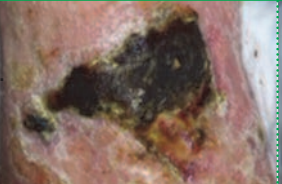
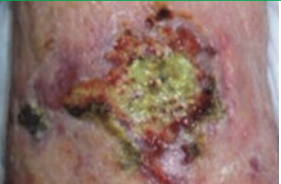


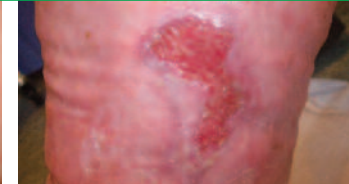





TIMES - A Guide for Best Practice in Wound Assessment

| | T Tissue, non-viable or deficient | | I Infection, inflammation or biofilm | M Moisture Imbalance | E Edge of wound, non-advancing or undermining | S Surrounding skin |
|--|--|--|---|--|--|--|
| | Necrotic | Sloughy | Infected | Granulating | Epithelialising | Scaly skin / hyperkeratosis |
| Priority |  |  |  |  |  |  |
| Considerations | <p>Necrotic tissue and hard eschar creates a barrier to healing and harbours bacteria, increasing the risk of infection.</p> <p>Unless ischaemic ulcers, necrotic tissue should be removed.</p> | <p>Slough creates a barrier to healing and can be the ideal environment for microbial growth - it should be removed to reduce risk and expedite healing.</p> <p>Slough may appear yellow, cream, grey, or green in colour and can be loose or firmly adherent.</p> | <p>Infection can delay the healing process and cause an increase in exudate and pain. Malodour, heat, redness and swelling are all signs that infection may be present.</p> <p>Even where infection is not apparent, healing may be impeded by the presence of biofilm. Indications include slow healing, a slimy shiny film, quick reformation of slough and an increase in exudate.</p> | <p>Care should be taken to maintain a moist environment - allowing the wound bed to dry out may impede the healing process, whilst excess exudate can break down new tissue and macerate periwound skin.</p> <p>Healthy granulation tissue is typically pink/red in colour and can be moist and granular in appearance.</p> | <p>The wound management strategy should continue to protect the wound and delicate skin.</p> | <p>The periwound skin may be dry and scaly which may affect the wound healing process.</p> <p>There may be skin conditions such as hyperkeratosis present in which case the skin scales will need to be removed as safely as possible.</p> |
| Action 1: Debride & re-assess | <p>Soften necrotic tissue using moisture-donating dressings such as hydrogels.</p> <p>Remove soft/loose necrosis using Debrisoft® /Debrisoft® Lolly (mechanical debridement).</p> <p>Debrisoft® - for shallow wounds and accessible areas of skin.</p> <p>Debrisoft® Lolly - for hard to reach areas such as cavities, between digits and skin folds.</p> | <p>Remove moist/superficial slough using Debrisoft® /Debrisoft® Lolly.</p> | <p>Use Debrisoft®/Debrisoft® Lolly to remove slough and debris.</p> <p>Use Debrisoft®/Debrisoft® Lolly to frequently mechanically disrupt a biofilm and follow the biofilm-based wound management pathway.</p> | <p>Debrisoft®/Debrisoft® Lolly may be useful to remove any problematic loose skin.</p> <p>If there is a high level of exudate, consider if a biofilm is present - if so, refer to actions for 'Infected wounds'.</p> | <p>If there is encrusted exudate or other local barriers to healing, consider removing with Debrisoft® /Debrisoft® Lolly.</p> | <p>Use Debrisoft®/Debrisoft® Lolly to remove hyperkeratosis.</p> |
| Action 2: Dress | <p>If there is remaining devitalised tissue, use moisture-donating dressings such as hydrogels.</p> <p>If no devitalised tissue remains, select a dressing from the following wound categories according to wound condition.</p> | | <p>Use a topical antimicrobial in conjunction with the Debrisoft®/Debrisoft® Lolly biofilm-based wound management pathway for 2 weeks and then review.</p> <p>For low-moderate exudate, consider an Antimicrobial Biocellulose dressing.</p> <p>For moderate-high exudate, consider an Antimicrobial Alginate dressing.</p> | <p>Select a dressing aiming to achieve moisture balance.</p> <p>For low levels of exudate use moisture donating dressings, for example a Sheet Hydrogel or Biocellulose Dressing.</p> <p>For high levels of exudate, select a dressing able to absorb and retain large amounts of fluid, for example a Superabsorbent Dressing or Alginate Dressing.</p> | <p>Protect delicate tissue whilst promoting a moist wound healing environment.</p> <p>For dry-low exudate consider using a Gel Forming Contact Layer which provides moisture to the wound.</p> <p>For low-moderate exudate consider using a Non Adherent Dressing which provides light absorbency.</p> <p>To simply protect, consider a Film Dressing.</p> | <p>Use emollients as necessary.</p> <p>Refer to: Management of Hyperkeratosis of the lower limb: Consensus recommendations. Wounds UK 2015.</p> |

When treating a Venous Leg Ulcer, refer to the L&R Venous Leg Ulcer treatment algorithm to ensure appropriate selection of compression therapy.

This document is intended as a guide only. Clinical judgement should guide decisions on the most appropriate treatment pathway following full holistic patient and wound assessment.





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