

Caring for Hard-to-Heal Wounds:

Recent Panel Recommendations for
Community-Based Caregivers



A group of wound care experts recently published a manuscript in the *International Wound Journal*, titled *The Role Community-Based Healthcare Providers Play in Managing Hard-to-Heal Wounds*.¹ The published manuscript provides a list of actionable recommendations specifically tailored to community-based caregivers who encounter wounds. The goal is to shed new light on the critical role these best practices play in managing and preventing hard-to-heal wounds.

Hard to heal wounds:

- “Fail to progress towards healing with standard therapy in an orderly and timely manner and should be referred to a qualified wound care provider for advanced assessment and diagnosis if not healed or reduced in size by 40-50% within 4 weeks.”
- “Community-based healthcare providers can play an important initial role by seeing the individual’s hard-to-heal wound risk, addressing local infection, and providing an optimal wound environment.”

The simplified flowchart is to help community-based caregivers systematically identify, evaluate and treat hard-to-heal wounds.



Scan to review
full manuscript.

Holistic Wound Assessment¹

General steps for product and dressing selection within the “TIMERS²” framework.

1 Tissue³



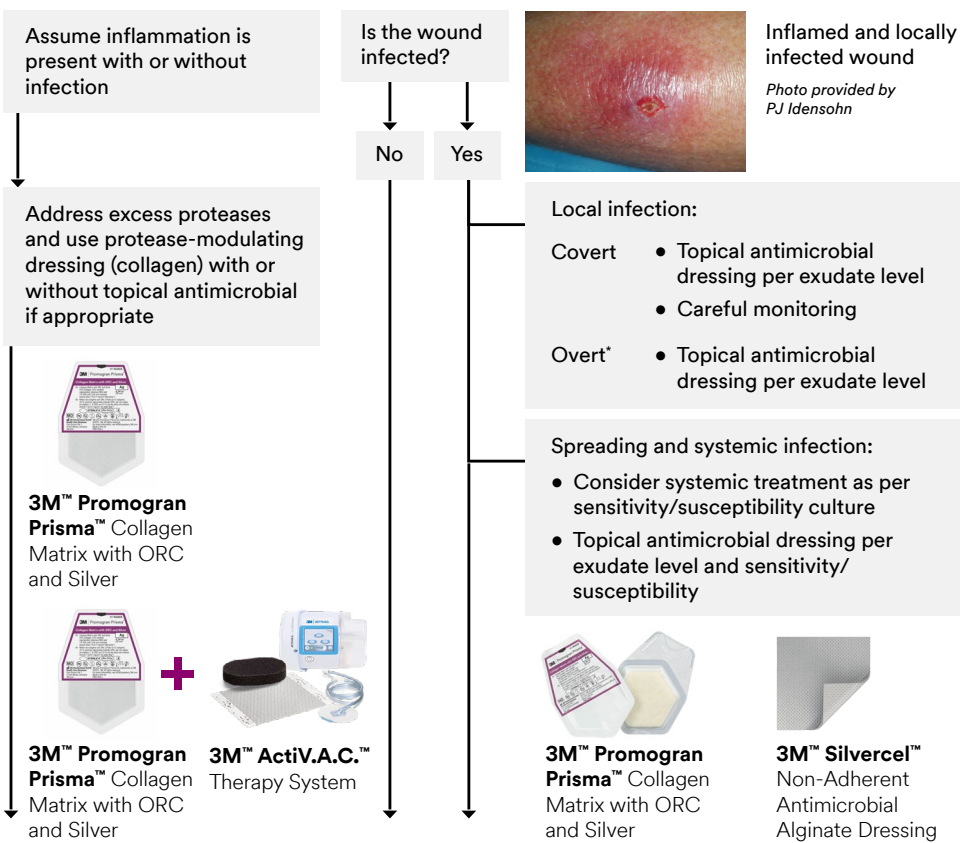
Eschar^{*} Slough^{*} Mixed non-viable (with or without eschar, slough, pink non-granulating or red granulation tissue)^{*} Clean pink non-granulating Beefy, red granulation

Photo provided by PJ Idensohn

Cleanse: Cleanse wound and periwound with antiseptic solution cleanser +/- surfactant, e.g., hypochlorous PHMB acid.

Debride: Remove nonviable tissue (slough) mechanically with gauze or debridement pad and/or consider autolytic debridement as appropriate. In presence of full-thickness eschar^{*}, referral to a qualified wound care provider is recommended.

