

Topical Antimicrobial Dressings

When the use of an antimicrobial dressing is indicated the suggested wound formulary products should be considered:

- 1st line products are to be used following initial identification of a critically colonised wound, which is not responding to other dressings and is showing slow or no healing within 6 weeks (the exception to this is burns patients).

1st line

• **Either**

- Povidone-iodine dressing (Povitulle /Iodoflex) **or**
- Honey dressing (Activon Tulle/Algivon Plus) **or**
- Silver (Ag) dressings – (Aquacel Ag+ Extra/Actisorb Silver 220) **or**
- Silver sulfadiazine cream (Flamazine)

2nd line

- If there is no clinical response select one of the other dressing types from “1st line” list above

3rd line

- If the desired outcome is not achieved contact a nurse specialist
 - Dressing options include:
- ◆ Kendal AMD Foam (PHBM)

Prescribing Silver Dressings

- The start date of the dressing should be clearly documented in the patient’s medical record (prescription chart) to facilitate a review no later than 2 weeks after commencing by a suitably experienced practitioner.
- Clear treatment rationale is required and measurement of outcomes
- Silver dressings should be issued as acute prescriptions and not transferred to repeat prescription.
- Issue quantity should be in line with review at 2 weeks. Consider prescribing the number of dressings required not complete packs.
- Use CAUTION when electronically prescribing, selecting and administering products to ensure silver products (Ag) are not intentionally chosen

Do’s and Don’ts for Silver Dressings

- ◆ Silver dressings are hugely costly to the organisations, with very little clinical evidence to support their use, therefore silver dressings must ONLY be used on wounds which are critically colonised or infected.
- ◆ Silver dressings should NOT be used routinely.
- ◆ Silver dressings should NOT be used on acute wounds (they can be used on burns).
- ◆ Silver dressings should NOT be used routinely in the management of ulceration.
- ◆ Use with caution in pregnant or lactating women.
- ◆ Use with caution in patients with renal or hepatic impairment.
- ◆ Silver dressings should be assessed after two weeks of commencing, if the wound fails to respond they should be discontinued.
- ◆ Silver dressings should be stopped as soon as bacterial load is under control.
- ◆ Long-term silver use is never indicated.
- ◆ Use with caution in paediatrics.

For further information or advice, contact your local Tissue Viability Nurse

Rationale

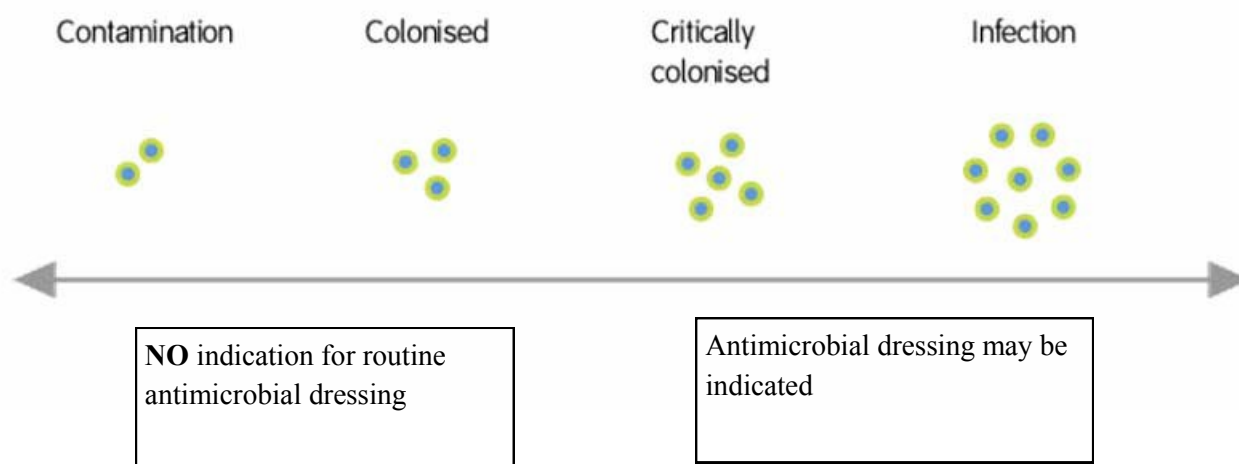
Antimicrobial dressings play an important part in prevention and management of wound infection. It is important that practitioners understand how these products work and when their use is indicated. This guideline has been developed by the South West Yorkshire Wound Management Formulary Group and is for use within these organisations.

Topical antimicrobial dressings contain agents to provide sustained antimicrobial effects; these include ones containing iodine, honey, silver, and polyhexamethylene biguanide (PHMB). The aim of these dressings is to reduce the bacterial load therefore prompting healing. However it is important to note that there is a lack of robust evidence that antimicrobial dressings are effective in preventing or treating infection and widespread use may result in bacterial resistance and toxicity.

The need for an antimicrobial dressing should be based on holistic assessment of the patient and the wound. All chronic wounds that are healing by secondary intention will be contaminated with bacteria, but this level of bacteria will NOT affect wound healing, therefore DOES NOT require routine use of antimicrobial dressing. Only wounds that are critically colonised or infected require topical antimicrobial dressings and the effect of these dressings need to be regularly reviewed to ensure treatment is effective and discontinued as soon as bacterial load is under control. Other options of reducing bacterial load should be considered including wound debridement which may eliminate the need for topical antimicrobials.

It is important to remember that wound swabs will often show evidence of bacteria (contamination), positive wound swab results need to be taken in context of clinical symptoms and DO NOT routinely need to be treated with either topical antimicrobials or systemic antibiotics (further information refer to local wound management formulary).

Wound Colonisation Continuum:



Further information can be found on the wound management section of the South West Yorkshire Area Prescribing Committee's [website](#)

This bulletin has been produced by the South West Yorkshire Joint Wound Management Formulary Group on behalf of NHS Calderdale CCG, NHS North Kirklees CCG, NHS Greater Huddersfield CCG, NHS Wakefield CCG, NHS Bradford City CCG, NHS Bradford Districts CCG, Calderdale and Huddersfield NHS Foundation Trust, Mid Yorks Hospital Trust, Locala, Spectrum, South West Yorkshire Partnership NHS Foundation Trust, Bradford Teaching NHS Foundation Trust, Bradford Community Foundation Trust

The group consists of Tissue Viability Nurses, District and Hospital Nurses, Pharmacists, Pharmacy Technicians and Podiatrists.

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