

PICO sNPWT check list for hard-to-heal wounds

What is a hard-to-heal wound?



A hard-to-heal wound has been defined as one that fails to heal with standard therapy in an orderly and timely manner¹ or a wound that has not healed within 6 weeks.^{2,3}

To help identify hard-to-heal wounds, consider identifying wound and patient related factors such as:

Wound type/aetiology: _____

Has the wound been open for six weeks or longer²?

YES NO

Is the wound healing according to plan?

YES NO

Has the wound reduced in size >30 % in four weeks?

YES NO

Factors for delayed healing³:

Is the wound >10 cm²?

YES NO

Has the wound been open for six months or longer?

YES NO

Is the wound placed in a challenging anatomical or pressure exposed location such as: over a joint, in sacrum or under a foot?

YES NO

Wound bed status? Slough Necrosis Infection Granulation tissue Epithelialisation

Is oedema present?

YES NO

Does the patient have recurrent wound infection?

YES NO

Patient related factors in relation to hard-to heal wounds:

Does the patient suffer from other diseases that can affect healing, such as: diabetes, RA, reduced arterial circulation, infections or inflammation? YES NO

Number of co-morbidities: _____

Is the patient suffering from wound pain?

YES NO

Does the patient have reduced mobility?

YES NO

Are psychosocial factors present such depression, social isolation, stress?

YES NO

Is this a hard to heal wound?

A predominance of red marked answers may indicate that this wound could be hard-to-heal and an active treatment with PICO System is a choice to consider.

A predominance of green marked answers may indicate that the wound is healing according to plan.

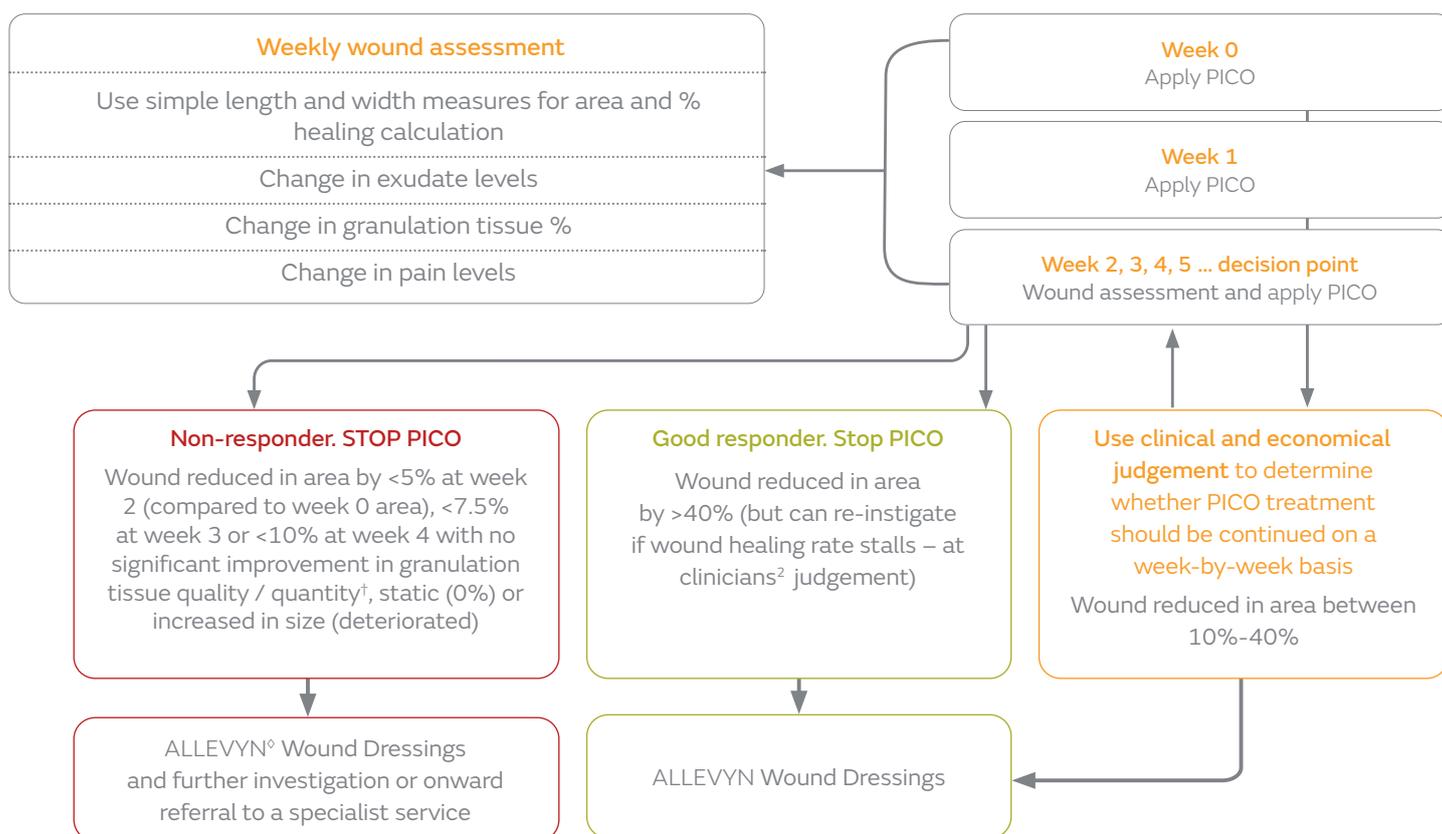
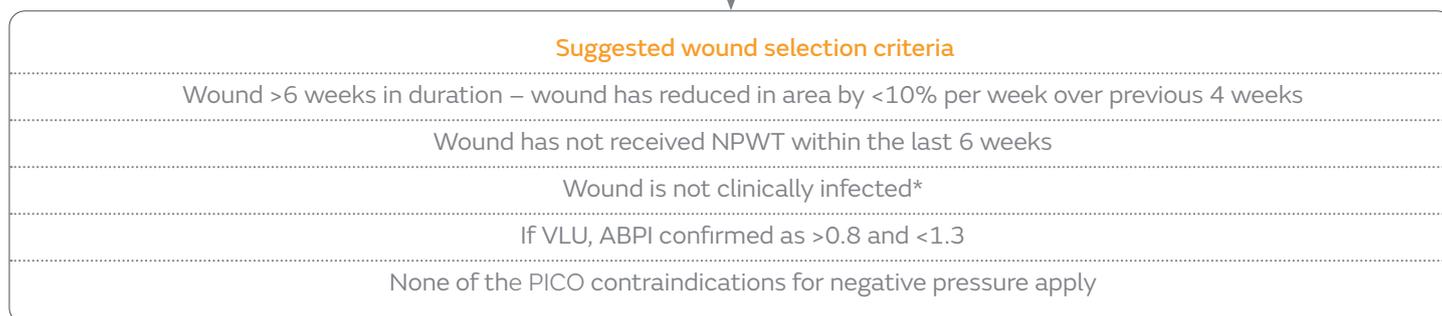
Once systemic factors are addressed reassess local factors using T.I.M.E. Clinical Decision Support Tool.⁶

