Chronic Wound Consumables Scheme

Catalogue

2025 Edition

Smith+Nephew

Shaping what's possible
in wound care

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What is the Chronic Wound Consumables Scheme?

The Chronic Wound Consumables Scheme (CWCS) covers the cost of wound consumable products for people who have diabetes and a chronic wound, and who are 65 and over, or 50 and over for First Nations people.

About the CWCS

The CWCS will help eligible patients manage their chronic wounds by covering the full cost of products a patient needs to heal, such as bandages, dressings and adhesives.

The CWCS is patient-centred and will enable an authorised health professional to enrol an eligible patient to participate in the scheme and order fully subsidised wound consumable products through an on-line portal or over the phone. The ordered products would then be delivered to the patient's home to support ongoing wound management by the patient.

Why the CWCS is important

Chronic wounds impact a person's quality of life and require long-term care. This has a significant burden on our healthcare system.

Currently, most patients must pay the full cost of wound consumable products. These costs can put significant financial pressure on people. This can lead to patients delaying care.

The CWCS will ensure patients can get the wound care they need when they need it.

How the CWCS will work

A patient with a chronic wound will go to an eligible health professional, who will assess the wound and order the required wound care products for their patient through an online portal.

The health professional will be able to choose from various wound care products listed in the online portal.

Ordered wound care products will be delivered to a patient's home or the health professional's office, at no cost to the patient.

To learn more, visit **health.gov.au/our-work/cwcs** or scan the QR code.

Scan for the CWCS website

How to order Smith+Nephew products on the CWCS

Step-by-step guide

1. **Ensure patient eligibility**
   - Must have diabetes and chronic wound (wound not healing in 30 days)
   - Aged 65+ or 50+ for First Nations individuals
   - Must not be covered under NDIS, DVA, aged care, public hospitals or state-funded clinics
2. **Complete required training**
   - Register for the Monash University online module (1 hour) tailored for your role (GPs, nurses, podiatrists, Aboriginal/Torres Strait Islander practitioners
   - Upon completion, you receive a certificate and instructions to register via PRODA (Services Australia's provider portal)
3. **Access the CWCS portal**
   - Once in PRODA, gain access to the CWCS ordering portal
   - The portal lists all approved consumables (dressings, bandages, adhesives, compression)
4. **Assess patient & place order**
   - Clinically assess the chronic wound and confirm eligibility
   - Order the exact products needed via the portal (or by phone) for that individual patient
5. **Delivery of consumables**
   - Products are delivered free of charge to either the patient's home or your clinic, depending on preference

Need help?

- **Training & portal support:** cwcs-training@monash.edu
- **PRODA support:** proda@servicesaustralia.gov.au or 1800 700 199 (option 3)
- **CWCS enquiries:** chronicwounds@health.gov.au
- **CWCS website:** health.gov.au/our-work/cwcs

Quick checklist	
☐ Patient eligibility confirmed	▪ Diabetes and chronic wound, correct age, no other coverage
☐ Completed Monash CWCS training	▪ CPD-approved
☐ Registered in PRODA & portal access received	▪ Ready to order
☐ Order placed via portal	▪ Specify items per patient
☐ Confirm delivery details	▪ Home or clinic

Holistic Wound Management

The **T.I.M.E. CDST (clinical decision support tool)** includes holistic patient assessment and supports a multidisciplinary team (MDT) approach.

- The T.I.M.E. principles of wound assessment and management were established by a group of experts and published in 2003[1]
- T.I.M.E. has been widely adopted into clinical practice; however, its main focus was on wound management rather than holistic patient assessment, accurate diagnosis and ongoing evaluation of treatment outcomes
- A recent survey of delegates attending the European Wound Management Association (EWMA) annual meeting in 2018 highlighted the need for an easy to use, accurate and practical assessment framework for all healthcare professionals based on T.I.M.E. principles[2]
- A draft tool was developed based on the results of the EWMA survey, which was assessed and refined by an international group of expert clinicians to form the T.I.M.E. CDST[3]

Key Points

- TIME is T- Tissue non-viable, I - Infection/inflammation, M- Moisture imbalance, E- Edge of wound
- The experts considered the essential elements of the T.I.M.E. CDST to be holistic patient assessment and involvement of the MDT, followed by wound assessment and control of systemic causes, treating the elements of T.I.M.E. that are impeding wound healing and wound management
- T.I.M.E. CDST uses an evidence-based, 'A, B, C, D, E' approach that incorporates T.I.M.E. principles into a framework that nurses and other professionals can follow within their procedural guidelines
  - Assess patient, wellbeing and wound
  - Bring in MDT and informal carers to promote holistic care
  - Control or treat underlying causes and barriers to wound healing
  - Decide appropriate treatment
  - Evaluate and reassess the treatment and wound management outcomes
- The flow diagram on the following page explains T.I.M.E in more detail and provides a brief practical guide to holistic wound management. Following each product, you will see a circle symbol. The highlighted portions of the circle correlate to where that product fits within the T.I.M.E framework and can guide your clinical decision making.

For more information contact your Smith+Nephew representative or National Customer Service on 13 13 60 (Australia).

1. Schultz GS, Sibbald RG, Falanga V, et al. Wound bed preparation: a systematic approach to wound management. Wound Repair Regen. 2003;11 (Suppl 1):S1-28. 2. Ousey K, Gilchrist B, Jaimes H. Understanding clinical practice challenges: a survey performed with wound care clinicians to explore wound assessment frameworks. Wounds International. 2018;9(4):58-62. 3. Moore Z, Dowsett C, Smith G, et al. TIME CDST: an updated tool to address the current challenges in wound care. J Wound Care. 2019;28(3):154-161.

DFU

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

Diabetic foot ulcer

START HERE →

A — 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

B — 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

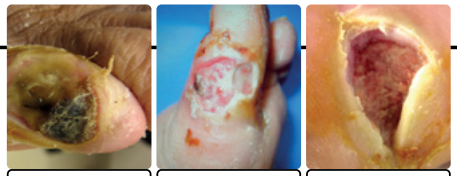
C — CONTROL or treat underlying causes and barriers to wound healing

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

D — DECIDE appropriate treatment

T — Tissue non-viable[1,2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING



Necrotic | Slough | Callus

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Cleansing and debridement***
Refer to specialist if sharp/surgical debridement is needed

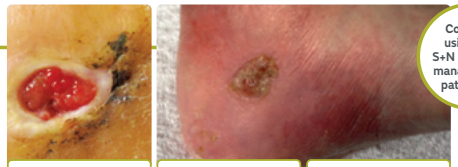
Hydrogel*	Desloughер*	Sharp
INTRASITE◊ Range Dressing SOLOSITE◊ Gel	IODOSORB◊ Range	Refer to specialist

3. WOUND MANAGEMENT OUTCOME

Viable healthy wound bed

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

1. IDENTIFY CLINICAL SIGNS AND SYMPTOMS OF INFECTION



Biofilm[3-6] and/or covert (subtle)[3,4] | Overt (classic)[3,4] | Spreading or systemic infection[3,4]

Consider using the S+N Infection management pathway[10]

