Getting Evidence into Clinical Practice:
General Practice Nurse Evidence Based Practice (CAT Group)
Date: Sept 2016

Specific Question:

Is an aseptic technique (using sterile dressing packs (SDPs)) superior to a clean technique when performing wound care procedures in primary care?

Clinical bottom line

There is a distinct lack of trial data investigating the use of, or proving any benefit of SDPs.
The use of SDPs should be regularly reviewed. Ensure they are being used appropriately in line with the local wound care policy and with minimal waste of pack contents.
Ensure that if an SDP is needed at all, that the most cost-effective product meeting requirements is prescribed. Decide whether a procedure needs to be clean or sterile before opening a sterile dressing pack. The majority of wounds managed in the community (mainly chronic) only need a clean procedure. When an SDP is needed, use a product with more useful contents e.g. gloves/apron included. Regularly assess wound healing and match prescribing of SDPs accordingly, rather than automatically prescribing a quantity of ten per script. Issuing prescriptions for four or five individual SDPs should prompt a review of the wound after two weeks.

Why is this important?

A previous GPN CAT has identified the lack of superiority for saline solution compared to tap water for wound cleansing and irrigation. This therefore raises the question of whether there is a need to perform an aseptic technique for such a procedure (i.e use of a sterile dressing pack), if the water used is no longer necessarily sterile. Would a clinically clean technique be inferior to a sterile/ aseptic technique?

Search timeframe (e.g. 2006-2017)

Inception of searched databases to Sept 2016

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Date CAT completed: Sept 2016
Date CAT to be reviewed: Sept 2018

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Inclusion Criteria

	Description	Search terms
Population and Setting	Adults requiring wound cleansing/ irrigation	**P**: Wound cleansing Wound irrigation Wound care Chronic wound Laceration Traumatic wound Leg ulcers Foot ulcers
Intervention or Exposure	Clean (non-aseptic) technique	**I**: Clean technique Clinically clean technique Non-sterile technique Non-aseptic technique
Comparison, if any	Aseptic (non-touch) technique	**C**: Aseptic technique Sterile technique
Outcomes of interest	**Primary**: Infection rates, wound healing rates **Secondary:** patient satisfaction	**O**: Wound healing Wound infection Infection Reduction of infection
Types of studies	RCTs and systematic reviews. Guidelines/ Recommendations	Comparative study

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Routine Databases Searched

Cinahl, BNI, Embase, Pubmed, Ahmed, Web of Science, PresQuipp

Date of search- Sept 2016

Results of the search

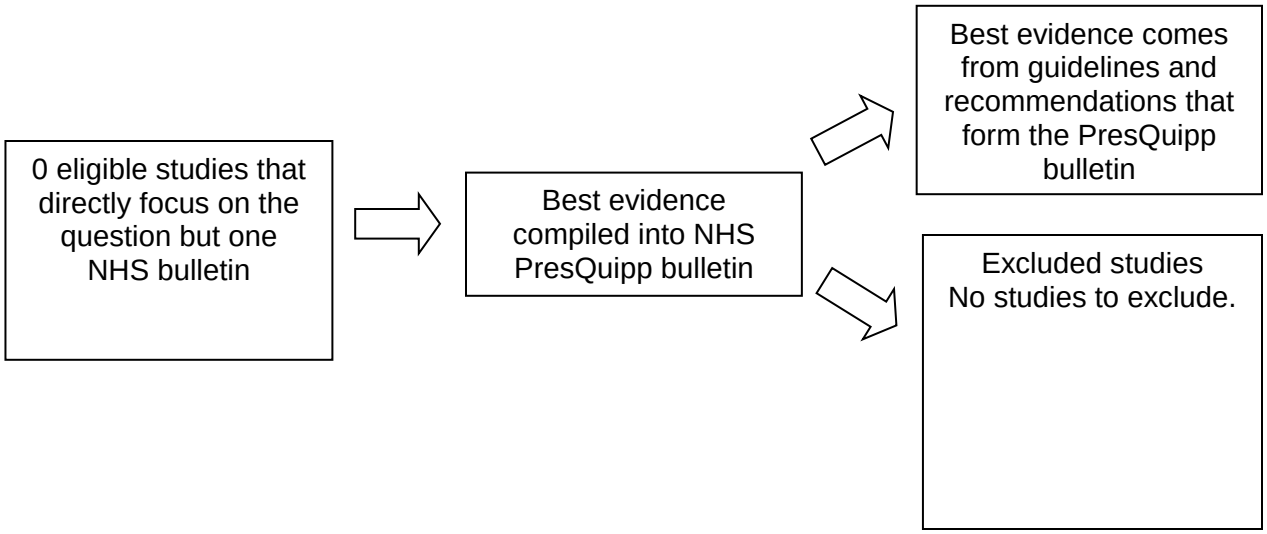

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Table 1- Detail of included studies

First Author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
NHS PresQuipp bulletin no. 65 (June, 2014)	na	na		The NHS PresQuipp bulletins offer high quality, pre-appraised literature to answer the question.

Summary

The NICE Clinical Guidelines “Infection: prevention and control of healthcare-associated infections in primary and community care” and HPA “Infection Control Guidelines in Community Settings” both advise upon the use of disposable gloves when handling wounds. They also both advise upon the use of single-use aprons to protect clothing from contamination with body fluids. However there is no recommendation in either guideline on the use of SDPs specifically for these purposes. Careful consideration should be given before prescribing SDPs, especially as some have contents which are no longer recommended in wound care (cotton wool, woven gauze). Regularly assess wound healing and match prescribing of SDPs accordingly, rather than automatically prescribing a quantity of 10 per script. This quantity would cover 5 weeks of dressing changes in most cases. Issuing prescriptions for 4 or 5 SDPs will prompt a review of the wound after 2 weeks. Reducing inappropriate prescribing in SDPs will release significant savings.

Implications for Practice/research

The contents of the most popular dressing packs issued on prescription have barely changed over the years and contain items that no longer have a place in modern wound treatment (e.g. cotton wool, gauze swabs). It is essential to consider how useful the SDPs contents are, how much is thrown away unused and what is missing that would ensure adequate aseptic technique when needed.

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What would you tweet? (140 characters)

Over £4.8 million is spent annually on SDPs in England. Practice nurses should focus on reducing any unnecessary expenditure and the use of SDPs, whilst still maintaining high standards of wound care and infection control.

References

NHS PresQuipp bulletin 65 (June 2014)
https://www.prescqipp.info/wound-care-sterile-dressings/send/108-wound-care-sterile-dressing-packs/1350-sdp65