Smith+Nephew

T.I.M.E. Wound Management Pathway

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 to treatment

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

Record referral to others such as surgical team, wound specialist, dietician, pain team, vascular and/or diabetes specialists, podiatrist, physical therapist, family caregivers and counselor

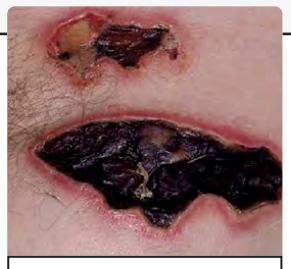
Control or treat underlying causes and barriers to wound healing

Record management plan for: systemic infection, diabetes, nutritional problems, edema, incontinence, mobility, vascular issues, pain, stress, anxiety, non-adherence / adherence with offloading and compression, lifestyle choices

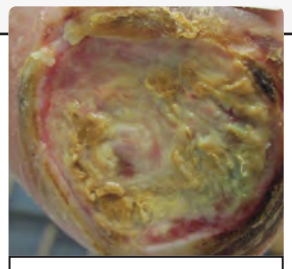
Decide appropriate treatment and determine short-term goals

T — Tissue non-viable[1-2]

1. ARE THERE BARRIERS TO WOUND HEALING?



Necrotic/Eschar



Slough

3. WOUND MANAGEMENT OUTCOME

Viable healthy wound bed

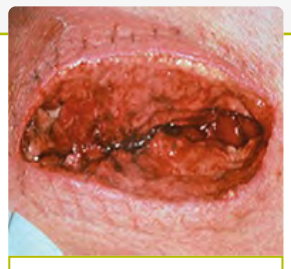
2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Debridement

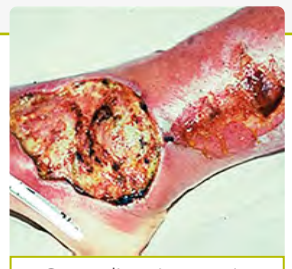
Enzymatic debriding agent or Hydrosurgical debridement	Enzymatic debriding agent
Collagenase **SANTYL**◊ Ointment or **VERSAJET**◊ II Hydrosurgical System	Collagenase **SANTYL** Ointment

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

1. ARE THERE BARRIERS TO WOUND HEALING?



Local infection



Spreading /systemic infection

3. WOUND MANAGEMENT OUTCOME

Non-inflamed, non-infected wound

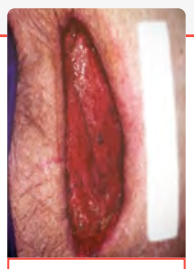
2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Manage bioburden

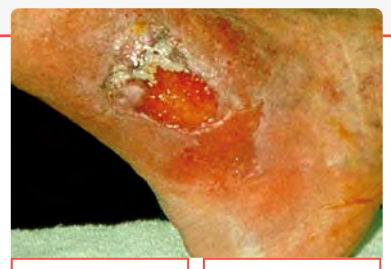
Antimicrobial dressings	Antimicrobial dressings, plus systemic antibiotics
ACTICOAT◊ Range, **IODOSORB**◊ or **IODOFLEX**◊	**ACTICOAT** Range, **IODOSORB** or **IODOFLEX**, plus appropriate systemic antibiotics

M — Moisture imbalance[1-2]

1. ARE THERE BARRIERS TO WOUND HEALING?



Dry wound



Low | moderate

High

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Restore moisture balance

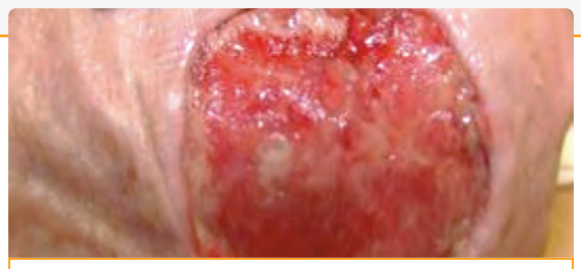
Hydrogel*	Foam, Gelling fibre or NPWT†	
SOLOSITE◊ Gel, **SOLOSITE** Conformable Dressing or **INTRASITE**◊ Gel	**ALLEVYN**◊ **GENTLE BORDER LITE**, **ALLEVYN GENTLE BORDER**‡ **ALLEVYN LIFE NON-BORDERED**,‡ **DURAFIBER**◊ or **PICO**§ (‡Moderate/high exudate)	**ALLEVYN LIFE**, **ALLEVYN LIFE NON-BORDERED**, **DURAFIBER**, or **RENASYS**◊.