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Manage bioburden

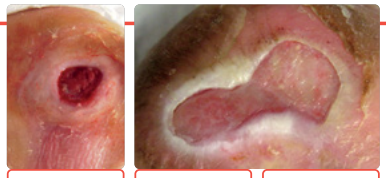
Biofilm wound care∞[5,6]	Local wound infection management++[3,4,7]
IODOSORB◊ 0.9% Cadexomer Iodine Ointment	ACTICOAT◊ Range For spreading or systemic infection management, immediately refer to appropriate specialist and systemic antibiotics per local protocol

3. WOUND MANAGEMENT OUTCOME

Non-inflamed, non-infected wound

M — Moisture imbalance[1,2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING



Dry | 💧 / 💧💧 | 💧💧💧

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Restore moisture balance

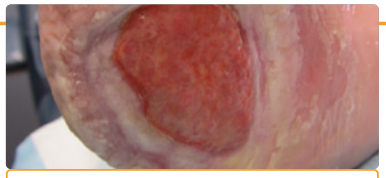
Hydrogel*	Foam, gelling fibre or NPWT†	
INTRASITE Range Dressing SOLOSITE Gel	ALLEVYN◊ GENTLE BORDER, ALLEVYN GENTLE, DURAFIBER or PICO‡‡	ALLEVYN LIFE, DURAFIBER or RENASYS‡

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 System SECURA◊/PROSHIELD◊ Range§

3. WOUND MANAGEMENT OUTCOME

Advancing edge of wound

*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.

E — EVALUATE and reassess the treatment and wound management outcomes

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

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.

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.

Developed with the support of Glenn Smith[9] and Moore *et al.* 2019[9]

†NPWT: Negative Pressure Wound Therapy. ‡Level of exudate for wounds suitable for NPWT. §SECURA Range includes No Sting Barrier Film; PROSHIELD Range includes 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. 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 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: 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 2010;19(9):396–402. **9.** Moore Z, *et al.* Journal of Wound Care, 2019;28(3):154–161. **10.** Dowsett C, *et al.* Wounds Int. 2020;11(3):20–27.

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ACTICOAT◊

Antimicrobial barrier dressing

ACTICOAT dressings contain nanocrystalline silver which kills a broad range of bacteria in as little as 30 minutes.[1-4] ACTICOAT protects the wound and assists in rapid healing by:

- Killing over 150 wound pathogens, including antibiotic-resistant bacteria[5]
- Shielding against bacterial penetration
- Reducing the risk of bacterial colonisation which may lead to infection
- Helping maintain a moist wound environment in the presence of exudate

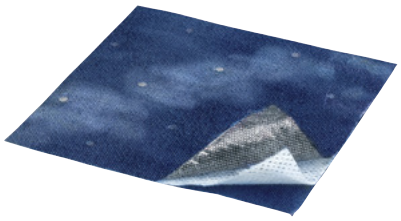
ACTICOAT has benefits for both patient and carer:

- Long-acting efficacy means fewer dressing changes

Indications
Full & partial thickness wounds such as:

- Leg ulcers
- Burns
- Skin grafts (Excludes ACTICOAT FLEX)
- Pressure injuries
- Diabetic ulcers
- Infected wounds

ACTICOAT & ACTICOAT 7



ACTICOAT consists of two outer layers of nanocrystalline silver-coated polyethylene net and an inner absorbent layer. ACTICOAT 7 consists of three nanocrystalline silver-coated layers and two inner layers, for seven day efficacy.

Moisten dressing with sterile water or INTRASITE◊ Gel (do not use saline) and cut to shape.

Code	Product description	Items per unit
ACTICOAT 7		
66000809	5cm x 5cm	Box/5
66000796	10cm x 12.5cm	Box/5

ACTICOAT◊ Flex

ACTICOAT Flex is a knitted polyester weave, coated in nanocrystalline silver. The dressing is highly flexible and conformable and stretches to allow patient movement. The open weave design allows easy fluid and wound exudate migration. ACTICOAT Flex can be used as a wound contact layer with Negative Pressure Wound Therapy including PICO and RENASYS.

If wound has only low levels of exudate, moisten the dressing with water or INTRASITE Gel (DO NOT use saline) before application.

Code	Product description	Items per unit
ACTICOAT Flex 3		
66800396	5cm x 5cm	Box/5
66800399	10cm x 10cm	Box/12
ACTICOAT Flex 7		
66800395	5cm x 5cm	Box/5
66800397	10cm x 12.5cm	Box/5
66800420	15cm x 15cm	Box/5

1.Wright JB, et al. Wound management in an era of increasing bacterial antibiotic resistance: a role for topical silver treatment. Am J Infect Cont 1998; 26: 572–577. 2.Wright JB, et al. The comparative efficacy of two antimicrobial barrier dressings: in vitro examination of two controlled release silver dressings. Wounds 1998; 10: 179-188. 3. Wright JB, et al. Efficacy of topical silver against fungal burn wound pathogens. Am J Infect Cont 1999; 27: 344-350. 4. Yin HQ, et al. Comparative evaluation of the antimicrobial activity of ACTICOAT antimicrobial barrier dressing. J Burn Care Rehab 1999; 20:195-200. 5. Data on file. Broad-spectrum antibacterial activity of nanocrystalline silver. 2003; report 0109003.

ALLEVYN◊ Range

Foam dressings

ALLEVYN is a comfortable, highly absorbent dressing that keeps wounds moist and clean. The dressing can remain in place for up to seven days. Rapid healing combined with infrequent dressing changes makes ALLEVYN the right choice for patients and budgets.

ALLEVYN 3 layer construction provides a moist environment ideal for healing:

- Breathable moisture responsive film allows extra moisture to evaporate away from the skin, while providing a waterproof barrier that prevents bacterial contamination.
- Hydrocellular pad absorbs and retains exudate for up to seven days, reducing the risk of maceration and maintaining a moist wound environment ideal for healing.
- Perforated polyurethane wound contact layer allows even viscous exudate to pass into the dressing, while ensuring the dressing holds its shape and minimising disturbance of the wound on removal.

ALLEVYN◊ Adhesive

Foam dressing

Adhesive, but non-adherent, dressing for wounds with moderate to high levels of exudate. Provides soft, cushioned protection for up to seven days.

Indications
Wound management by secondary intention on shallow, granulating wounds, chronic and acute exudative wounds, full and partial thickness wounds such as:

- Pressure injuries
- Leg ulcers
- Diabetic foot ulcers
- Surgical wounds
- Donor sites
- Fungating wounds
- Can be used in conjunction with INTRASITE◊ Gel for necrotic or sloughy wounds

Code	Product description	Items per unit
66000043	7.5cm x 7.5cm; pad: 5cm x 5cm	Box/10
66000599	10cm x 10cm; pad: 7.5cm x 7.5cm	Box/10

ALLEVYN◊ Thin

Foam dressing

ALLEVYN Thin dressings offer all the proven benefits of moist wound healing, without any breakdown of the dressing caused by contact with exudate. This promotes early, clean and trouble-free healing of wounds with light to moderate levels of exudate.

