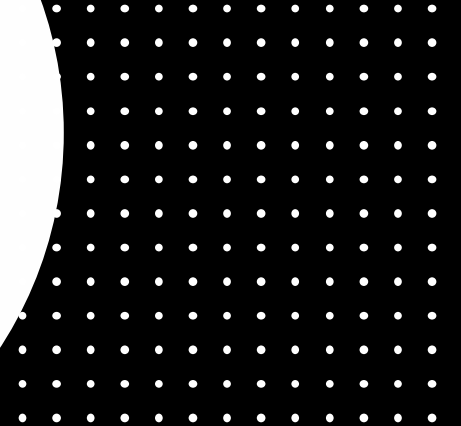
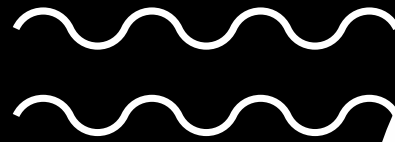


# Silver Dressings



Eva Harris Tissue Viability Nurse Specialist  
Swindon Community Team Lead

This presentation has been developed for the clinical pharmacy team.

Some Images have been replaced to add presentation to the website as consent gained for education not publication

# What are we using Silver (Ag)dressings for?

## **Background**

As part of a group of antimicrobial wound management products

Available in a number of formats depending on clinical need

- Irrigation fluids
- Topical emollients
- Topical gels
- Dressings

## **Purpose**

To manage locally infected wounds whilst promoting antibiotic stewardship

# What are we using silver dressings for?

## Swindon Pathways

Skin Tear Pathway - Urgotul Silver - infected skin tears

Leg Ulcer Pathway Urgotul Silver, Urgo Clean Ag, Acticoat Flex 3 Infected Leg Ulcers

Heel and Foot Pathway – Urgotul Silver Heel or foot wounds with signs of infection

Diabetic Foot Pathway - Urgotul Silver + Urgo Clean Ag - infected wounds

**All of the above silvers are on the Swindon's wound care formulary so available via ONPOS (Wiltshire and Bath may vary- Formeo)**

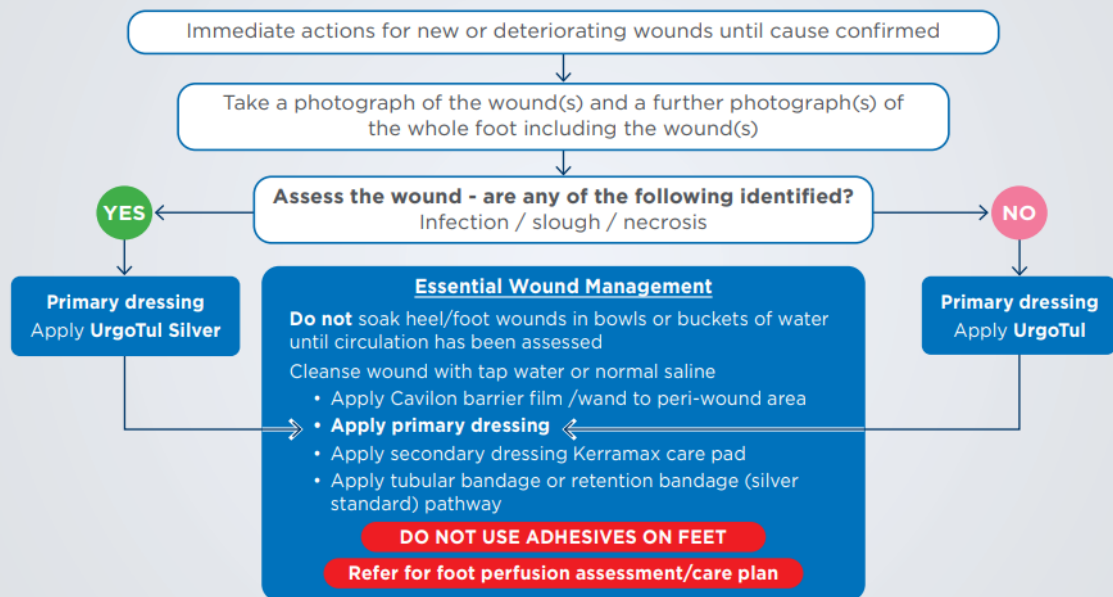
**FP10 prescribing of the above dressing or alternative silver dressing would only be required to;**

