

Use of an aetiology-specific T.I.M.E. clinical decision support tool (CDST) by non-specialists to manage patients with venous leg ulcers (VLUs) helped to promote consistent holistic wound management and reduce practice variation

Post H, Bambelt F, Pronk F, Buis K, et al. Using the venous leg ulcer aetiology-specific T.I.M.E. clinical decision support tool to promote consistent holistic wound management and eliminate variation in practice. *Wounds International*. 2021;12(3):46–53.

Available at: [Wounds International](#)  

Key points

Eased decision-making, aided appropriate treatment selection and helped to manage underlying VLU causes for non-specialists

Highlighted the importance of regular consultation with wound care specialists

Provided a systematic approach to VLU management

Overview

- An evaluation of an aetiology-specific T.I.M.E. CDST in four patients with VLUs who were treated by non-specialists at a nursing and homecare service in the Netherlands
- Non-specialist nurses were trained on use of the VLU T.I.M.E. CDST by a wound care specialist
- Following confirmed diagnosis of a VLU by a general practitioner, non-specialists used the VLU T.I.M.E. CDST to guide wound bed preparation, dressing selection and referrals to specialists
 - Compression therapy was managed by specialists
- Wound size, wound bed condition, wound healing progression and achievement of management goals were recorded weekly for 4 weeks

Results

- After 4 weeks, nurses reported that use of the VLU T.I.M.E. CDST eased decision-making, aided appropriate treatment selection and helped to manage underlying VLU causes (Table)
- Use of the VLU T.I.M.E. CDST highlighted the need for non-specialists to be in regular contact with wound care specialists to help manage VLUs

Table. Barriers to healing identified using the VLU T.I.M.E. CDST and wound outcomes at 4 weeks

Patient	Wound dimensions	Healing barrier identified	Outcome at 4 weeks
Female, aged 92 years VLU on shin bone caused by a fall	4.0cm (length) 2.0cm (width) 0.1cm (depth)	Overt (classic) infection	100% viable tissue - VLU progressed quickly to healing
Male, aged 75 years VLU due to long-term arterial disease	2.5cm (length) 1.75cm (width) 0.1cm (depth)	Overt (classic) infection Non-viable tissue	- Wound moisture level had reduced (low) - Wound had reduced in size - Inflammation had reduced - Specialist consulted about next steps
Female, aged 81 years VLU resulting from trauma to the lower leg	1.5cm (length) 0.5cm (width) 0.1cm (depth)	Non-viable tissue Moisture imbalance	- Wound size reduced to 0.5cm (length), 0.3cm (width) and 0.1cm (depth) - Exudate levels had reduced (low)
Male, aged 90 years VLU resulting from removal of compression stockings	1.5cm (length) 1.0cm (width) 0.1cm (depth)	Overt (classic) infection Moisture imbalance	- Wound size reduced to 1.5cm (length), 0.5cm (width) and 0.2cm (depth) - No signs of infection

Conclusions

Use of the VLU T.I.M.E. CDST by non-specialists eased decision-making, provided guidance on appropriate treatment and allowed a systematic approach to VLU management; it also facilitated communication with wound care specialists.

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.