1. PURPOSE AND BACKGROUND

- This clinical practice guideline provides direction relative to the use of silver dressings and negative pressure wound therapy within the Winnipeg Regional Health Authority.
- The guideline was developed by a working group of local clinical experts which included Plastic Surgeons, Surgeons, Infectious Disease Specialists and Advanced Wound Care Clinicians. The guidelines are based on an extensive review of the available evidence including commissioned health technology assessments from the Canadian Agency for Drugs and Technologies in Health.

2. DEFINITIONS

**Silver Dressings**: Any wound dressing containing silver.

**Negative Pressure Wound Therapy**: A wound treatment modality designed to create a negative pressure environment at the wound site.

**Advanced Wound Care Clinician**: (a) A Nurse Practitioner with specific training in wound care; or b) Other Health Care Provider (RN, CNS, OT, PT, etc.) who has completed a recognized wound care program. Recognized programs are:
   - Enterostomal Therapy (through the Canadian Association of Enterostomal Therapists or Wound Ostomy Continence Nurse)
   - University-affiliated wound care education program.

3. GUIDELINES

**Silver Dressings**
There is limited evidence to support the use of silver based dressings.

1. **Indications for use**
In conjunction with a referral to a dermatologist, specialist in Infectious Diseases, or surgeon, silver may be indicated for the following types of wounds:
   - Burns
   - Necrotizing fasciitis
   - Toxic epidermal necrolysis syndrome (TENS)

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1 To date, only nanocrystalline silver dressings have sufficient evidence from *in vitro* studies to support its use in burn care.
CLINICAL PRACTICE GUIDELINE

USE OF SILVER DRESSINGS AND NEGATIVE PRESSURE WOUND THERAPY

Approved By: WRHA Standards Committee and WRHA Professional Advisory Committee
Pages: 2 of 3

Approval Date: April 27, 2012
Supercedes: New

1. Wounds that have failed to improve with conventional therapy despite optimal care for a minimum of four weeks (debridement, pressure off loading, optimal peripheral perfusion)

2. Those authorized to order silver: Should be limited to Advanced Wound Care Clinicians, Nurse Practitioners, Physicians, Dermatologists, Specialists in Infectious Diseases and Surgeons.

3. Reassessment: Use of silver should be re-evaluated and stopped if there is no improvement after two weeks (except in cases of Burns, Necrotizing fascitis, TENS).

Negative Pressure Wound Therapy

There is limited evidence supporting enhanced wound healing with negative pressure wound therapy. It is acknowledged that negative pressure wound therapy is a management enabler of large complex wounds.

1. Indications for use:
   - Abdominal compartment syndrome
   - Fasciotomy wounds
   - Skin grafts (placed on in operating room to stabilize the new graft)
   - Large open surgical wounds (once debrided and any infection is being treated)

   It was noted that such patient factors as the ability to adhere to and tolerate treatments and lifestyle must be considered in the decision to use negative pressure wound therapy. Nutrition, pressure management, smoking cessation, glycemic control and other factors for optimal wound healing must be concurrently addressed.

2. Those authorized to order Negative Pressure Wound Therapy: Should be limited to Advanced Wound Care Clinicians, Physician Specialists and Surgeons.

3. Frequency of dressing changes: It is recommended that dressing changes be completed 2-3 times per week.

4. Reassessment: Use of negative pressure wound therapy should be re-evaluated and stopped if there is no improvement after two weeks. Maximum length of therapy should be 4 weeks unless sole indication is for complex management issues. If a patient is being discharged to the community with negative pressure wound therapy, timely follow-up with the Surgeon and Advanced Wound Care Clinician should be arranged.
4. **REFERENCES**


Winnipeg Regional Health Authority. (March 2011). Regional Policy 110.000.320 – Wound Care.

5. **AUTHOR GROUP (in alphabetical order)**

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