Indications
Indicated for the management of surface wounds with low to moderate exudate such as minor burns and abrasions. May also be used under the direction of a healthcare professional for wounds such as:

- Post-op wounds
- Donor sites

Code	Product description	Items per unit
66047578	10cm x 10cm	Box/5
66047579	15cm x 20cm	Box/3

ALLEVYN◊ Gentle Border

Foam dressing

ALLEVYN Gentle Border is a hydrocellular foam dressing with a silicone gel adhesive contact layer. It is indicated for wounds on patients with fragile or sensitive skin.

With a wide range of shapes and sizes, ALLEVYN Gentle Border dressings are designed to conform to the body,[1-3] helping to enable patient comfort[1] during wear. The dressing can be cut too.[4]

The silicone gel adhesive allows reapplication as necessary (if using in pressure injury prevention) and reduces trauma on removal. The ALLEVYN foam prevents leakage and may help reduce the risk of maceration of the wound and surrounding skin meaning fewer painful dressing changes and less stress for patients.

The breathable top film acts as a protective barrier, reducing the risk of infection and contamination. The film is moisture responsive, reacting to changing skin conditions – breathability increases as exudate levels increase to prevent unnecessary moisture retention.

Indications

Wound management by secondary intention on shallow, granulating wounds, chronic and acute exudative wounds, full and partial thickness wounds such as:

- Pressure injuries. Can be used for pressure injury prevention on intact skin, including pressure injuries caused by medical devices, as part of a pressure injury prevention protocol
- Leg ulcers
- Diabetic foot ulcers
- Infected wounds*^
- Malignant wounds^
- Surgical wounds
- Superficial epidermal to mid dermal burns
- Donor sites^
- Skin tears
- Fungating wounds^
- Can be used in conjunction with INTRASITE◊ Gel for necrotic or sloughy wounds

Code	Product description	Items per unit
ALLEVYN Gentle Border		
66800270	10cm x 10cm	Box/10
ALLEVYN Gentle Border Lite		
66800833	5cm x 5cm	Box/10

*Where the product is used on infected wounds the infection should be inspected and treated as per local clinical protocol. ^Not indicated for ALLEVYN Gentle Border Lite.

1. Hurd T, et al. A multi-centre in-market evaluation of Allevyn GB. Wounds UK 2009; 5(3): 32–44. 2. Palmer S and Mistry C. Smith & Nephew Wound Management, 2011 Data on File . Report Reference OR-DOF/017. An open, prospective, randomised, comparative study to compare the performance of ALLEVYN¸ Gentle Border Multisite with an alternative silicone adhesive dressing. 3. Callaghan R et al. Case series evaluation: the use of Allevyn Gentle Border Multisite on chronic wounds. Wounds UK 2012; 8(4):110-118. 4. Smith & Nephew Data on File DS/14/318/R - Cutting of Allevyn Variants.

ALLEVYN◊ LIFE

Foam dressing

ALLEVYN LIFE is a multi-layered dressing incorporating a hydrocellular foam, a hyper-absorber lock away core and a masking layer. It is indicated for wounds on patients who have shallow, granulating wounds, chronic and acute exudative wounds, full and partial thickness wounds including pressure injuries, skin tears, diabetes-related foot ulcers and venous leg ulcers. ALLEVYN LIFE can be left in place for up to seven days and its design minimises wastage and dressing changes:

- Quadrilobe shape* and wider border designed to fit the contours of the human body so it conforms securely, and allows patients to shower.[1]
- Lock away layer provides peace of mind. It has excellent fluid locking under pressure[2], leakage prevention[3] and wound odour absorption when tested in-vitro on representative compounds.[4]
- Masking layer which minimises the visual impact of exudate. The masking layer avoids unnecessary dressing changes and wastage (see diagram on the right).
- ALLEVYN LIFE's mutilayered design (hydrocellular foam, hyper-absorbent lock away core and masking layer) provides cushioning and redistributes pressure.[5]

Indication

Wound management by secondary intention on shallow, granulating wounds, chronic and acute exudative wounds, full and partial thickness wounds including:

- Pressure injuries
- Leg ulcers
- Diabetic foot ulcers
- Surgical wounds
- Superficial epidermal to mid dermal burns
- Donor sites
- Skin tears
- Fungating wounds
- Can be used in conjunction with INTRASITE◊ GEL for necrotic or sloughy wounds

ALLEVYN LIFE can be used for pressure injury prevention on intact skin as part of a pressure injury prevention protocol.[6]

No border coverage
dressing can remain in place
with exudate masked

50% border coverage
consider changing dressing

75% border coverage
change dressing

Code	Product description	Items per unit
66801067	Small – 10.3cm x 10.3cm	Box/10

1. Palmer S, Dharma H. An open, prospective, randomised, comparative volunteer trial to compare the performance of silicone adhesive dressings. Data on file; 2012: report OR-DOF/020. 2. Roberts S. Fluid handling properties of ALLEVYN Life. Data on file; 2012; report DS/12/124/DOF. 3. Roberts S. Physical properties of ALLEVYN Life. Data on file; 2012; report DS/12/123/DOF. 4. Roberts S. Odour reducing properties of ALLEVYN Life. Data on file; 2012: report DS/12/127/DOF. 5. Stephen-Haynes J, et al. The clinical performance of a silicone foam in an NHS community trust. J Comm Nurs 2013; 27(5): 50-59. 6. Forni C, D'Alessandro F, Gallerani P, et al. Eff ectiveness of using a new polyurethane foam multi-layer dressing in the sacral area to prevent the onset of pressure ulcer in the elderly with hip fracture: A pragmatic randomized controlled trial. Int Wound J. 2018;1–8.

*ALLEVYN LIFE is available in different shaped dressing shapes such as sacrum and heel.

ALLEVYN◊ Non-Adhesive

Foam dressing

For general use on wounds with moderate to high levels of exudate. Ideal for use where surrounding skin is friable. Provides soft, cushioned protection for up to seven days.

Indications
Wound management by secondary intention on shallow, granulating wounds. Chronic and acute exudative wounds, full and partial thickness wounds such as:

- Pressure injuries
- Leg ulcers
- Diabetic foot ulcers
- Superficial epidermal to mid dermal burns
- Donor sites
- Fungating wounds
- Can be used in conjunction with INTRASITE◊ Gel for necrotic or sloughy wounds

ALLEVYN Heel contributes to a pressure relieving protocol when used in conjunction with pressure relieving devices.

Code	Product description	Items per unit
66007637	10cm x 10cm	Box/10
66000092	20cm x 20cm	Box/3

ALLEVYN◊ Gentle

Foam dressing

ALLEVYN Gentle is a silicone gel adhesive dressing that provides the optimal moist wound healing environment to promote the healing of moderately and highly exuding wounds. The absorbent pad comprises of hydrocellular foam. The silicone adhesive layer is gentle, even to fragile skin and makes it easy to apply, reposition and remove. A breathable outer film prevents bacterial contamination and is showerproof when used with appropriate secondary retention.