3. WOUND MANAGEMENT OUTCOME

Optimal moisture balance

E — Edge of wound non-advancing[1-2]

1. ARE THERE BARRIERS TO WOUND HEALING?



Non-advancing or abnormal wound edge

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

Promote epithelialization and healthy periwound skin

Growth Factors, Cellular and/or Tissue-based Products (CTPs), Collagen Matrix Dressings, or Negative Pressure Wound Therapy (NPWT)

REGRANEX◊ (becaplermin) gel 0.01%, **GrafixPL**◊ Lyopreserved Placental Membrane, **Grafix**◊ Cryopreserved Placental Membrane, **Stravix**◊ Cryopreserved Umbilical Tissue, **OASIS**◊ Wound Matrix, **BIOSTEP**◊, **PICO**◊ Single Use NPWT System, or **RENASYS**◊ NPWT System.

3. WOUND MANAGEMENT OUTCOME

Advancing edge of wound

*Use appropriate secondary dressing as per your local protocol. †NPWT: Negative Pressure Wound Therapy.

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 Smith[3] and Moore et al. 2020=[4]

§Level of exudate for wounds suitable for NPWT. ‖ALLEVYN Range includes ALLEVYN LIFE, ALLEVYN GENTLE BORDER and ALLEVYN GENTLE BORDER LITE. **Distributed by Smith+Nephew, manufactured by Cook Biotech

References: 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.** Smith G, Greenwood M, Searle R. Ward nurse's use of wound dressings before and after a bespoke educational programme. *Journal of Wound Care* 2010, vol 19, no.9. **4.** Moore Z, Dowsett C, Smith G, *et al.* TIME CDST: an updated tool to address the current challenges in wound care. *Journal of Wound Care*, vol 28, no 3, March 2019: 154-161.

Smith & Nephew, Inc. Advanced Wound Management, 5600 Clearfork Main Street, Fort Worth, TX 76109. T: 1 800 441 8227

Important safety information

www.smith-nephew.com

Indications: REGRANEX (becaplermin) gel 0.01% ("REGRANEX") is indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply, when used as an adjunct to, and not a substitute for, good ulcer care practices including initial sharp debridement, pressure relief and infection control. **Contraindications:** REGRANEX is contraindicated in patients with known neoplasm(s) at the site(s) of application. **Warnings and Precautions:** Malignancies distant from the site of application have occurred in REGRANEX users in a clinical study and in postmarketing use. REGRANEX contains becaplermin, a recombinant human platelet-derived growth factor, which promotes cellular proliferation and angiogenesis. The efficacy of REGRANEX has not been established for the treatment of pressure ulcers and venous stasis ulcers and has not been evaluated for the treatment of diabetic neuropathic ulcers that do not extend through the dermis into subcutaneous tissue or ischemic diabetic ulcers. The effects of becaplermin on exposed joints, tendons, ligaments, and bone have not been established in humans. REGRANEX is a non-sterile, low bioburden preserved product. Therefore, it should not be used in wounds that close by primary intention. **Adverse Reactions**: In clinical trials, erythematous rashes occurred in 2% of subjects treated with REGRANEX (and good ulcer care) or placebo (and good ulcer care). In a retrospective follow-up study, eight of 291 subjects (2.7%) from the REGRANEX group, and two of 200 subjects (1%) from the placebo group were diagnosed with cancers during the follow-up period. An increased rate of death from systemic malignancies in patients dispensed three or more tubes of REGRANEX, observed in one of three retrospective postmarketing studies. Other adverse reactions that have been reported include a burning sensation, and erythema at the site of application. The risk information provided herein is not comprehensive. To see the complete prescribing information, please see the FDA-approved product labeling, here: https://regranex.com/pdf/PI_Full_Version.pdf.

Indications: Collagenase SANTYL Ointment ("SANTYL") is indicated for debriding chronic dermal ulcers and severely burned areas. **Contraindications:** SANTYL is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase. **Warnings and Precautions:** The optimal pH range of collagenase is 6 to 8. Higher or lower pH conditions will decrease the enzyme's activity and appropriate precautions should be taken. The enzymatic activity is also adversely affected by certain detergents, and heavy metal ions such as mercury and silver which are used in some antiseptics. As such, the wound should be properly cleansed prior to application of SANTYL. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia. A slight transient erythema has been noted occasionally in the surrounding tissue, particularly when SANTYL was not confined to the wound. SANTYL is not indicated for wound closure. Discontinue use of SANTYL after granulation tissue is well-established. **Adverse Reactions:** No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. The risk information provided herein is not comprehensive. To see the complete Prescribing Information, please see the FDA-approved product labeling, here: https://www.santyl.com/pdf/SANTYL-PI.pdf.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit MedWatch or call 1-800-FDA-1088.