Top Tips for Wound Healing and Cost Effective Prescribing of Wound Care Products

Top tips are to support the efficient use of wound care products to maximise healing and minimising waste.

Assessment of Patient and Product Selection

- **Review the wound**, if appropriate, revise prescribing of wound dressings to ensure that the least costly dressings that meet the required clinical performance characteristics are routinely chosen (NICE January 2015). Dressing selection should be made after careful clinical assessment of the patient’s wound, their clinical condition, and their personal experience and preferences. In the absence of any robust clinical evidence to guide choice, prescribers should routinely choose the dressing with the lowest acquisition cost and the performance characteristics appropriate for that stage of healing.

- **Consider the goal at each clinical assessment**, the expectation is that the wound and dressing type will change over time. Even chronic wounds may change over time. Consider referring complex/slow to heal wounds to a local Specialist Tissue Viability Nurse.

- **Select the product** to meet the needs of the wound, consider exudate, concordance, comfort and frequency of change. Only change the dressing after the appropriate period; not all dressings need daily change. Some can be left in place for up to 7 days e.g. Foams and hydrocolloids.

- **Check the dressing/product is on the North and East or South and West Wound Care formulary**

  - Some dressings are for Specialist Use check the local formulary for further information. Products are now colour coded, First Line choice is green, Second line choice is blue, and Specialist use is Amber.

- **Highly absorbent products** are only cost effective for use on heavily exuding wounds.

- **High cost products** are not necessarily better products, if unsure what the product is being used, consider a referral to a local Specialist Tissue Viability Nurse.

Prescribing or Requesting

- Check the wound has been clinically reviewed prior to prescribing/requesting to avoid waste and incorrect product being requested.
- Check what is actually needed before prescribing/requesting a prescription.
- GPs should prescribe the minimum quantity necessary, as a number of dressings not boxes.
- Request the minimum quantity of dressings to meet the patient’s needs, not one box or one originator.
- Check the correct size of dressing is ordered, larger dressings are usually exponentially more expensive than the smaller sizes. If the wound is not reducing in size-consider requesting a full medical review for the patient.
- Remember to check all storage areas for dressing items prescribed before requesting further supplies.
The frequency of dressing change should be appropriate for the wound and dressing type. As a guide a maximum period would be:

Daily change: 7-14 days’ supply
2-3 times a week change: 2 weeks supply
Weekly change: 3 weeks supply

GPs are advised not to put wound care products on repeat prescription

These recommendations will be dependent on an assessment of the individual patient and the progress of wound healing

Take care if compression bandages are requested

- Compression bandaging should only be applied following full assessment including Doppler ABPI measurement.
- These should only be applied by specifically trained staff, competent in applying this type of dressing.
- They should be left on for up to 7 days, therefore the normal maximum monthly supply is 5 items per product i.e. bandage/wadding etc. If the dressing has to be changed more regularly a larger quantity will be required.
- Compression bandaging is a short term intervention and for leg ulceration cases full reassessment should be undertaken every 12 weeks when the ulcer is open: the bandages should not be put on repeat.

Do not routinely choose anti-microbial (for example, silver, iodine, or honey) dressings ahead of non-medicated dressings

There are large selections of anti-microbial products to choose from, silver is considered the final option.

- These are not recommended for routine use in chronic venous leg ulcers, uncomplicated ulcers or acute wounds.
- Silver dressings should be applied every 3-7 days for a 2 week challenge, therefore a maximum of 5 dressings per script. If the wound needs changing daily, silver dressings are not appropriate.
- Review patient after 2 weeks, if wound not showing signs of improvement discontinue use of silver dressing.
- Silver dressings will either have silver or Ag in the title.
- Take care not to request the silver option on the screen e.g. Ag.

Legal Issues

- Remember wound care products are prescribed for individual patients and must only be used for that patient. They are their property and it is illegal to use prescribed products for other patients.
- Dressings are single use only and must not be re-used

Staff competency

- Staff should undertake regular continuing professional development (CPD) and demonstrate evidence of competency with regards to wound care

(Adapted by NEW Devon CCG July 2017, and Acknowledgement to the Medicines Management Team, Ipswich and East Suffolk Clinical Commissioning Group May 2013)