Indications
Chronic and acute full thickness, partial thickness or shallow granulating, exuding wounds such as:

- Leg ulcers
- Diabetic foot ulcers
- First and second degree burns
- Skin graft donor sites
- Skin tears

Code	Product description	Items per unit
66802129	10cm x 10cm	Box/10

ALLEVYN◊ Ag

Antimicrobial foam dressings

The ALLEVYN Ag range combines effective exudate management and antimicrobial action in one dressing. ALLEVYN Ag is a unique mix of the existing ALLEVYN triple layer foam technology with silver sulfadiazine (SSD) providing long wear time, up to seven days antimicrobial properties.[1]

The SSD is released into the wound bed for up to seven days:

- Effective against a broad range of pathogens, including bacteria, yeast, fungi and antibiotic-resistant strains.[1]
- Easy to use – silver is released when in contact with wound fluid.

Indications
Chronic and acute full thickness, partial thickness or shallow granulating, exuding wounds such as:

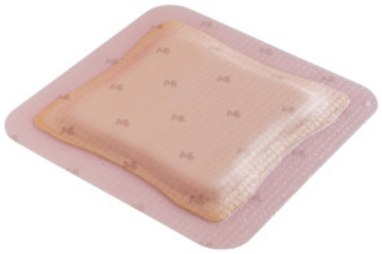
- Pressure injuries
- Venous ulcers
- Diabetic ulcers
- Burns
- Fungating/malignant wounds
- Surgically dehisced wounds
- May be used on infected wounds

ALLEVYN◊ Ag Adhesive & Non-Adhesive

ALLEVYN Ag is a highly absorbent antimicrobial foam dressing designed for use on exuding wounds.

It has the same fluid handling technology of ALLEVYN, which kills bacteria by releasing levels of silver (44-77ppm) for up to seven days.[2-4]

This easy-to-use dressing is available in a non-adhesive and adhesive format.



ALLEVYN◊ Ag Dressings

ALLEVYN Ag Dressings are antimicrobial hydrocellular foam dressings with and without a silicone gel adhesive. They are indicated for wounds on patients with fragile or sensitive skin where the risk of infection is suspected or needs to be managed.

ALLEVYN Ag Gentle Border protects sensitive patients in three ways:

- The silicone gel adhesive reduces trauma on removal for patients with fragile skin
- The silver sulfadiazine (SSD) provides sustained antimicrobial protection
- The ALLEVYN foam helps to prevent leakage and minimise the risk of maceration of the wound and surrounding skin – fewer painful dressing changes means less stress for your patients

Code	Product description	Items per unit
ALLEVYN Ag Non-Adhesive		
66800083	5cm x 5cm	Box/10
66800086	10cm x 10cm	Box/10
ALLEVYN Ag Adhesive		
66800073	7.5cm x 7.5cm (Pad 5cm x 5cm)	Box/10
66800075	10cm x 10cm (Pad 7.5cm x 7.5cm)	Box/10
ALLEVYN Ag Gentle Border		
66800460	7.5cm x 7.5cm	Box/10
66800461	10cm x 10cm	Box/10

1. Woodmansey E. Antimicrobial activity of Allevyn Ag Non-Adhesive against a broad spectrum of microorganisms. Data on file; 2007: report 0703006. 2. Daubney L. ALLEVYN Ag dressings silver release testing. Data on file; 2007: report 0706038. 3. Driffield K. Antimicrobial activity of ALLEVYN Ag dressings in comparison to other silver-based antimicrobial dressings against MRSA using a dynamic shake flask method. Data on file; 2007: report 0708055. 4. Woodmansey E. Antimicrobial activity of ALLEVYN Ag Non-Adhesive and ALLEVYN Ag Gentle against a broad spectrum of wound pathogens. Data on file; 2009: report 0903004.

DURAFIBER◊ Ag

Absorbent Gelling Silver Fibrous Dressing

DURAFIBER Ag is an absorbent, non-woven, silver containing antimicrobial dressing composed of cellulose ethyl sulphonate fibres. The ionic silver in the dressing provides antimicrobial activity against a broad spectrum of common wound pathogens[1] which may help to reduce bacterial bioburden and the risk of infection.

Indications
Chronic and acute, full thickness, partial thickness, or shallow granulating exuding wounds such as:

- Leg ulcers
- Pressure injuries
- Diabetic ulcers
- Surgical wounds
- Traumatic wounds
- Donor sites
- Partial thickness burns
- Tunnelling and fistulae wounds
- May be used on infected wounds

Code	Product description	Items per unit
66800578	5cm x 5cm	Box/10
66800579	10cm x 10cm	Box/10
66800582	2cm x 45cm	Box/5

1. Vaughan KL, et al. Antimicrobial activityof DURAFIBER Ag against bacteria, yeast and fungi commonly found in wounds over a 7 day period. Data ion file:2010:report 1009012.

EXU-DRY◊ Dressing

Specialised absorbent dressings with anti-shear layer

EXU-DRY is a one-piece, highly absorbent, non-adherent dressing. It has been designed to save nursing time and lower total dressing costs. Available in a wide range of sizes and shapes, EXU-DRY may be used as a wet or dry dressing on clean or contaminated wounds. EXU-DRY is compatible with most topical agents, liquids and creams.#

EXU-DRY is a multi-layer dressing, replacing multiple layers of gauze and abdominal or surgical pads. The outer layer is non-occlusive and permeable, while the absorbent layer wicks away excess exudate, reducing the risk of maceration.

Indications
May be used in the management of superficial to full thickness wounds.

- Ulcers (venous, arterial, diabetic)
- Pressure injuries
- Donor sites
- Surgical incisions and excisions
- Skin grafts
- Bio-engineered skin substitutes
- Burns
- Draining wounds
- Moist skin desquamation
- Fungating neoplasms
- Chemotherapy extravasation
- Kaposi's sarcoma
- Lymphoedema
- Graft vs. host disease
- Dermatological wounds
- Skin sloughing disorders

#Petroleum jelly based products should not be used in conjunction with EXU-DRY as they interfere with absorbency.

Code	Product description (size; absorbency)	Unit of measure	Min. Order Qty
5999004120	10cm x 15cm; full	Car/10	12
5999009	23cm x 38cm; full	Each	30

INTRASITE◊ Conformable

Conformable Hydrogel Dressing

INTRASITE Conformable is a hydrogel non-woven dressing impregnated with INTRASITE Gel. It conforms to the wound without adhering to it, for gentle packing of deep, shallow, open or undermined wounds. INTRASITE Conformable helps create a moist wound environment to speed healing.

Indications

INTRASITE Conformable is indicated for use in open wounds:

- Pressure injuries
- Surgical wounds
- Malignant wounds
- Shallow wounds
- Excoriated skin
- Radiation burns

Code	Product description	Items per unit
66000324	10cm x 10cm	Box/10

INTRASITE◊ Gel

Hydrogel Wound Dressing

INTRASITE Gel is an amorphous hydrogel that gently and effectively debrides and desloughs necrotic and sloughy wounds. INTRASITE Gel consists of a cross-linked polymer that allows the INTRASITE product to respond to the level of moisture within the wound, and balance absorption and rehydration appropriately.

