

Sue Templeton
CNC Advanced Wound Specialist
RDNS SA Inc.



Development of guidelines for use of silver-containing dressings in a community nursing organisation

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RDNS and wound management



- RDNS is the largest provider of community nursing services in SA
- Domiciliary and clinic based care
- 48% of clients seen for wound management
- Mostly chronic wounds: pressure ulcers, leg ulcers, wound breakdown but also high level of acute wounds
- Care often undertaken in conjunction with other health practitioners

Use of silver-containing dressings in RDNS



- High use due to the large client population receiving wound management
- Most often requested by an external practitioner
- Some use commenced internally – usually by the CNC Advanced Wound Specialist
- Like most dressings – request is by brand name

The need for guidelines



- Concern regarding resistance to silver
- Cost management
- Justifiable use on appropriate persons
- Meet current best practice standards
- Set specific practice standards
- Work towards agreed practice
- Help ease confusion amongst clinicians
- Meet professional and legal expectations

AWMA Standards for Wound Management



- 2.7 Manages resources effectively and efficiently
 - Assessment of the wound, person and healing environment dictates the appropriate and cost-effective use of products and resources
- 3.2 Ongoing assessments of wound healing progress

AWMA Standards for Wound Management

- 3.3 An individualised plan of care
 - Used to guide optimal management
 - Used to evaluate treatment effectiveness
- 6.2 Recognise own learning needs and advance skills and knowledge
 - Maximise learning opportunities
 - Apply scientific principles for wound management and be able to state the rationale for interventions and anticipated outcomes

NBSA legal framework for nurses

2006 discussion paper on a new career structure for nurses stated:

“It is not well understood by the community, nor perhaps by medical doctors and healthcare managers, that nurses and midwives are not passive implementers of medical practitioners’ orders, and do not work under medical supervision. Nurses and midwives hold direct legal and ethical accountability for their clinical practices and that of their colleagues. Thus all RNs and RMs are regarded legally as autonomous health professionals.

However, it is true that in some organisations there are limitations places on the practice of nurses and midwives and thus the ability to exercise one’s autonomy can be decreased.”

Use and misuse of silver dressings

- Silver-containing dressings have been a significant advance in wound management
- Brought many clinical success stories
- Has also been over-use and mis-use
- Used by some as a panacea for a variety of wound management issues
- Sometimes used as standard treatment – in place of good assessment and good wound management (including wound bed preparation)

The place of silver dressings



- As an adjunct to management of wound aetiology
- As part of the TIME framework
- Address local wound factors related to bacteria and inflammation
- Primarily used in the community for chronic wounds that fail to heal
 - Small role in acute and prophylactic care
- Used in other settings for a variety of wounds

Initial guidelines



- Proposed by Gary Sibbald & colleagues
- Used to prepare the wound bed for advanced therapies
- They argued if wound unresponsive to silver institute systemic antibiotics +/- advanced wound therapies
- However, this is not practical for OPD or community settings

Sibbald RG, Orsted H, Schultz GS, Coutts P and Keast D. Preparing the wound bed 2003: Focus on infection and inflammation, *OstomyWound Management*, 2003, 49: 24-51.

RDNS policy development



- The RDNS policy was developed primarily for use in chronic wounds
- Possible future policy expansion:
 - Prophylactic use
 - Burns
 - Acute wounds
- Other considerations:
 - Role as an adjunct to systemic treatment
 - Silver vs other topical antimicrobials
 - Cadexomer iodine (Silver Chain & RDNS Vic)

Policy implementation



- Policy has been endorsed by RDNS SA Inc
- General guideline – individual assessment still required for some cases
- Policy includes:
 - Overview of topical antimicrobial therapy
 - Criteria for commencement
 - Protocol and time frames for use
 - List of the approved silver-containing dressings

Criteria for use of a silver dressing in chronic wounds

Can include some or several of these:

- Wound not responsive to current 'regular practice' and conventional products
 - Use of standard 'best practice' for at least one month
- Lack of wound progress despite local and systemic factors impairing healing being addressed

Criteria for use of a silver dressing in chronic wounds

- Signs of critical colonisation
 - Specific criteria are outlined in the policy
- Wounds/persons at high risk of infection
 - e.g. high risk foot ulceration with diabetes
- Persons who have had repeated infections that have been investigated
- Some significantly immunocompromised persons
- Possible adjunct role to systemic therapy

Guidelines for using silver dressings in RDNS



- Choose an appropriate dressing for the exudate level
- Follow manufacturers or RDNS guidelines for application and changing
- Systematic, documented assessment
- Use for two weeks then reassess
 - If improvement continue for another two weeks

Guidelines for using silver dressings in RDNS

- If no improvement at two weeks cease
 - Reassess person
- If improvement after four weeks - wound assessment and cease silver containing dressing
- Continuous evaluation of progress
 - Might need to reinstitute (if criteria met), or
 - wound will continue to progress, or
 - Reassessment of person

Regulation of silver dressings



- Only selected brands endorsed for use in RDNS
 - Evidence based and considering referrers
- If alternative brand requested generally this is swapped to closest RDNS brand
- Very occasionally will order in an alternative brand if efficacy established
 - Requires prior approval from RDNS CNC
- Processes established to monitor use and ensure review

Communication strategies



- Development of information sheets for RDNS
 - General information sheet
 - Specific product sheets developed with industry
- Development of an information sheet for external providers
 - Distribution to key stakeholders
 - Possible publication in GP newsletter
- Article in RDNS newsletter
- Attended meetings of Team Leaders
- Informal discussions with nurses

Factors to consider



- Is the wound likely to heal?
 - Consider antiseptics as an option
- Are there alternatives?
 - e.g. Cadexomer iodine, medical honey
 - Better control of exudate
 - Good debridement
- Is the dressing behaving as expected?
 - Management of exudate
 - Wear time, dressing integrity etc

The costs of silver dressings



- Further research regarding the cost effectiveness of silver dressings needed
- Costing the health system a significant amount in actual dollars
 - Cost RDNS SA over \$2700 w/e 6 Aug 2006
- Guidelines can reduce costs
 - Cost RDNS SA over \$666 w/e 6 May 2007
- Cost effective if desired outcome
- Very costly if use is not appropriate or ineffective

Implementation challenges



- 'Directives' from other practitioners
- 'Sharing' care with other practitioners
- Nursing only organisation
- Lack of wound management knowledge
- Lack of consistent information or consensus
- Hesitancy to change
- Communication strategies
 - Internal
 - External

Conclusion



- Silver dressings are a vital part of good, contemporary wound management
- Use silver dressings in conjunction with sound clinical assessment / judgement
- The majority of wounds will heal without an antimicrobial dressing
- The judicious use of silver will ensure silver dressings remain efficacious and financially sustainable for health system

Thank you



Contact Details:

Sue Templeton

CNC Advanced
Wound Specialist

RDNS SA Inc

Ph 1300 364 264

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