

Removing Barriers to Healing Foot Ulcer Pathway



The Coloplast 3 Step Approach

Assess patient / Wound

Complete a full holistic assessment- establish wound cause, wound assessment, bloods, diagnostics, assess vascular supply.

Pressure Injury:

If no improvement after two weeks of treatment refer to TVN for further assessment, Identification of cause / investigations. Remove pressure if / where possible (offload)

Arterial Insufficiency:

Referral to vascular team to be made within 24 hours of presentation to clinician.

Diabetes:

All diabetic foot ulcers to be referred within 24hrs in line with NWCS*. (If diabetes is the known underlying cause a referral to multi disciplinary team / diabetic podiatry team must be made).

Prepare wound for healing at each dressing change

- Remove dead and/ or devitalised tissue using debridement tool.
- Cleanse wound bed, edge and peri wound skin

- If dry necrosis is present do not attempt debridement without specialist advice/ vascular assessment
- If autolytic debridement is taking place, cleanse and remove debris to reduce risk of infection/ biofilm formation.
 - Cleanse wound bed, edge and peri wound skin

- Remove dead and/ or devitalised tissue using an appropriate debridement tool depending on vascular status.
- Cleanse wound bed, edge and peri wound skin

Treat: Offload pressure from wound and select appropriate dressing as per treatment objectives (See product selection guide)

- If no signs of infection dress with a wound bed conforming foam dressing.
 - If signs of infection or suspected biofilm present, wound should be dressed with a wound bed conforming antimicrobial foam dressing (Two week challenge). Review wound for signs of infection at each dressing change.

- If wound is dry with necrosis, protect with a wound bed conforming foam dressing
- If signs of infection or suspected biofilm present, wound should be dressed with a wound bed conforming antimicrobial foam dressing (Two week challenge). Review wound for signs of infection at each dressing change.

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Reassess every 2-4 weeks



Simplifying wound care for you

Foot Ulcer Product Selection Guide



Step 1: Assess

Complete holistic assessment of patient and wound assessment.

Step 2: Prepare

Prepare the wound for healing.
Use Alprep® Pad or follow local guidance.

Step 3: Treat

Treat the wound in accordance with underlying aetiology and specific wound treatment objectives.

Alprep® Pad



Non-infected wounds

Biatain® Silicone



Biatain® Silicone Non-Border / Biatain® Non-Adhesive



Or

Infected wounds / suspected biofilm

Biatain® Silicone Ag



Biatain® Ag Non-Adhesive



Or

This information is for general guidance only and should not replace clinical judgement. If you are unsure, seek TVN advice.

For further product information, including product indications, please refer to the Instructions for Use packaged with the dressing.

A healthcare professional should frequently inspect and manage infected wounds, diabetic wounds and wounds which are solely or partially caused by arterial insufficiency, in accordance with local guidelines.