INTRASITE Gel is a sterile, clear, free-flowing gel, presented in a convenient applicator pack for controlled placement of the gel. It works in two ways to promote fast, comfortable healing:

- By loosening and absorbing slough and exudate into the gel, without damaging fragile granulation tissue
- Through rehydration of the wound as water is donated from the gel, creating a moist healing environment at the wound interface

Indications

INTRASITE Gel is indicated for the removal of non-viable tissue from shallow, undermined and deep wounds such as:

- Pressure injuries
- Leg ulcers
- Diabetic foot ulcers
- Malignant wounds
- Burns, scalds & radiation damage
- Open surgical wounds
- Lacerations & grazes
- Fungating ulcers
- Granulating cavity wounds

Code	Product description	Items per unit
7308	8g Applipak	Box/10
7311	15g Applipak	Box/10

IODOSORB◊

0.9% Cadexomer Iodine

IODOSORB is a sterile formulation of cadexomer iodine (0.9%) indicated for the treatment and healing of chronic ulcers. The iodine in IODOSORB is bound within the cadexomer smart micro-beads. When IODOSORB comes in contact with the wound, it absorbs exudate and debris and swells, gradually releasing iodine over time.

Changes colour from brown to white when the dressing requires changing, it helps to reduce odour associated with heavily contaminated wounds.[1]

IODOSORB works in four ways:

1. Disrupts biofilms.[2]
2. Kills micro-organisms, reducing the bioburden.[3]
3. Removes exudate and slough, promoting a clean wound bed and reducing the risk of infection.[4]
4. Forms a gel which creates a moist wound healing environment, protecting delicate granulation tissue.[5]

Indications

- Treatment of chronic exuding wounds
- Can be used under compression therapy
- May be used on infected wounds

IODOSORB◊ Ointment

Code	Product description	Items per unit
66051230	20g Tube	Pack/2

IODOSORB◊ Powder

Code	Product description	Items per unit
66051070	3g Powder	Pack/7*

1. Lindsay G, et al. A study in general practice of the efficacy of cadexomer iodine in venous leg ulcers treated on alternate days. Acta Therapeutica 1986; 544 (sup): 60-61. 2. Akiyama H, et al. Assessment of cadexomer iodine against Staphylococcus aureus biofilm in vivo and in vitro using confocal laser scanning. 3. Mertz PM, et al. Can antimicrobials be effective without impairing wound healing? The evaluation of a cadexomer iodine ointment. Wounds 1994; 6: 184-193. 4. Hansson C. The effects of cadexomer iodine paste in the treatment of venous leg ulcers compared with hydrocolloid dressing and paraffin gauze dressing. Int J Derm 1998; 37: 390-396. 5. Sundberg J, Mellor R. A retrospective review of the use of cadexomer iodine in the treatment of wounds. Wounds 1997; 9(3): 68-86.

OPSITE◊ Range

Film dressings

OPSITE products are designed specifically to treat wounds in a range of healthcare settings. The transparent, adhesive polyurethane film helps protect wounds from bacterial contamination.[1]

OPSITE◊ FLEXIFIX◊ Gentle

Transparent Film Roll with Silicone Adhesive

OPSITE FLEXIFIX Gentle combines breathability, transparency, and up to a seven day wear time to offer a versatile silicone film roll. It removes cleanly without disrupting fragile skin layers or causing patients undue pain. Non-sterile.

Indications

- Indicated to retain primary wound dressings
- To protect the skin from friction and external contamination
- For patients with fragile or at risk skin

Code	Product description	Items per unit
66801195	2.5cm x 5m roll	Roll/1
66801196	5cm x 5m roll	Roll/1

PRIMAGAUZE◊

Elastic Cohesive Bandage

A cohesive retention bandage suited to areas which are highly mobile and difficult to dress.

- White, low bulk bandage
- Sticks to itself, not to skin, hair or clothing
- Highly conformable
- Air-permeable
- Stays in place, even on limbs with varying contours
- Skin friendly, suitable for fragile skin

Indications

To hold dressings and other devices in place, such as:

- Synthetic casts
- Back slabs
- IV lines

Code	Product description	Items per unit
36361493	4cm x 2m unstretched (4m stretched)	Box/1 Roll
36361496	10cm x 2m unstretched (4m stretched)	Box/1 Roll

PROSHIELD◊

Skin Care

Prevention and treatment of incontinence-associated dermatitis (IAD) is possible using the PROSHIELD skincare range.

PROSHIELD Foam and Spray Incontinence Cleanser
A gentle, no-rinse, pH-balanced cleanser effective in the prevention and management of moisture lesions/IAD when used with PROSHIELD PLUS.

Indications

Cleansing of intact or injured skin associated with common severe or chronic diarrhoea or incontinence. Also indicated for removing urine and faeces, dried blood, post-operative antiseptic solutions and other hard to remove debris from the patient and for removing skin barriers such as PROSHIELD Plus Skin Protectant.

PROSHIELD PLUS Skin Protectant
26% reduction in the incidence of pressure injuries and IAD was seen in a study, when used as part of the PROSHIELD system, compared to standard care.[1]

Indications

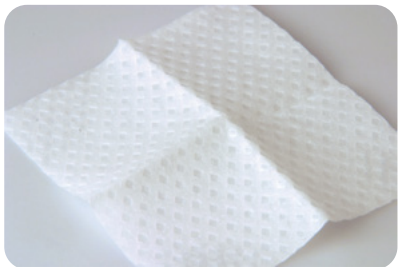
For the care of intact or injured skin associated with common severe or chronic diarrhea or incontinence.

Code	Product description	Items per unit
8213030004	PROSHIELD Plus Skin Protectant 115g	Each

1. Wall L, Vernon T. Launch of a Skin Care Regime to reduce the incidence of Moisture Associated Skin Damage. Doncaster and Bassetlaw NHS Foundation Trust.Presented at TVS, UK, 2016.

REMOVE◊

Adhesive remover



REMOVE is a gentle solvent used to remove adhesive dressings and tapes.

REMOVE is aloe-formulated to moisturise and condition tender or friable skin. It is easy to apply and cost-effective, as the single-use wipes contain just the right amount of adhesive remover, so there is no mess or waste.

Indications

It dissolves adhesives and assists in removing acrylic-based, rubber-based and hydrocolloid-based residues from the skin without irritation or trauma.

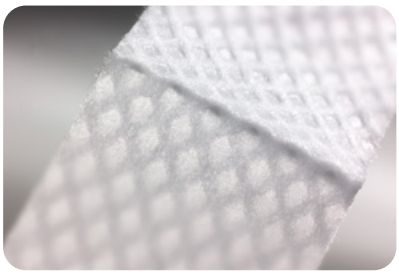
Code	Product description	Items per unit
403100	REMOVE Wipe	Box/50

SKIN-PREP◊

Protective Wipe

SKIN-PREP is a liquid preparation that when applied to intact skin, forms a protective film. Only one coat is required.

SKIN-PREP can be easily applied to even the most awkward areas. It moves naturally with the patient's skin, so it will not crack or peel. The protective coating helps to preserve proper skin integrity and prevent damage or injury during the removal of tapes and films, making adhesive removal less painful. SKIN-PREP itself is also easily removed using skin cleanser or soap and water.



