



COMPENDIUM TO WOUND STANDARDS FOR WOUND MANAGEMENT

The Australian Wound Management Association (AWMA) has written this compendium to the Standards for Wound Management (SWM) in order to assist the clinician through the challenging road to product selection and compliment the cohesion of theory and practice.

There are 8 Standards within the SWM. The products currently found within Australia are listed in the Annex attached to this document. The listings are based on functionality of the product or device so it must be noted depending on the manner in which it is used some products may be found under several headings.

Standard 1-Collaborative practice and interdisciplinary care

In order to comply with this standard the information within this compendium has been reviewed by other disciplines with an interest in wound care.

Standard 2-Professional practice

The compendium does not reduce the need for the clinician to work within protocols and legislation in their specific area of practice. The compendium strongly advises the clinician to seek further information about products and their uses from company literature, professional educational forums and independent product evaluations and research.

Standard 3-Clinical decision-making: assessment and planning

Within the comprehensive assessment of the individual with a wound the clinician is able to identify prevention strategies for reducing wound prevalence and the aims of treatment, both immediate and longer term. The ongoing assessment enables the clinician to select products and or devices to correct any deficiencies that the individual may have in meeting the aims for prevention, healing and avoiding further wound deterioration.

Standard 4-Clinical decision-making: practice

4.1 & 4.2. Determining a clean versus aseptic approach will be established through referral to local policy and procedure manuals and the information within the SWM document. Maintaining the sterility of wound care products is paramount in some situations and of less significant in the out of hospital settings or community settings. Maintaining the dressings in a clean, temperature stable environment is perhaps a more sensible approach in community care settings. Always aiming to do no further harm with strict adherence to local protocols on this matter is imperative.

4.3 Products to promote moist wound healing will be selected when healing is the aim and no eschar or irreversible ischaemia exist. In the case of palliative wound care the clinician will focus on treating the symptoms that are currently causing concern, remembering that these may change regularly. An example may be malodour that may soon need to be replaced with pain management.

Recommendations for maintaining dry eschar dry can be verified not only in this document but also within the diabetic wound literature and vascular surgery literature. Product selection in this case may therefore revert back to some of the more traditional dressings, products or agents such as antiseptics and inert dressings.

This has caused some issues with clinicians given many have been taught that antiseptics are not suitable in wound care. The use of an antiseptic on dry eschar is similar to using antiseptics on skin i.e. the ultimate aim is to keep the eschar dry and reduce the potential for skin microorganisms gaining a foothold within the tissue beneath the eschar.

4.4 Focuses on the need to maintain the wound at normothermic temperatures for as long as possible. In this context it is recommended to plan all wound care procedures and to have equipment and devices ready for use to reduce the time the wound is exposed to the air. When cleaning the wound warm solutions are recommended. Selecting products that will allow the intact skin to breathe as normally as possible need to be considered in climates of high humidity. Over heating the wound and the surrounding skin can be detrimental to wound healing. This implies that the clinician has some understanding of moisture vapour permeability and moisture transmission rates of the various products selected in different climatic settings. Products can thus be listed as moisture donation, moisture retention or moisture management.

Moisture donation implies that the wound is dry and the clinician is required to add more water to the area, thereby softening the tissue and enabling hydration. Products to meet these criteria will be known as “Moisture Donation Products”.

Moisture retention implies that there is some moisture in the wound and the clinician understands that if a specific dressing is applied the moisture can be maintained within the wound without causing further over-hydration issues. Products to meet these criteria will be known as “Moisture Retention Products”.

Moisture management implies that the wound is heavily exudating and the clinician has selected a product known to ‘take away’ the excess moisture and leave only enough moisture at the wound surface interface to maintain hydration without causing maceration or desiccation. Products to meet this criteria will be known as” Moisture Management Products”.

4.5 Deals with maintaining the skin and wound environment within the normal pH scale recommended for skin and wound fluid. Clinicians should therefore look for skin care products that do state their pH and the mechanism by which they assist in maintaining skin hydration. Products to meet these criteria will be known as “Skin Care and Moisturising Agents”.

4.6 Prevent and manage infection. In being able to comply with this recommendation the clinician should identify products and devices within their organisation, which will be able to both treat, any local or systemic infection and reduce the bioburden within the wound enabling the clients own immune system to work more efficiently. The products can be antimicrobials and antibiotics. Products to meet these criteria will be known as “Wound Antimicrobials”.

4.7 Highlights the need to select products that are known to minimise the impact of pain, either beneath the dressing or at dressing removal. There are a number of products available that due to their physical structure are able to ‘sit more comfortably’ on the wound or when removed do not ‘pull on’ the skin or wound edge. Clearly however the requirements of the tissue within the wound still need to be considered when selecting products and devices. Some techniques using wound products and devices can also result in minimising wound pain and these again can be found within the appendix to this compendium. Products to meet this criteria will be known as “Wound Pain Management Products”.

