

Caring for hard-to-heal wounds

Panel recommendations for community-based caregivers



A group of wound care experts published a manuscript in the *International Wound Journal*, titled The Role Community-Based Healthcare Providers Play in Managing Hard-to-Heal Wounds.¹ The published manuscript provides a list of actionable recommendations specifically tailored to community-based caregivers who encounter wounds. The goal is to shed new light on the critical role these best practices play in managing and preventing hard-to-heal wounds.

Hard-to-heal wounds:

- "Fail to progress towards healing with standard therapy in an orderly and timely manner and should be referred to a qualified wound care provider for advanced assessment and diagnosis if not healed or reduced in size by 40-50% within 4 weeks."
- "Community-based healthcare providers can play an important initial role by seeing the individual's hardto-heal wound risk, addressing local infection, and providing an optimal wound environment."

The simplified algorithm is to help community-based caregivers systematically identify, evaluate and treat hard-to-heal wounds.



Scan to review full manuscript

Holistic wound assessment General steps for product and dressing selection within the "TIMERS" framework

Tissue³



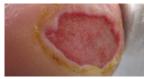




Mixed non-viable

(with or without eschar, slough, pink non-granulating or red granulation

Photo provided by PJ Idensohn



Clean pink non-granulating



Beefy, red granulation

Cleanse: Cleanse wound and periwound with antiseptic solution cleanser +/surfactant, e.g., hypochlorous PHMB acid

Debride: Remove nonviable tissue (slough) mechanically with gauze or debridement pad and/or consider autolytic debridement as appropriate. In presence of full-thickness eschar,* referral to a qualified wound care provider is recommended

Inflammation with or without infection^{4,5}

Assume inflammation is present with or without infection



Address excess proteases and use proteasemodulating dressing (collagen) with or without topical antimicrobial if appropriate





3M™ Promogran" with ORC



3M™ Promogran Prisma™ Collage Matrix with ORC and Silver

or



3M™ Promogran Prisma™ Collager Matrix with ORC and Silver

Solventum" ActiV.A.C." Therapy System

Is the wound infected?

Too dry



Inflamed and locally infected wound

Photo provided bu PJ Idensohr

Local infection:

Covert

- Topical antimicrobial dressing per exudate
- Careful monitoring

Overt*

• Topical antimicrobial dressing per exudate level

Spreading and systemic infection:

- Consider systemic treatment as per sensitivity/ susceptibility culture
- Topical antimicrobial dressing per exudate level and sensitivity/ susceptibility



3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver



3M™ Silvercel™ Non Adherent Antimicrobial Alginate Dressing

Moisture/exudate

Toolbox

• Hydrogel-impregnated

• Hydrogel

dressina

3M™ Nu-Gel™

Hydrogel with

3M™ Kerralite Cool™

Moisture Balancing

Hydrogel Dressing

Alginate



Toolbox

• Hydrocolloid

Foam dressing

dressina

3M™ Promogran

Prisma[™] Collagen

3M™ Tegaderm™

Clear Acrylic Dressing

3M™ Tegaderm™ High

Performance Foam

Adhesive Dressing

3M™ Fibracol™ Plus

Dressing with Alginate

Collagen Wound

and Silver

Matrix with ORC

• Acrylic dressing

• Collagen/composite



Toolbox

Alginate dressing

• Collagen dressing

Foam dressing

3M™ Kerracel™ Gelling

Prisma™ Collagen Matrix

with ORC and Silver

Fiber Dressing

3M™ Promogran

3M™ Fibracol™ Plus

Dressing with Alginate

Absorbent Dressing

Collagen Wound

3M™ Kerramax

Care™ Super-

• Gelling fiber dressing



Saturated+



Toolbox

• Super-absorbent dressing

3M™ Kerramax

Care™ Super-

3M™ Kerramax

Border Dressing

Absorbent Dressing

Solventum™ ActiV.A.C.™

Therapy System is

exuding wounds

appropriate for use in

low. moderate or highly



Unattached with or

without undermining*

Toolbox



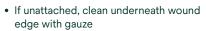
3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Barrier product

Foam dressing

Edge of wound

Attached



- If edges rolled, cliffed or callused, debride as appropriate or refer to qualified wound care provider for debridement*
- If tunneling or undermining noted, ensure these spaces are loosely packed with selected dressing material and refer to qualified wound care provider*
- If periwound maceration noted, ensure the correctly sized dressing is appropriately applied and use barrier product on wound edge

Repair/ regeneration

Refer to a qualified wound care provider if the wound has not healed or the wound size has not reduced by 40-50% by week 4 for advanced therapies.*

If the ulcer shows <50% area reduction (per Local Coverage Determination), they may consider skin substitute grafts alongside standard of care.



• Comprehensive patient assessment

- Sustemic disease management
- Cleansing
- Debridement
- Offloading (DFU) or compression (VLU)
- Proper nutrition
- Smoking cessation

Bolstering solutions for skin substitutes, flaps & grafts

Solventum™ V.A.C.® Peel and Place Dressing**

Solventum™ V.A.C.°

Granufoam™ Dressing

Non-Adhering

Dressing











Social

Assess patient and family dynamics:

Probe to determine patient's ideas, concerns and expectations; 6 identify biggest impediments to wound healing such as nicotine use

See wound cleansing

Odor:

and infection

Assess and collaborate with appropriate healthcare professionals

Pain:

*Recommended referral to qualified wound care clinician. †Carefully observe and refer if worsens or no improvement. ©Cannot be combined with Negative Pressure Wound Therapy, **Promogran Prisma Matrix is not labeled for use under V.A.C.® Peel and Place Dressing. ++Must be used with a protective layer, such as 3M™ V.A.C.®

NOTE: Specific indications, contraindications, warnings, precautions, and safety information exist for these products and therapies, some of which may be Rx only. Please consult a clinician and product instructions for use prior to application.



wrap/hosiery

3M™ Coban™2

3M™ Coban™ 2

Lite Two-Layer

Two-Layer

Toolbox

Compression System⁵

Compression System[§]

• Compression therapy









Photo provided by PJ Idensohn



Protectant

Toolbox

- Barrier product (liquid barrier film, including cyanoacrylates)
- Moisturizer







Healthy periwound

appearance

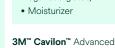
cuanoacrulates)

Skin Protectant, 3M™









Cavilon™ No Sting Barrier Film and 3M™ Cavilon™





Scan here for an interactive algorithm with more product information.

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PJ Idensohn, Cathy Milne and Dot Weir are all paid consultants of Solventum. All images provided are courtesy of PJ Idensohn, Cathy Milne and Dot Weir.

References

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Solventum Medical Surgical 3M Center, Building 275 2519 Conway Avenue East St. Paul, MN 55144-1000

Phone 1-800-228-3975 Web Solventum.com

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