Indications
Prepares the skin for attachments such as drainage tubes, external catheters and adhesive dressings.

Code	Product description	Items per unit
420200	SKIN-PREP Spray 118ml	1 Bottle
420400	SKIN-PREP Wipe	Box/50

SOLOSITE◊ Gel

Cooling, Soothing, Hydrating Gel

SOLOSITE Gel is a non-sterile, preserved hydrogel capable of donating and absorbing moisture.

Indications
Used to create an environment that supports moist wound healing for the treatment of minor conditions such as:

- Minor burns, including sunburn
- Superficial cuts and lacerations
- Skin tears and abrasions

Code	Product description	Items per unit
36100614	20g Tube	Box/10

UNI-SOLVE◊

Adhesive Remover

UNI-SOLVE thoroughly dissolve adhesives reducing trauma to the skin caused by frequent or aggressive tape adhesion.

Indications
It is ideal for removing adhesive dressings, ostomy appliances, adhesive orthopaedic strapping and Montgomery straps.

Code	Product description	Items per unit
402300	UNI-SOLVE Adhesive Remover Wipes	Box/50

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The WoundFocus Loyalty Program is designed to support primary care clinicians in Australia and New Zealand by recognizing and rewarding their commitment to excellence in wound care. Through this program, general practitioners, practice nurses, and community health teams gain access to exclusive educational resources, practical tools, and product support tailored to the unique challenges of primary care settings. By engaging with the WoundFocus Loyalty Program, clinicians can enhance their wound management skills, stay updated with the latest best practices, and ultimately improve patient outcomes.

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Wound Management Resources

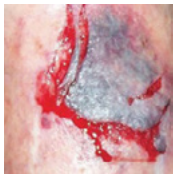
Skin Tear Management with ISTAP* Classification Tool

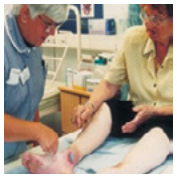
I Identify

- Correctly identify on first presentation.

S Stop the bleeding and clean

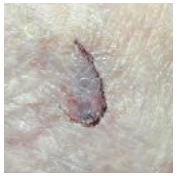
- Control superficial bleeding.
- Select appropriate cleanser.
- Gently clean wound bed.



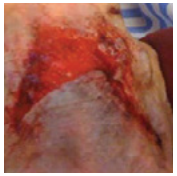


T Tissue alignment

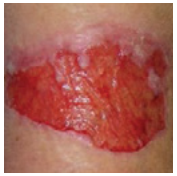
- Align skin flap and classify according to ISTAP classification system (measure and document).



Type 1
No skin loss. Flap can be repositioned.



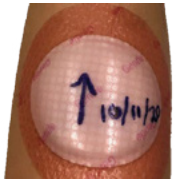
Type 2
Partial flap loss. Flap will not fully cover wound bed.



Type 3
Total flap loss. Exposing entire wound bed.

A Assess and dress

- Use TIME Clinical Decision Support Tool to set goals of treatment (refer to TIME CDST).
- Mark the dressing with an arrow to indicate correct direction of removal.



P Prevent recurrence

- Use peri-wound protection and moisturise 2x/day with SECURA Moisturising Lotion.
- Implement Risk Reduction tool from ISTAP guidelines.

Product Solutions

ALGISITE® M to assist with control of bleeding.

Dress with **ALLEVYN® LIFE, Gentle Border, Gentle Border Lite or Gentle Border Ag.**

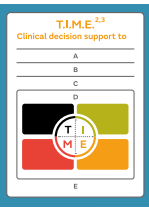
SECURA® No-Sting Barrier film, Skin-Prep® for peri-wound protection.

SECURA Moisturising Lotion
SECURA Moisturising Cream

*International Skin Tear Advisory Panel. Adapted from LeBlanc K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. Wounds International 2018. Used with permission. Download from www.woundsinternational.com. Products listed and outline of care are examples only. Product selection and management should always be based on comprehensive clinical assessment.

A route to effective exudate management

Improve patient outcomes[1] with accurate decision making, fast response and effective treatment choices



Start with the following steps to undertake a comprehensive assessment[2-4]

- A **Assess** patient, wellbeing and wound
- B **Bring in** a multi-disciplinary team and informal carers to promote holistic patient assessment
- C **Control** and treat the underlying causes and barriers to wound healing
- D **Decide** appropriate treatment
- E **Evaluate** and reassess the treatment and wound management outcomes

Low

- **Appearance** - no visible maceration. Dressing has light strike through on removal
- **Action** to maintain a moist healing environment

Moderate

- Wounds that are pre-assessed as needing up to **2-3 dressings per week**
- **Appearance** - potential visible peri wound maceration. Dressings may have moderate strike through
- **Action** to absorb exudate and maintain a moist wound healing environment

High*

- Wounds that are pre-assessed as needing **4-7 weekly dressing changes**
- **Appearance** - Peri wound maceration very likely. Dressings may be leaking
- **Action** to absorb exudate and maintain a moist wound healing environment

For low to moderate exudate levels consider the use of:

- ALLEVYN GENTLE BORDER LITE Foam Dressing
- ALLEVYN GENTLE Foam Dressing
- ALLEVYN GENTLE BORDER Foam Dressing
- ALLEVYN NON-ADHESIVE Foam Dressing
- ALLEVYN ADHESIVE Foam Dressing

For wounds that require more than 2 dressings per week consider the use of ALLEVYN LIFE Foam Dressing

(depending on exudate levels ALLEVYN LIFE Foam Dressing has a 7-day wear time†[5-7] which can promote undisturbed wound healing[8] and wound care optimisation)[9]**

- ALLEVYN LIFE Foam Dressing

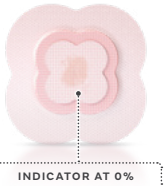
When to change ALLEVYN GENTLE BORDER Foam Dressing?

No need to change

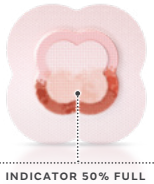
No need to change

Exudate within 0.5cm from the edge of the dressing pad or at 7 days whichever is sooner, **dressing requires changing**

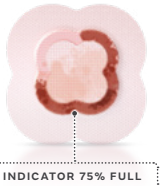
When to change ALLEVYN LIFE Foam Dressing?



Dressing can remain in place with strikethrough masked



Consider arranging a dressing change in the coming days



Time to change the dressing

This pathway has been adapted from Checketts C. et al. Service redesign: how a tissue viability specialist lead nurse developed and improved acute wound care through real-world evidence and partnership working. Brit J Health Care Manag. 2021;27(5):116–125.

