

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Wound - Antiseptic Dressing Policy
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<b>KEY TERMS</b>	Antimicrobial Wound – Antiseptic / silver dressings / medical honey / Chlorhexidine / Cadexomer Iodine/ Polyhexamethelene Biguinide (PHMB)
<b>SUMMARY</b>	This document outlines the use of antiseptic dressings and has a criteria and algorithm regarding when these dressings should be utilised.

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**1. POLICY STATEMENT**

To ensure that antiseptic dressings are appropriately prescribed, utilised and monitored within SESLHD thereby providing safe and effective wound care for patients. Where uncertainty about the use of an antiseptic dressing exists, a clinician must seek the expertise of a recognised wound care expert within their facility.

**2. AIMS**

- Provide patients with safe effective wound care
- Facilitate appropriate use of Antiseptic dressing products
- Ensure adherence to manufacturer's instructions.

**3. TARGET AUDIENCE**

All clinicians that deliver wound care to patients within SESLHD.

**4. RESPONSIBILITIES****4.1 Registered/Enrolled Nurses will:**

Ensure that they work within their scope of practice and attend relevant education related to this procedure.

**4.2 Line Managers will:**

Ensure all clinical staff are given the opportunity to attend District wound management education and that all clinicians work within this procedure and have appropriate resource and stock items to implement the recommendations within this procedure.

**4.3 Medical staff will:**

Ensure that they work within their scope of practice and attend relevant education related to this procedure.

**5. DEFINITIONS**

**Ankle Brachial Pressure Index (ABPI)** - ratio of ankle arterial systolic blood pressure to brachial pressure<sup>1</sup>.

**Antiseptic / Antimicrobial dressings** - are applied topically. All antiseptic dressings are antimicrobial. They are non-selective agents that inhibit or kill bacteria. They can have toxic effects on human cells, but resistance to antiseptics is unusual and they do not promote healing other than reducing the bioburden in wounds<sup>2,3</sup>

**Biofilm** – up to 100% of chronic wounds have biofilm and it is defined as 'an aggregate of bacteria tolerant to treatment and the host defence'<sup>4</sup>

**Chronic wounds** - occurs when the healing process does not progress through an orderly and timely process as anticipated and healing is complicated and delayed by factors that impact on the person, the wound or the environment<sup>4,5</sup>

**Infection** - invasion of body (or part) by pathogens causing tissue destruction characterised by local and systemic signs and symptoms<sup>4,5</sup>

**Localised infection (previously known as critical colonisation)** - A wound with a level of bacterial colonisation that impairs wound healing but with an absence of host signs of clinical infection. Other signs of localised infection include an increase or alteration in pain, peri-wound oedema, friable granulation tissue, malodour and wound bed discoloration, an increase or alteration in exudate, induration, pocketing and bridging<sup>4,5</sup>

**Wound Care Expert** a person with advanced training in wound management and recognised within the facility e.g. CNC wound care, CNC Stoma and wound care, Nurse Educators.

## 6. PROCEDURE

- Where uncertainty about the appropriate use of an antiseptic dressing exists, a clinician must seek the expertise of a recognised wound care expert within their facility
- Prior to commencement of an antiseptic dressing a complete wound assessment must be carried out and documented on the SESLHD Wound Assessment and Management Plan form (S0056)
- Allergies should be checked prior to commencement of an antiseptic dressing e.g. allergy to iodine, if one of the iodine dressings is being considered
- Criteria for antiseptic dressing (refer to appendix A) is to be used to assess the need for an antiseptic dressing
- Antiseptic dressings may need to be prescribed, dependant on the individual organisation requirements
- Water only should be used to clean wounds prior to using silver dressings
- Preparation of the wound bed is essential prior to application of antiseptic dressings e.g. debridement prior to using silver dressings<sup>2,3,5</sup>
- All wounds where antiseptic dressings are being utilised require re-assessment of antiseptic dressing product/s every two weeks to determine if antiseptic dressings are still appropriate for the wound. Refer to the Antiseptic Algorithm (Appendix B)
- It is recommended that varying the type of antiseptic dressings used on particular wounds should help to prevent host resistance developing e.g. when recommencing an antiseptic dressing regime, it is advocated that different antiseptic dressings be used and not the same product that was initially applied e.g. medical honey or Cadexomer Iodine should be considered if silver was used initially<sup>2,3</sup>
- The clinician must assess the exudate volume before selecting the type of antiseptic product to be used. As the effectiveness of any antiseptic dressing is influenced by the level of wound exudate

