

Use of the diabetic foot ulcer (DFU) aetiology-specific T.I.M.E. clinical decision support tool (CDST) provided consistent guidance on appropriate treatment and aided communication between specialist and non-specialist clinicians

Nair HKR, Kaur G. Using the diabetic foot ulcer aetiology-specific T.I.M.E. clinical decision support tool to promote consistent holistic wound management and eliminate variation in practice. *Wounds International*. 2021;12(3):38–45.

Available at: [Wounds International](#)

Key points



Eased decision-making, guided appropriate treatment and provided a systematic management approach for the non-specialist



Facilitated communication between wound care specialist and non-specialist



Helped to promote consistent holistic wound management and eliminate variation in practice

Overview

- A case series of four patients with DFUs managed by a non-specialist using the aetiology-specific T.I.M.E. CDST at a wound care clinic in Malaysia
- Following diagnosis by a wound care specialist, the DFU T.I.M.E. CDST was used by the non-specialist at each patient review to guide wound bed preparation and dressing selection alongside local protocols and guidelines
- Wound healing parameters, including wound size, condition of wound bed, wound healing progression and achievement of wound management goals, were recorded each week
- Wounds were graded using the Texas Foot Score Classification (from 0A – pre-ulcerative lesions and no skin break, to 3D – penetrating bone or joint with infection and ischaemia)

Results

- Use of the DFU T.I.M.E. CDST helped to guide a comprehensive multidisciplinary team approach for DFU management in all four patients (Table)
- The non-specialist felt that the DFU T.I.M.E. CDST supported decision-making, enhanced confidence and enabled consistent use of dressings and wound care products

Table. Barriers to healing identified using the DFU T.I.M.E. CDST and wound outcomes at 4 weeks in four patients with DFUs

Patient	Wound size and grade	Healing barrier identified	Outcome at 4 weeks
Female, aged 49 years DFU resulting from toe amputation (post-traumatic blister)	7.5cm (length) 5.5cm (width) Grade: 2A	Non-viable tissue and non-advancing edges	<ul style="list-style-type: none"> • Wound size reduced to 4.8cm (length) and 2.0cm (width) • 90% granulation tissue, 10% sloughy tissue, moderate exudate, advancing wound edges
Female, aged 38 years DFU resulting from an incision to drain an abscess	8.0cm (length) 1.5cm (width) Grade: 1A	Infection and moisture balance	<ul style="list-style-type: none"> • Full wound closure
Female, aged 73 years DFU resulting from toe amputation	15.0cm (length) 5.0cm (width) 1.0cm (depth) Grade: 1B	Moisture balance and non-advancing wound edges	<ul style="list-style-type: none"> • Wound size reduced to 11.0cm (length), 2.0cm (width) and superficial depth • Pain resolved and the patient could continue activities of daily living
Male, aged 30 years DFU resulting from a corn	2.0cm (length) 0.5cm (width) 1.0cm (depth) Grade: 1A	Non-viable tissue, suspected biofilm, non-advancing wound edges	<ul style="list-style-type: none"> • Wound size reduced to 1.3cm (length), 0.4cm (width) and 0.2cm (depth) • Wound bed: 80% callus, 20% granulation tissue • No signs of infection

Conclusions

Use of the DFU T.I.M.E. CDST by a non-specialist eased decision-making, guided appropriate treatment and provided a systematic wound management approach, as well as aiding communication between clinicians.

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