4.8 Highlights the need to protect viable tissue and the peri-wound. Understanding the correct way to remove dressings and ensure that anything put into the wounded area is also removed when appropriate is essential. Products that achieve these criteria will be known as “Wound Protection Products”.

4.9 This criteria implies that the clinician uses products in accordance with licensing acts and/or regulatory bodies and manufacturer’s guidelines. The emphasis here for all clinicians will be the correct storage of products as heat can adversely effect the correct functioning of some dressing products. Leaving dressing products in cars in summer is to be avoided.

4.10 The compendium makes recommendations based on manufacturer’s guidelines and expert clinician knowledge, however, AWMA also requests that if the clinician is asked to combine products further advice is sought from manufacturers or other expert clinicians.

Occasionally a clinician may be asked to apply an agent or device to a wound and it is not licensed for such application. The clinician should always seek further advice in this scenario. A good example of this is the use of Neomycin ointment for suture line care, this product is licensed as an eye ointment not a wound care product yet this practice is commonly seen.

AWMA is not sanctioning this practice, however, the surgeons requesting this are aiming for absolutely no infection in their suture lines in order to give the best cosmetic result. Until further research is done to indicate that this practice is harmful, nurses are often compelled to follow application instructions.

Standard 5-Documentation

It is imperative that the clinician knows both the generic and brand name of the product being used to manage the wound. Product identification is paramount to any problem solving that may be required if outcomes are not what are anticipated. Also, the clinician should be evaluating if the product meets the desired aims and in this context some prior documentation of tissue types, peri-wound condition, odour and pain are all relevant to the product selection and may have to be altered as these concepts change. *An example of this could be” A moisture retentive dressing, DuoDerm, has been selected in order to continue to soften the thick yellow eschar and encourage further manual and autolytic debridement”.*

In this context also documentation encourages clinicians to set more specific aims e.g. to rehydrate, to absorb exudate, to protect peri-wound etc. NOT just writing down “to heal”!!

Standard 6-Education

Dressing products and devices can be expensive. It is important that those making decisions about wound care have a comprehensive knowledge of wound products and devices available. Ideally the clinician will encourage others to learn how to get the best out of dressings. Sharing knowledge and experience is ideal as a clinician treating a wound has a more intimate knowledge of how a particular product can work for them in a particular wound type. This can be quite different from the results of a company testing products in a well-controlled environment.

Standard 7-Research

There are many forms of research and all are relevant when making decisions on wound care products and devices. The writers of the compendium encourage all clinicians to be actively involved in new product evaluations in order to build upon the practical evidence available.

Standard 8 Corporate Governance

AWMA strongly advise that guidelines and recommendations are followed wherever possible. Creating an environment for advancement of knowledge and skills through all professions is expected.

Annex A to The compendium for AWMA Standards for Wound Management

Moisture retention products

- Polyurethane films
- Polyurethane foams
- Sheet Hydrogels
- Hydrocolloids/Acrylic dressings

Moisture management products & devices

- Absorbent pads including super absorbent pads
- Polyurethane foams
- Calcium Alginates
- Hydrofibre
- Combination Products and combinations of products
- Capillary wicking products
- Ceramic granules
- Topical Negative Pressure devices

Moisture donation products

- Saline packs—attended at least 4-6 hourly
- Isotonic impregnated pads
- Hydrogels

Wound protection products

- Impregnated gauzes and gauze like products
- Low/Non adherent pads
- Polyurethane films
- Polyurethane foams and foam like products
- Hydrocolloids/Acrylic dressings
- Silicone sheets, gels and sprays
- Zinc based bandages and lotions

Debridement agents/devices/products

- Hydrogels
- Hydrocolloids/Acrylic dressings
- Alginates/Hydrofibre
- Isotonic impregnated pads
- Cadexomer iodine based products
- Hypertonic saline products
- Enzymatic alginate products
- Medicated honey products
- Tea tree oil based products
- Silver based products
- Capillary wicking products
- Biosurgical larvae therapy
- High pressure irrigation or ultrasonic products
- PHMB products

Antimicrobial products & devices

- Cadexomer iodine products
- Hypertonic saline products
- Enzymatic alginate products
- Medicated honey products
- Tea tree oil based products
- Silver based products
- Biosurgical larvae
- Ultrasonic products
- PHMB products

Skin protection & barrier agents

- Good quality moisturisers
- Skin barrier agents-generally zinc based
- Fatty emollients
- Occlusive ointments
- Polyurethane film sheets and sprays
- Topical Oils/Fatty Acids and Glycerides