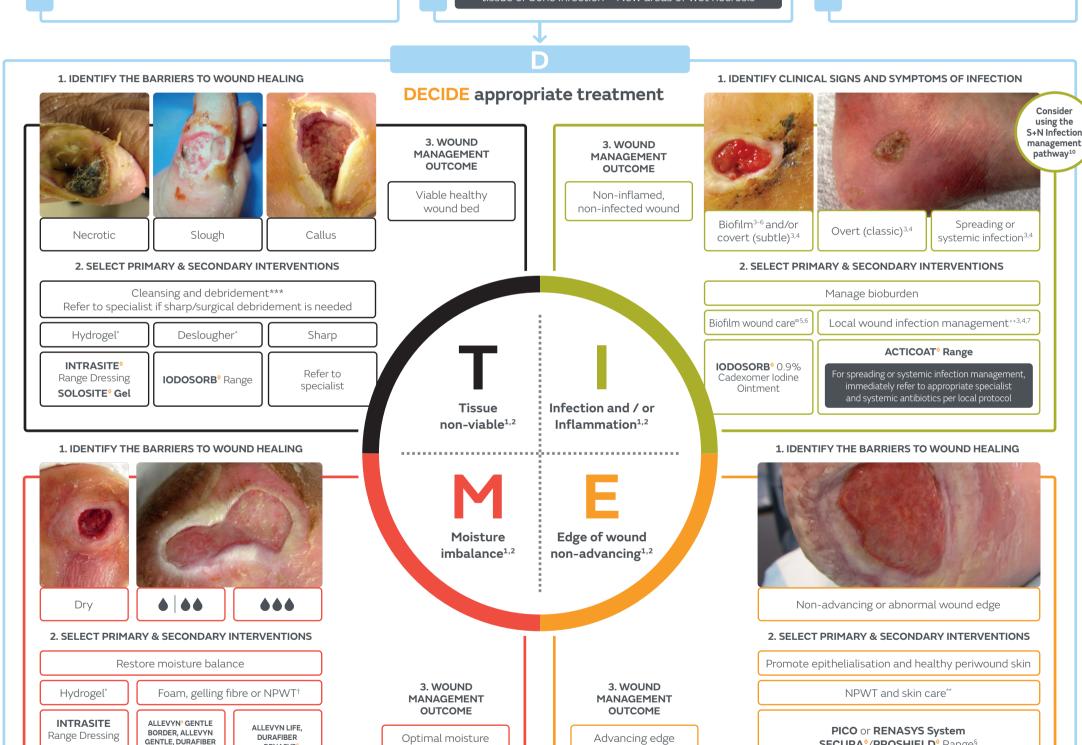
ALERT PRIMARY CARE PROVIDER FOR:

• Red hot swollen foot • Ulceration with signs of sepsis – fever/chills • Acute limb ischaemia • Deep-seated soft tissue or bone infection • New areas of wet necrosis

CONTROL or treat underlying causes and barriers to wound healing

 Assess and record management plan for patient related factors such as endstage renal disease, oedema, malnutrition, poor metabolic control. systemic infection, glycaemic control, mobility, vascular issues, non-adherence/ concordance with offloading or psychosocial problems

SECURA PROSHIELD Range



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

of wound



SOLOSITE Gel

GENTLE, DURAFIBER

or RENASYS

EVALUATE and reassess the treatment and wound management outcomes

Flag if no change, go back to A, B, C and change treatment where indicated. Once wound is healed, implement care plan to avoid re-occurrence.

• Evaluate the use and effectiveness of the offloading device: Record wound progression within given timelines.

RECOMMENDATION: Always ensure adequate blood supply before debriding necrotic tissue. Non-wound care specialists need to be trained on T.I.M.E. Wound Bed Preparation and how to conduct comprehensive wound assessment

balance

Developed with the support of Glenn Smith⁸ and Moore et al. 2019⁹

†NPWT: Negative Pressure Wound Therapy. ‡Level of exudate for wounds suitable for NPWT. SSECURA Range includes No Sting Barrier Film; PROSHIELD Range includes PROSHIELD Flus 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. INTRASITE Range includes INTRASITE Gel and INTRASITE CONFORMABLE. ACTICOAT Range includes ACTICOAT and ACTICOAT FLEX. IODOSORB range includes ointment, powder and dressing. Reference: 1. Schultz GS, et al. Wound Rep Reg (2003);11:1–28. 2. Leaper DJ, et al. Int Wound J 2012; 9 (Suppl. 2):1–19. 3. International 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: Wolters-Kluwer. 5. Wolcott RD, et al. J Wound Care 2010;19(2):45–53. 6. Schultz G, et al. Wound Repair Regen 2017;25(5):744–757. 7. Ayello EA, et al. Wounds Int 2012;1–24. 8. Smith G, et al. Journal of Wound Care, 2019;28(3):154–161. 10. Dowsett C, et al. Wounds Int. 2020;11(3):20–27.

The products used in the T.I.M.E. clinical decision support tool may vary in different markets. Not all products available in your market.