# Clinical Pathway for Stimulan with antibiotics

1. Assess suitability for Stimulan

#### Patient Assessment

- Can the patient consent to treatment and be compliant?
- → Check antibiotics allergy status
- → Patient baseline investigations as per local protocol

#### Limb (Vascular) assessment

- → Stimulan can be used with an ABPI < 0.4 within an MDT setting that includes Vascular
- → Standalone pods should refer to MDT for vascular assessment if ABPI <0.8</p>

### Wound Assessment

- ightarrow Clinical/radiological suspicion of bone infection
- ightarrow Wound size to accept 1-2 beads minimum
- → Microbiological samples as per normal local protocol
- → Wound base: <50% slough to base after debridement

#### Patient suitable for Stimulan

Active signs of Infection\*

Stimulan mixed with antibiotics. For severe wounds, refer for surgical debridement +/- Stimulan application with clinic follow up.

Non-Active Infection\*

Stimulan mixed with antibiotics for chronic wounds with/without bone probing and osteomyelitis confirmed by imaging.

# Patient not suitable for Stimulan

New ulcer with no depth and no infection – continue with conventional dressings as per local formulary.

### 2. Prescribe Stimulan

3. Apply

Stimulan

"Prescribing" and "Ordering"

5cc Stimulan Rapid Cure 620-005 (via local delivery agreement) V300/FP10 prescription of antibiotics (licensed) 500mg of Vancomycin powder

120mg (3ml) of Gentamicin liquid

120mg (3ml) of Tobramycin liquid

or

5g Stimulan Antibiotic Beads as a "Special" FP10 Prescription of Stimulan Antibiotic Beads Stimulan Antibiotic Beads to include 260mg Vancomycin & 62.4mg Gentamicin

1 x 5g Beads – to be supplied by Xeal Pharma

### Application of Stimulan

- ightarrow Debridement of slough/devitalised tissue
- ightarrow Apply barrier film around the wound
- ightarrow Pack in Stimulan antibiotic beads
- ightarrow Seal in the beads with a non-stick silicone transparent dressing
- ightarrow Apply pressure relief measures if needed
- ightarrow Continue further secondary absorbent dressings/bandaging as required

## 4. Monitor Stimulan

### Monitoring

- → 2-3 days following initial application monitor exudate levels and infection levels (Monitoring in acute or community settings as per local guidelines).
- ightarrow Increase intervals as deemed appropriate dependent upon infection and exudate levels.
- ightarrow When monitoring, leave beads in situ and refresh outer dressings only.
- → Repeat bloods/check infection markers per general protocols.
- → Remove beads if patient shows any signs of sensitivity or deterioration of peri-ulcer site (necrosis or spreading infection whilst in situ).
- Repeat imaging at 4 weeks if osteomyelitis was diagnosed at initial assessment to ascertain whether further bone involvement has occurred.
- ightarrow Continue to re-assess and apply more beads if necessary.

This clinical pathway is a guide - clinicians should use their own clinical judgement and follow local guidelines. \*Follow local guidelines on the use of systemic antibiotics. Refer to the manufacturer regarding mixing data for other antibiotics (off label) and any technical support.

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