

DFU – Local standard of care including TLC-NOSF treatment (UrgoStart)

OFFLOADING

Reduction of pressure is essential for ulcer protection and healing.

If you are not able to provide offloading, document in patient case notes or communicate this to the patient.

Recommendation:

- DFU that is infected, ischaemic or on rear foot: choose removable device. Choose the most suitable for the patient (occupation related, falls assessment). Refer to the local list
- DFU that is non-infected, non-ischaemic, fore or mid foot: choose non-removable device (if not available locally, choose removable device)

DEBRIDEMENT (at each treatment renewal)

Debridement should be carried out in all DFUs to remove surface debris, necrotic non-viable tissue and peri-wound callus. It improves healing by promoting the production of granulation tissue.

WOUND ASSESSMENT (at each treatment renewal)

Frequent DFU inspection/assessment, debridement and redressing should be undertaken based on the DFU findings.

Assess the wound bed and peri-wound using a local assessment tool. Optimise care with appropriate wound bed preparation.

Wound free from infection

UrgoStart

Treat the wound locally using UrgoStart Plus or Urgostart Contact layer which contains TLC-NOSF. Choose the appropriate version (UrgoStart Plus Pad, Urgostart Contact Layer or UrgoStart Plus Border) and size for the wound*.

UrgoStart Plus treatment should be used from day 1 to complete healing.

Healed wound:

Discontinue UrgoStart treatment. Consider on-going review, preventative care and patient education.

Wound infected

Refer to the pathway (IDSA guidelines).

When there are local signs of infection, empiric antibiotic therapy should be administered; refer to your local antibiotic guidelines and according to lab results / clinical response.

Fight the infection locally with UrgoClean Ag. UrgoClean Ag reduces the antimicrobial load in the wound combined with complete cleaning action to remove all debris.

Wound infection successfully treated

Standards of Care

Frequent DFU inspection/assessment, debridement and redressing should be undertaken based on the DFU findings.

Assess the wound bed and peri-wound using a local assessment tool. Optimise care with appropriate wound bed preparation

Evidenced based local wound care

Debridement

Debridement should be carried out in all DFUs to remove surface debris, necrotic non-viable tissue and peri-wound callus. It improves healing by promoting the production of granulation tissue.

If wound is non infected

Use **UrgoStart Plus**, which contains **TLC-NOSF**. Choose the appropriate version (UrgoStart Contact, UrgoStart Plus Pad or UrgoStart Plus Border) and size for the wound*.

UrgoStart Plus treatment should be used from day 1 to complete healing. Do not discontinue treatment until the wound is completely healed.

If wound is infected

When there are local signs of infection, empiric antibiotic therapy should be administered; refer to your local antibiotic guidelines and according to lab results / clinical response.

Fight the infection locally with UrgoClean Ag. **UrgoClean Ag** reduces the antimicrobial load in the wound combined with complete cleaning action to remove all debris.

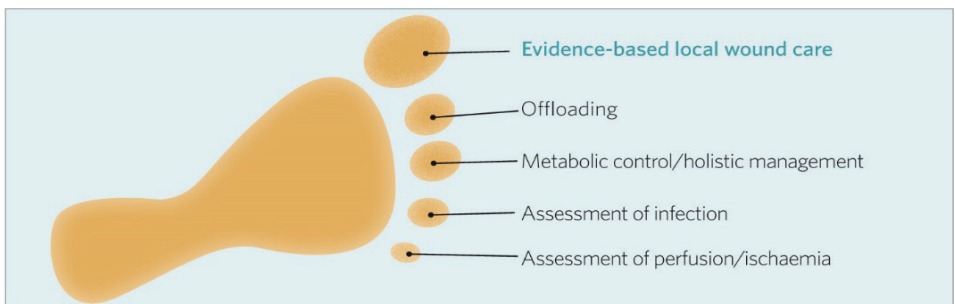


Figure 5: The pillars of DFU standard of care with the addition of evidence-based local wound care (Wounds UK, 2018)

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