Consider PICO[◇] NPWT System to kick-start wound healing in hard-to-heal wounds⁵
See PICO pathway over page.

PICO sNPWT hard-to-heal wounds pathway⁵

Patient selection

Identify appropriate patients



*Wounds with overt signs of clinical infection (e.g. increased pain, levels of exudate, cellulitis etc.) should be excluded from the evaluation. Colonised/critically colonised wounds are not excluded from the evaluation. Site standard protocol should be implemented to address bacterial burden; †Wounds that have healed by <10% but have shown significant improvement in granulation tissue quality/ quantity may be considered for further PICO treatment based on clinician judgement.

ABPI: Ankle-brachial pressure index **VLU:** Venous leg ulcers

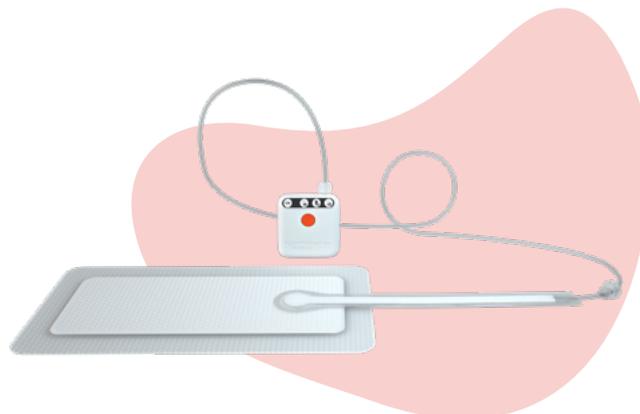
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1. Troxler M, Vowden K, Vowden P. Integrating adjunctive therapy into practice: the importance of recognising 'hard-to-heal' wounds. World wide wounds 2006. Available from: <http://www.worldwidewounds.com/2006/december/Troxler/Integrating-Adjunctive-Therapy-Into-Practice.html> 2. Forssgren, et al. Leg Ulcer Point Prevalence can be Decreased by Broad-scale Intervention: a Follow-up Cross-sectional Study of a Defined Geographical Population. Acta Derm Venereol 2008; 88: 252–256. 3. Dowsett C et al. Reducing the burden of chronic wounds in the Community using single use NPWT. JCN supplement 2015; 29(5):1-20. 4. European Wound Management Association EWMA. Position Document: Hard-to-heal wounds: a holistic approach. London: MEP Ltd; 2008. 5. Dowsett C, et al. Use of PICO[®] to improve clinical and economic outcomes in hard-to-heal wounds. Wounds International. 2017;8, 53–58. 6. Moore Z, Dowsett C, Smith G, et al. TIME CDST: an updated tool to address the current challenges in wound care. J Wound Care. 2019;28(3):154-161.