- ☐ support a patient self-managing – however practices are being encouraged to provide dressings from stock where possible
- ☐ Specialist recommendation off formulary e.g TVN, Burns Specialist

# Examples of Wound Care Pathways

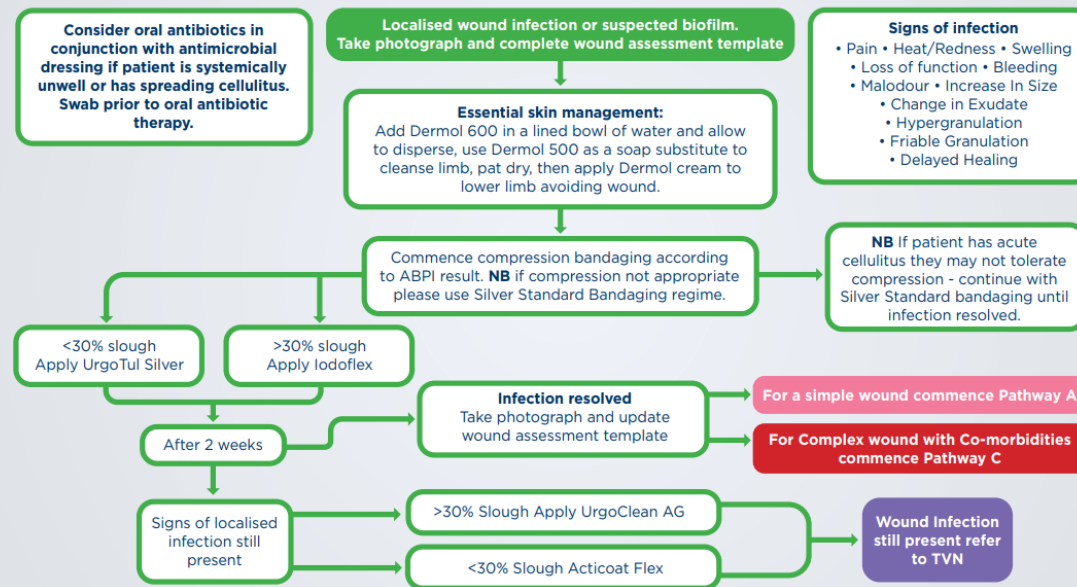
## Heel/Foot Pressure Ulcer Pathway

**NHS**  
Great Western Hospitals  
NHS Foundation Trust



See overleaf for guidance on infection and escalation process for pressure ulcers/ diabetic foot ulcer and ischaemic limbs.

## PATHWAY B: ANTIMICROBIAL PATHWAY



Minimum requirement is to take wound dimensions and photograph every 4 weeks

Warning – graphic wound images!!



# NEED FOR ANTIMICROBIALS – Antibiotic stewardship





## 7 days of Silver dressings



**“Minimising use of unnecessary  
broad-spectrum antibiotics” -  
Wounds UK, 2020**



## What to do if you find a patient who has been using a silver dressing long term?

- Most silver usage would be recommended on a two-week and review - Wounds UK, 2021
- Sometimes patient are high risk of infection or have had repeated infections and so a long-term silver may be recommended
- EOL patient may have pressure damage, it would not be appropriate to actively manage these patients and so often a conservative management plan is used often with Urgotul silver
- Vascular patients who are not for surgical treatment or hospital admission apart from
- Patients with Fungating wounds

“When a silver dressing is used for prophylaxis, the rational should be fully documented in the patients' health record and the use of the dressing regularly reviewed, eg every **two weeks.**” - International consensus. Appropriate use of silver dressings in wounds. An expert working group consensus. London: Wounds International, 2012.



# When to refer to TVN service?

- When a patient has been prescribed silver dressing long term with no clinical review documented for a long period and specialist assessment is required to support potential deprescribing
- When a wound is making no improvement after four weeks of following an appropriate treatment plan
- As per any of the wound care pathways – Typically four to six weeks if wounds are not responding

## **Critically challenge practice:**

- **rational for off formulary prescribing**
- **rational for extended use**
- **Lack of specialist intervention**

# Reference List

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- Wounds UK (2020) Best Practice Statement: Antimicrobial stewardship strategies for wound management. Wounds UK, London.
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