*Assess for infection as high amounts of exudate may be a sign of wound infection. **for wounds that need more than 1 dressing per week. †Up to 5 days for the sacral area

References 1. WUWHS Consensus Document. Wound exudate effective assessment and management. Wounds International. London (2019). **2.** Schultz GS, Sibbald RG, Falanga V et al., Wound Rep Reg (2003);11:1-28. **3.** 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):1–191. **4.** Moore Z, et al. J Wound Care 28(3):154-161 (2019). **5.** Smith+Nephew 2016:Wound Model Testing of New ALLEVYN Life Gen2 wcl Dressing using Horse Serum at a Flow Rate Modelling that of a Moderately Exuding Wound. DS/14/303/R. **6.** Smith+Nephew 2016.Product Performance of Next Generation ALLEVYN Life Internal Report. (HVT080) GMCA-DOF/08. **7.** Lisco C. Evaluation of a new silicone gel-adhesive hydrocellular foam dressing as part of a pressure ulcer prevention plan for ICU patients. Paper presented at: WOCN; 2013. **8.** Rippon M, Davioes P, White R. Taking the trauma out of wound care: The importance of undisturbed healing. Journal of Wound Care. 2012; 21: 359-368. **9.** Best Practice Statement: Optimising wound care. Wounds UK, Aberdeen, 2008.

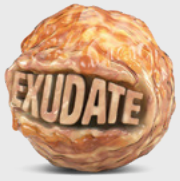
Biofilm management protocol

Cadexomer iodine (IODOSORB®) is indicated for the management of sloughy and non-healing chronic ulcers such as diabetes-related foot ulcers, venous leg ulcers, pressure injuries and other wounds healing by secondary intention.

IODOSORB has several modes of action:

1. Disrupts biofilm[1-4]

2.Reduces bioburden[1,5-7]



3. Absorbs exudate[5,8-12]

4. Removes slough & necrotic tissue[5,8-10]

Clean wound as per local protocol with non-antimicrobial cleanser. Do not dry wound.

Apply Cadexomer Iodine (IODOSORB) to wound:

Ointment

- Apply ointment, making sure there is enough to cover whole wound with 3mm depth
- Use glove to spread out Cadexomer Iodine (IODOSORB) to ensure coverage of whole wound
- Cover with secondary dressing. If wound is heavily exudating use foam dressing

Powder

- Apply cadexomer iodine (IODOSORB) to surface of wound to depth of at least 3mm.
- Cover with secondary dressing. If wound is heavily exudating use foam dressing

Change Cadexomer Iodine (IODOSORB) every 2-3 days OR when colour has changed.

- If necessary soak dressing for several minutes with saline to loosen.
- Remove using stream of sterile water or saline

Reassess after two weeks

- If wound has started healing, but slough still present, continue Cadexomer Iodine (IODOSORB use) for a further two weeks, then reassess.
- If no apparent healing, discontinue and reassess patient to ensure correct diagnosis and all comorbidities controlled.
- If clean granulation tissue is present change to appropriate non-antimicrobial dressing (e.g. foam). If risk of further infection persists, consider the use of nanocrystalline silver (ACTICOAT®) to prevent biofilm reforming.

References
1. Phillips PL, et al. Antimicrobial dressing efficacy against mature Pseudomonas aeruginosa biofilm on porcine skin explants. Int Wound J 2015; 12: 469–483. 2. Akiyama H, et al. Assessment of cadexomer iodine against Staphylococcus aureus biofilm in vivo and in vitro using confocal laser scanning microscopy. J Dermatol 2004; 31:529-534. 3. Lumb H. Testing the biofilm disruption activity of IODOFLEX dressing. Data on file; 2007: report TSG015 -07-001 V2. 4. Lumb H. Testing the biofilm prevention activity of IODOFLEX dressing. Data on file; 2007: report TSG015-07-001. 5. Sundberg J, Meller R. A retrospective review of the use of cadexomer iodine in the treatment of wounds. Wounds 1997; 9(3): 68-86. 6. Salman H, Leakey A. The in vitro activity of silver sulphadiazine and cadexomer iodine against recent clinical isolates of methicillin-resistant Staphylococcus aureus, methicillin-resistant coagulase-negative Staphylococci and Pseudomonas aeruginosa. Data on file; 2001: report 194-03-01. 7. Zhou LH, et al. Slow release iodine preparation and wound healing: in vitro effects consistent with lack of in vivo toxicity in human chronic wounds. Brit J Derm 2002;146: 365-374. 8. Troeng T, et al. A randomized multicenter trial to compare the efficacy of cadexomer iodine and standard treatment in the management of chronic venous ulcers in out-patients. In: Fox JA, Fischer H, eds. Cadexomer Iodine. New York: F.K. Schattauer Verlag; 1983:43-50. 9. Ormiston MC, et al. Controlled trial of Iodosorb in chronic venous ulcers. BMJ 1985; 291: 308-310. 10. Hansson C, et al. The effects of cadexomer iodine paste in the treatment of venous ulcers compared with hydrocolloid dressing and paraffin gauze dressing. Int J Dermatol 1998; 37: 390-396. 11. Lindsay G, et al. A study in general practice of the efficacy of cadexomer iodine in venous leg ulcers treated on alternative days. Acta Therapeutica 1986; 12:141-147. 12. Skog E, et al. A randomized trial comparing cadexomer iodine and standard treatment in the out-patient management of chronic venous ulcers. Brit J Derm 1983; 109: 77-83.

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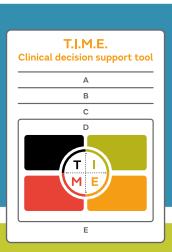
SN13181A_V2 (09/19)

A route to more effective infection management

Improve patient outcomes[1] with accurate decision making, a fast response and effective treatment choices



Start with following steps to undertake a comprehensive assessment[2]

- **A** **Assess** patient, wellbeing and wound
- **B** **Bring in** a multi-disciplinary team and informal carers to promote holistic patient assessment
- **C** **Control** and treat the underlying causes and barriers to wound healing
- **D** **Decide** appropriate treatment
- **E** **Evaluate** and reassess the treatment and wound management outcomes

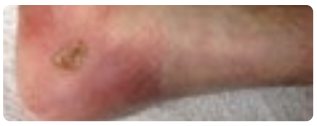
What clinical signs and symptoms of infection are present?

Biofilm[1,3-5]

- Antibiotic/antimicrobial treatment failure
- Recurrence of delayed healing on cessation of antibiotic treatment
- Delayed healing despite optimal wound/patient management
- Low level chronic inflammation
- Low level erythema
- Friable granulation
- Covert (subtle) signs of infection

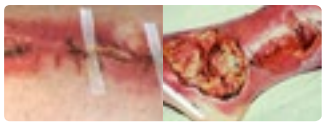
Covert (subtle)[1,3]

- Delayed wound healing
- Serous drainage with concurrent inflammation
- Hypergranulation
- Bleeding, friable granulation
- Epithelial bridging and pocketing in granulation tissue
- Wound breakdown & enlargement
- New or increasing pain
- Increasing malodour



Overt (classic)[1,3]

- Erythema
- Warmth
- Oedema/swelling
- Purulent discharge
- Pain
- Increasing malodour
- Delayed wound healing



Spreading or systemic infection[1,3]

- Spreading erythema, warmth
- May include cellulitis, crepitus
- Wound breakdown/dehiscence with or without satellite lesions
- Malaise/lethargy
- Loss of appetite
- Systemic inflammatory response
- Sepsis
- Organ dysfunction

Biofilm based wound care[4,5]

1. Repeated aggressive debridement and cleanse† as per local protocol
2. Manage suspected biofilm with **IODOSORB**◊ 0.9% Cadexomer Iodine Ointment / **IODOFLEX**◊ Cadexomer Iodine Dressing[7-9Ω]
3. Reassess at regular intervals as per local protocol and appropriate antimicrobials use. **Two weeks' minimum treatment – may need longer than overt local infection treatment due to persistent nature of biofilms**

Local wound infection management[1,3,6]

1. Debride and cleanse† as per local protocol
2. Manage local bioburden and infection with **ACTICOAT**◊ [10‡] Antimicrobial Barrier Dressing
3. Reassess at regular intervals as per local protocol and following **the two-week challenge principles[6]**

Spreading or systemic infection management

- Refer to appropriate specialist
- Tissue sample for culture and sensitivity
- Systemic antibiotics per local protocol

Have signs and symptoms of biofilm / covert infection resolved?