2 Inflammation with or without Infection^{4,5}



3 Moisture/Exudate

Wound



Too dry

- Toolbox**
- Hydrogel
 - Hydrogel-impregnated dressing



Moist (just right)

- Toolbox**
- Hydrocolloid
 - Foam dressing
 - Acrylic dressing
 - Collagen/composite dressing



3M[™] Nu-Gel[™] Hydrogel with Alginate



3M[™] Promogran Prisma[™] Collagen Matrix with ORC and Silver

3M[™] Tegaderm[™] Silicone Foam Dressing and 3M[™] Tegaderm[™] Clear Acrylic Dressing

3M[™] ActiV.A.C.[™] Therapy System

^{*}Recommended referral to qualified wound care clinician. ^{**}Cannot be combined with Negative Pressure Wound Therapy. [†]Carefully observe and refer if worsens or no improvement.

NOTE: Specific indications, contraindications, warnings, precautions, and safety information exist for these products and therapies, some of which may be Rx only. Please consult a clinician and product instructions for use prior to application.

3 Moisture/Exudate (cont.)

Wound



Too wet^{*}

- Toolbox**
- Gelling fiber dressing
 - Alginate dressing
 - Collagen dressing
 - Foam dressing

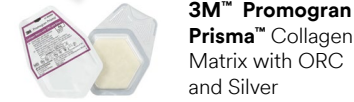


Saturated^{*}

- Toolbox**
- Super-absorbent dressing



3M[™] Kerracel[™] Gelling Fiber Dressing



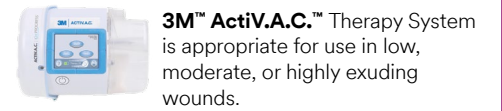
3M[™] Promogran Prisma[™] Collagen Matrix with ORC and Silver



3M[™] Fibracol[™] Plus Collagen Wound Dressing with Alginate



3M[™] Kerramax Care[™] Gentle Border Dressing



3M[™] ActiV.A.C.[™] Therapy System is appropriate for use in low, moderate, or highly exuding wounds.

Edema

Yes

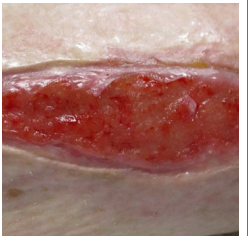
Consider referral for compression wrap/hosiery



Periwound



Abnormal periwound appearance (maceration, erythema from irritation or excoriation)
Photo provided by PJ Idensohn



Healthy periwound appearance

- Toolbox**
- Compression therapy



3M[™] Coban[™] 2 Two-Layer Compression System^{}**



3M[™] Coban[™] 2 Lite Two-Layer Compression System^{}**

- Toolbox**
- Barrier product (liquid barrier film, including cyanoacrylates)
 - Moisturizer



3M[™] Cavilon[™] Advanced Skin Protectant

- Toolbox**
- Barrier product (liquid barrier film, including cyanoacrylates)
 - Moisturizer



3M[™] Cavilon[™] Advanced Skin Protectant, 3M[™] Cavilon[™] No Sting Barrier Film and 3M[™] Cavilon[™] Durable Barrier Cream

4 Wound Edge



Unattached with or without undermining^{*}

- Toolbox**
- Barrier product
 - Foam dressing



Attached



3M[™] Cavilon[™] Advanced Skin Protectant

- If unattached, clean underneath wound edge with gauze
- If edges rolled, cliffed or callused, debride as appropriate or refer to qualified wound care provider for debridement^{*}
- If tunneling or undermining noted, ensure these spaces are loosely packed with selected dressing material and refer to qualified wound care provider^{*}
- If periwound maceration noted, ensure the correctly sized dressing is appropriately applied and use barrier product on wound edge

5 Repair/Regeneration

Refer to a qualified wound care provider if the wound has not healed or the wound size has not reduced by 40-50% by week 4 for advanced therapies.^{*}

6 Social

Assess patient and family dynamics:

Probe to determine patient's ideas, concerns, and expectations⁶; identify biggest impediments to wound healing such as nicotine use

Odor:

See wound cleansing and infection

Pain:

Assess and collaborate with appropriate healthcare professionals

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PJ Idensohn, Cathy Milne and Dot Weir are all paid consultants of 3M. All images provided are courtesy of PJ Idensohn, Cathy Milne and Dot Weir.

References

1. Beeckman D, Cooper M, Greenstein E, et al. The role community-based healthcare providers play in managing hard-to-heal wounds. *Int Wound J*. 2023 Sep 15.
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3. Murphy C, Atkin L, Swanson T, et al. International Consensus Document. Defying hard-to-heal wounds with an early antibiofilm intervention strategy: Wound hygiene. *J Wound Care*. 2020;29:S1-S28.
4. Malone M, Bjarnsholt T, McBain AJ, et al. The prevalence of biofilms in chronic wounds: a systematic review and meta-analysis of published data. *J Wound Care*. 2017;26(1):20-5.
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