

# Wound Management Products Top Tips for Healthcare Professionals

## Summary

This guide aims to provide healthcare professionals in South West London with some top tips when prescribing, using and reviewing dressings for wounds, in primary care. It should be used in conjunction with the [South West London Wound Formulary](#) and [Wound Management Request Form](#).

## Dressing Choice

- Address underlying problems e.g. soiling from incontinence, wrong choice of dressing, etc.
- Review before prescribing. As the wound heals, the wound and dressing type will change.
- Use the [South West London Wound Formulary](#) to guide cost effective choice of product. The tissue viability nurse or specialist podiatrists in your area can support dressing selection.

## Dressing Size

- Prescribe the correct size dressing for the wound. Ensuring dressing covers wound and 2-3 cm border to optimize wear.
- Larger dressings are usually exponentially more expensive than the smaller sizes, e.g. Duoderm extra thin 5cm x 10cm 81p, 9cm x 25cm £3.05, 9cm x 35cm £4.27 (Drug Tariff December 2022).  
Most wounds should ideally reduce in size so review regularly.

## Frequency

- The frequency of dressing change must be carefully considered and should be appropriate for the wound and dressing type.
- Prescribe a 'dose' to prevent excessive quantities being prescribed, e.g. FoamLite® 10cm x 10cm change every 5-7 days.

## Review

- Patients should be assessed regularly.
- Add a review date for the dressing on patient's record (e.g. EMIS/care home care plan).
- Dressings should not be prescribed as long-term repeat items. Prescribe as ACUTE, to avoid wastage and facilitate timely reviews.

## Quantity

- Prescribe the minimum quantity of dressings sufficient to meet patient's needs. Large quantities of unused dressing are a common cause of wastage.
- Query quantities over 10 units/month (if this does not match with the frequency of dressing change).
- Prescribe the actual 'number of dressings' needed rather than '1OP'.

## Silver dressings

- Only prescribe silver dressings when infection is present with clinical signs/symptoms accounting for healing stage, exudate levels & wound type.
- Prescribe a maximum number of silver dressings to cover a treatment period of 2 weeks e.g. 7 dressings prescribed if being changed every other day (treatment should not generally exceed 2 weeks).
- Review the wound and patient, if the wound does not respond after 2 weeks of treatment with silver dressings. Refer to Tissue Viability Nurse.
- Stop silver dressings once signs of infection have resolved and the patient's condition has improved (not generally more than 2 weeks). Reassess at each dressing change.

## Request Form

- If you are not a prescriber, use the SWL [Wound Product Request Form](#) to request wound care items on prescription from a prescriber.

**For further information or advice on wound management contact  
Your Tissue Viability Nurse or Podiatry Specialists**

## References

1. [British National Formulary](#) accessed December 2022
2. [NHS Electronic Drug Tariff](#), NHS Business Services Authority, December 2022
3. PrescQIPP bulletin 53. Silver Dressings. March 2014
4. [NICE Evidence Summary](#). Chronic wounds: advanced wound dressings and antimicrobial dressings, Published March 2016
5. [Clinical Knowledge Summaries](#). How should I manage infection in a person with venous leg ulcer? Last revised August 2021

## Document History

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