

## Antimicrobial Wound Dressing (AWD): Considerations to Support Best Practice

**Wound product considerations** –The presence of slough and necrosis delays healing. The longer a wound is present the greater the risk of biofilm production. Best practice in wound management is to prepare the wound bed for healing and reduce biofilm formation. This includes regular good wound hygiene (cleansing and ongoing debridement) and ensuring that the dressing properties do not contribute to symptoms of odour, maceration to wound bed and surrounding skin, pain or impair healing.

The overleaf table highlights the current antimicrobial wound dressing preferred choices in Scottish NHS Boards' Wound Formularies. This is intended to guide clinicians to suitable, safe and cost effective dressing choices by categorising AWDs and their suitability based on: viscosity, exudate levels, and circulation at the wound bed. A template is included to allow each Board to complete with preferred choices for local use. These considerations should be taken into account when choosing any dressing for chronic wounds.

For optimum effectiveness and interaction of the active antimicrobial, the dressing should provide maximum coverage of the wound bed, with an appropriate absorbent secondary retention dressing, e.g. superabsorbent dressing.

Once dressing choice has been made, based on wound and patient factors, consider applying **SIMPLE** acronym i.e. is the dressing choice **S**afe with no contraindications or cautions, **I**ndicated for wound type and symptoms, **M**easureable with expectations achieved, **P**atient advantage, **L**ongevity, how long is dressing expected to remain in situ, **E**nd point when product is no longer required.

NB:  
*The following dressing characteristics are based on the clinical expertise of the working group, rather than on any evidence review and should be used with clinical judgement and reference to your current wound formulary preferred choices.*

Key to Table:

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| Symbols in boxes dressing:      = suitable;      C = use with caution/may require further specialist advice;<br>blocked out = not suitable   |  |
| <ul style="list-style-type: none"> <li>• <b>Viscosity</b> is the state of being thick, sticky and semi fluid consistency</li> <li>• <b>Low viscosity</b> - will be clearer in colour (nearer to serous exudate) and would not be indicative of infection</li> <li>• <b>Medium viscosity</b> - will be changing to yellow brown in appearance and could still have ability to gel hydrofibre/alginate; can be an indicator that biofilm production is occurring</li> <li>• <b>High viscosity</b> - adherent sticky yellow/brown in appearance - more difficult to remove and can require hydration/use or debridement pad etc to facilitate removal; indicating presence of a biofilm.</li> </ul> |  |
| <ul style="list-style-type: none"> <li>• <b>Exudate:</b> contact layer dressings should allow exudate to pass through to outer secondary absorbant dressing. Always "read" the inside of you dressing on removal - the wound exudate may appear low in volume and wound surface appears to be granulating (may be dark red) but inside of dressing reveals yellow brown sticky exudate - this tends to be apparent in chronic wounds with presence of biofilm. Consider use of debridement pads or surfactant soaks in first instance to facilitate removal.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>• <b>Blood flow:</b> dressings which create a moist warm environment tend to be safe to use on wounds with good circulation; when blood flow is compromised there is a risk of anaerobic infection. Products which create a moist warm environment should be avoided or used with caution if blood flow is compromised e.g. patients with vascular disease, diabetes.</li> </ul>  |  |

Based on recommendations from Health Technology Assessment on antimicrobial wound dressings in chronic wounds, Health Improvement Scotland (2015) and expert opinion of NHS Scotland Working Group.

Copy of Characteristics of AWDs (new xl version) (4) [Read-Only] - Microsoft Excel

AWD Form