



Managing the Non-healing Wound: Principles of Wound Bed Preparation

Nurses and other care providers are frequently challenged by wounds that do not show progress despite receiving appropriate wound care. This module will help the participant learn about the factors that contribute to impaired healing and interventions to move the non-healing wound toward closure. During this session, the presenter will review the significance of wound etiology, systemic and local factors that affect wound closure and focus on four major barriers to wound healing identified by the acronym **TIME**: **T** = Tissue nonviable or deficient; **I** = Infection or inflammation; **M** = Moisture imbalance; **E** = Edge of wound non-advancing or undermined.



Objectives

- Differentiate normal (acute) wound healing from chronic wound healing
- Discuss factors that contribute to impaired healing in the chronic wound
- Identify the TIME principles of wound bed preparation – the major barriers to wound closure

This program includes:

Clinical education

- PowerPoint® for Train-the-Trainer
- Live webinar training by Smith & Nephew clinical staff
- Chaptered video on DVD



Product training

- Training on Smith & Nephew products by Smith & Nephew representative
- DVD of product application demonstrations



Bedside tools

- TIMEsaver booklet
- Wound Care Quick Reference Clinical Guide



Multi-media resources – for review on-demand

- Managing the Non-Healing Wound: Principles of Wound Bed Preparation – Chaptered DVD
- Recorded webinar
- Product Training DVD
- Introduction to Wound Bed Preparation: Interactive learning module on Global Wound Academy at www.globalwoundacademy.com
- Visit www.smith-nephew.com for additional product information



Suggestions for success:

1. Wound Assessment and Documentation lesson series should be considered a prerequisite to this series
2. Review the Wound Care Quick Reference Clinical Guide
3. Identify individuals in your care with non-healing wounds and discuss whether interventions from this module may apply
4. Discuss with staff the subtle, and often overlooked, signs of infection in the chronic wound
4. Monitor progress and change plan of care as needed