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- Document the assessment findings and outcome from the criteria for antiseptic dressing table in the patient’s medical records
- Silver dressings must be removed prior to patient going into the MRI scanner.

**7. DOCUMENTATION**

Wound Assessment and Management Plan Form (S0056)

**8. AUDIT**

N/A

**9. REFERENCES**

- Members of the Advanced Wound Care Network (AWCN), MacLellan, D.G. (Editor). (2007) Wound glossary: Terminology for Wound Practitioners (1st Ed). HEMI (Health Education & Management Innovations)
- Guest editorial (Prof David Leaper (2012) International Wound Journal, Appropriate use of silver dressings in wounds: International consensus document. Blackwell publishing LTD and medicalhelplines.com.inc
- Keast, D & Lindholm, C (2012), Wounds International; Ensuring that the correct antimicrobial dressing is selected, Vol 3, Issue 3
- Management of Biofilm – Position document (2016) World Union of Wound healing societies
- Wound Infection in clinical practice – Principles of best practice (2016) International consensus update

**10. REVISION AND APPROVAL HISTORY**

Date	Revision No.	Author and Approval
May 2010	DRAFT	Area Wound Care Committee
July 2010	DRAFT	Area Patient Safety and Clinical Quality Committee
July 2010	DRAFT	Area Clinical Council
Sept 2010	0	Published
Nov 2011	1	Rebadged in SESLHD template - Michelle Bonner Acting Policy Officer
Dec 2011	2	Comment left in policy removed by Michelle Bonner Acting Policy Officer with approval of Lisa Graaf and Trish Morgan
May 2017	3	SESLHD Wound Committee
September 2017	3	Minor Review – processed by Executive Services

**Appendix A: Criteria for Antiseptic Dressing**

<b>Criteria</b>
<b>A. Acute or post-acute burn injury (If Yes, immediately commence Antiseptic/ Antimicrobial dressings)</b>
<b>B. Meets two or more of the following criteria:</b>
<b>High risk patients</b> (e.g. palliative care / ICU / High Dependency / diabetic, immunosuppressed and/or patients with complex wounds / exposed bone)
<b>History of Repeated infections</b> which are investigated and treated
<b>Wound size not reduced</b> by 30% within two weeks
<b>Exudate</b> has <b>increased</b> or become purulent
<b>Odour</b> present or increased
<b>Debris</b> or necrotic tissue present (consider removal)
<b>Erythema</b> , Oedema and Increased Temperature or change in wound bed colour
<b>Hypergranulation</b> tissue present
<b>Friable granulation</b> (bleeds on contact)
<b>Tissue bridging</b> / rolled wound edges / pocketing / induration
<b>Alteration in pain</b> from wound not associated with procedural pain e.g. increased or new pain.
<b>And the following has taken place:</b>
<b>Investigation/s</b> and treatment of other possible causes of delayed wound healing. <b>Examples for investigations include:</b> Wound biopsy, Ankle Brachial Pressure Index, x-ray etc.
Patient has agreed to follow a <b>comprehensive wound management</b> program
<b>Valid prescription/ documentation/ initiation of Antiseptic Dressings</b>
The Antiseptic dressing product used must be documented in the SESLHD Wound Assessment and Management Plan form S0056

Appendix B: Antiseptic Dressing Algorithm