- Yes
- No

Have signs and symptoms of local infection resolved?

- No
- Yes

Is the wound still stalled?

- Yes – suspect biofilm
- No

Conduct comprehensive reassessment using the A B C D E approach, manage host factors and refer to an appropriate specialist

Use standard wound care (i.e. non-antimicrobial dressings) or advanced therapies until healing (follow local protocol)[5]

TWO-WEEK CHALLENGE[1,6∞]

Antimicrobial dressings are recommended to be used for a minimum of two weeks' duration. After two weeks, re-evaluate and either:

1. discontinue if signs and symptoms of infection have resolved,
2. continue with antimicrobial if wound is progressing but there are still signs and symptoms, or
3. consider an alternative antimicrobial and refer to an appropriate specialist if no improvement.

* No one sign or symptom can reliably confirm the presence of infection, and those with immunosuppression may not exhibit signs and symptoms of clinical infection.
† Cleanse wound and periwound skin thoroughly. Should an antiseptic cleanser be selected, the product's Instructions for Use (IFU) and soak time should be followed.
‡ Consider the use of **DURAFIBER**◊ **Ag Silver Gelling Fibre Dressing** for deep infected wounds.
Ω Unless iodine contraindicated.
∞ For very-high risk patients and wounds (e.g. osteomyelitis), it may be appropriate to use antimicrobial treatment for longer than the two-week challenge.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's Instructions for Use (IFU).

References **1.** International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International (2016). **2.** Moore Z, et al. J Wound Care 28(3):154-161 (2019). **3.** 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. **4.** Wolcott RD, et al. J Wound Care 19(2): 45–53 (2010). **5.** Schultz G, et al. Wound Repair Regen 25(5): 744–757 (2017). **6.** Ayello EA, et al. Wounds Int 1–24 (2012). **7.** Roche ED, et al. Int Wound J 1–10 (2019). **8.** Malone M, et al.. J Antimicrob Chemother 72, 2093–2101 (2017). **9.** Schwarzer S, et al J Infect 80(3):261-270 (2020). **10.** Gago M, Garcia F, Gaztelu V, Verdu J, Lopez P, Nolasco A. A comparison of three silver-containing dressings in the treatment of infected, chronic wounds. Wounds. 2008;20(10):273-278.

Photographs (from left to right) courtesy of Kerlyn Carville, Kevin Woo, and Henri Post.

PICO sNPWT hard-to-heal wounds pathway[5]

Patient selection

Identify appropriate patients

Suggested wound selection criteria

- Wound >6 weeks in duration – wound has reduced in area by <10% per week over previous 4 weeks
- Wound has not received NPWT within the last 6 weeks
- Wound is not clinically infected*
- If VLU, ABPI confirmed as >0.8 and <1.3
- None of the PICO contraindications for negative pressure apply

Week 0
Apply PICO

Week 1
Apply PICO

Week 2, 3, 4, 5 ... decision point
Wound assessment and apply PICO

Weekly wound assessment

- Use simple length and width measures for area and % healing calculation
- Change in exudate levels
- Change in granulation tissue %
- Change in pain levels

Non-responder. STOP PICO

Wound reduced in area by <5% at week 2 (compared to week 0 area), <7.5% at week 3 or <10% at week 4 with no significant improvement in granulation tissue quality / quantity†, static (0%) or increased in size (deteriorated)

Good responder. Stop PICO

Wound reduced in area by >40% (but can re-instigate if wound healing rate stalls – at clinicians[2] judgement)

Use clinical and economical judgement to determine whether PICO treatment should be continued on a week-by-week basis

Wound reduced in area between 10%-40%

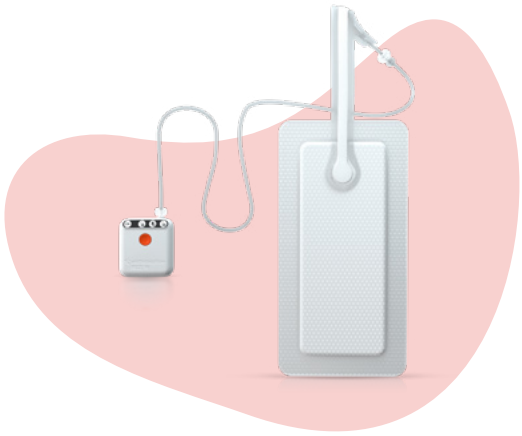
ALLEVYN◊ Wound Dressings and further investigation or onward referral to a specialist service

ALLEVYN Wound Dressings

*Wounds with overt signs of clinical infection (e.g. increased pain, levels of exudate, cellulitis etc.) should be excluded from the evaluation. Colonised/ critically colonised wounds are not excluded from the evaluation. Site standard protocol should be implemented to address bacterial burden; †Wounds that have healed by <10% but have shown significant improvement in granulation tissue quality/ quantity may be considered for further PICO treatment based on clinician judgement.

ABPI: Ankle–brachial pressure index **VLU:** Venous leg ulcers

Smith & Nephew does not provide medical advice.
The information presented is not, and is not intended to serve as, medical advice. It is the responsibility of healthcare professionals to determine and utilise the appropriate products and techniques according to their own clinical judgment for each of their patients.
For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.



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1. Troxler M, Vowden K, Vowden P. Integrating adjunctive therapy into practice: the importance of recognising 'hard-to-heal' wounds. World wide wounds 2006. Available from: http://www.worldwidewounds.com/2006/december/ Troxler/Integrating-Adjunctive-Therapy-Into- Practice.html 2. Forssgren, et al. Leg Ulcer Point Prevalence can be Decreased by Broad-scale Intervention: a Follow-up Cross-sectional Study of a Defined Geographical Population. Acta Derm Venereol 2008; 88: 252–256. 3. Dowsett C et al. Reducing the burden of chronic wounds in the Community using single use NPWT. JCN supplement 2015; 29(5):1-20. 4. European Wound Management Association EWMA). Position Document: Hard-to-heal wounds: a holistic approach. London: MEP Ltd; 2008. 5. Dowsett C, et al. Use of PICO◊ to improve clinical and economic outcomes in hard-to-heal wounds. Wounds International. 2017;8, 53–58. 6.Moore Z, Dowsett C, Smith G, et al. TIME CDST: an updated tool to address the current challenges in wound care. J Wound Care. 2019;28(3):154-161.

Shaping what's possible in wound care

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