

Use of the dehisced surgical wounds aetiology-specific T.I.M.E. clinical decision support tool (CDST) in a homecare setting eased decision-making, guided appropriate treatment and reduced the need for consultation with specialists

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Key points

Use of the dehisced surgical wounds T.I.M.E. CDST by non-specialists helped to:



Overview

- A case series of four patients whose dehisced surgical wounds were managed using the aetiology-specific T.I.M.E. CDST by non-specialist nurses at a homecare service in the USA
- Nurses discussed participation with eligible patients and obtained their consent
- Nurses were educated on use of the aetiology-specific T.I.M.E. CDST and how to complete the data collection forms
- Wound size, condition of wound bed, wound healing progression and achievement of wound management goals were recorded over 4 weeks

Results

- Use of the dehisced surgical wounds T.I.M.E. CDST eased decision-making, guided appropriate treatment and reduced the need to seek assistance from specialists (Table)
- For specific cases it also enabled more consistent use of the formulary and improved ability to assess tissue type; it was considered beneficial for nurses new to wound care

Table. Barriers to healing identified using the T.I.M.E. CDST and wound outcomes in patients with dehisced surgical wounds

Patient	Wound dimensions	Healing barrier identified	Outcome at 4 weeks
Male, aged 54 years <i>Dehisced surgical wound on cervical spine (Grade 3)</i>	9.5cm (length) 4.0cm (width) 1.7cm (depth)	Non-viable tissue and non-advancing edges	<ul style="list-style-type: none"> Wound healing progressed well without infection Wound reduced in size to 6.1cm (length), 3.5cm (width), 1.0cm (depth)
Male, aged 62 years <i>Dehisced surgical wound under intact staples on lower back (Grade 1)</i>	11.0cm (length) Width and depth could not be measured	Moisture imbalance	<ul style="list-style-type: none"> Wound had healed after two weeks of treatment
Male, aged 63 years <i>Dehisced surgical wound on abdomen (Grade 2)</i>	12.0cm (length) 2.5cm (width) 6.0cm (depth)	Non-viable tissue and moisture imbalance	<ul style="list-style-type: none"> >90% granulation tissue with epithelialising edges Wound reduced in size to 8.0cm (length), 2.5cm (width), 5.0cm (depth)
Male, aged 61 years <i>Dehisced surgical wound amputation below the knee (Grade 4)</i>	2.3cm (length) 1.2cm (width) Depth not reported	Non-viable tissue, infection and moisture imbalance	<ul style="list-style-type: none"> 100% granulation tissue Wound size reduced overall to 0.3cm (length), 1.8cm (width) and 0.1cm (depth)

Conclusions

Use of the dehisced surgical wounds T.I.M.E. CDST, as part of a systematic and structured approach to wound management, helped to ease decision-making, guide appropriate treatment and reduce the need to seek assistance from specialists.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.