

Prescribing Policy Statement; Safe prescribing of silver dressings in Mid Essex

Mid-Essex Clinical Commissioning Group does not support the prescribing of silver dressings outside of the recommendations detailed below.

Silver dressings are topical wound care products derived from ionic silver. They release a steady amount of silver to the wound and provide antimicrobial action.

There are safety concerns with the use of silver dressings. We only support primary care prescribing/use of silver dressings if other antimicrobial dressings are unsuitable and/or have not improved the wound infection.

- Silver can have a cytotoxic effect and there is evidence of bacterial resistance
- Silver dressings should not be used on uncomplicated ulcers or acute wounds as there is some evidence to suggest they delay wound healing ([NICE BNF Silver Dressings link](#))
- There is little evidence of the efficacy of silver against anaerobes although these are often present in chronic wounds. NICE states there is no robust clinical or cost-effectiveness evidence to support the use of silver dressings over non-medicated dressings for the prevention or treatment of chronic wounds ([NICE evidence summary March 2016 link](#))
- Silver can permanently stain the skin (Argyria) and will reduce keratinocyte (skin) production; high deposits of silver can have a toxic effect on internal organs.
- Silver dressings are not suitable for wounds where epithelium (new skin) is the aim; the cytotoxicity of silver will delay wound healing

Recommendations when prescribing silver dressings:

- They should only be considered to reduce bioburden within the wound ([Wound International 2012 link](#)) for infected wounds where there is increase pain and heat, pyrexia, purulent exudate, increase localised oedema and redness and malodour. If unsure of wound complexity, contact the Tissue Viability Team
- The choice of silver dressing must comply with the dressings formulary which is published on the Mid Essex CCG website ([ONPOS link](#))
- The dressings must be prescribed as an acute prescription for a **maximum of two weeks and then review** (see decision aid below). Exact directions and quantity must be specified to avoid overuse and wastage
- The silver dressing is to remain in situ in the wound for up to 3-7 days depending on the wound exudate (can change outer dressing only) If more frequent dressing changes are required, silver dressings are not appropriate
- 2-5 dressings are recommended to cover a treatment period of up to two weeks and then wound to be reassessed
- If after 4 weeks there is still no improvement, the Tissue Viability Team will discuss with infection control and/or consider changing the antimicrobial dressing. For complicated ongoing wound infections, the TVN team will discuss with a microbiologist

NHS healthcare professionals are expected to choose a cost-effective dressing that meets the required characteristics appropriate for the type of wound and its stage of healing (e.g. size, adhesion, conformability and fluid handling properties)

Antimicrobial dressings/products – excerpt from GP Practice Dressings Formulary:

Dressing/Product	Order of choice	Duration of each application depending on wound
Cutimed Sorbact 4cm x 6cm, 7cm x 9cm, 2cm x 50cm	First Line	up to 3 days
Inadine dressing 9cm x 9cm	Second Line	up to 3 days
Iodoflex paste 5g	Second Line	up to 3 days
Medihoney products – refer to formulary for approved items	Second Line	up to 7 days
Biatain Alginate Ag 5cm x 5cm, 10cm x 10cm, 3cm x 44cm	Third Line	up to 7 days
Biatain Ag non-adhesive foam 5cm x 7cm, 10cm x 10cm	Third Line	up to 7 days
Biatain Silicone Ag foam with gentle border- 3 sizes	Third Line	up to 7 days
Urgotul Silver Contact Layer 10cm x 12cm, 15cm x 20cm	Third Line	up to 3 days
Acticoat adhesive 10cm x 10cm	On TVN advice only	up to 3 days

Providers commissioned to provide services on behalf of Mid-Essex CCG are reminded that they are required to follow the Mid-Essex CCG formulary and prescribing guidance as detailed in their contract ([Medicines Standards 2018-2021](#))

Decision aid for silver dressings

Critically colonised and infected wound

Two weeks trial of antimicrobial dressing e.g. iodine or honey (as long as appropriate for patient*)

If no improvement and wound meets criteria for silver dressing as described above, initiate "two week challenge" of silver dressings

After two weeks of silver dressing

No improvement

Stop silver dressing. Change to non-silver. Refer to TVN

Some improvement but still sign of infection

Continue silver dressing for further 2 weeks and refer to TVN. Re-assess at 2 weeks and if improvement, cancel TVN referral

Improvement - No sign of infection

Good clinical outcome. Discontinue silver dressing

*Iodine dressings are not suitable for patients with thyroid disorders. Honey dressings are not suitable in wounds with high levels of exudate and will make the wound wetter. Always check product license for cautions and contraindications and consider patient's comorbidities before prescribing. Contact the Tissue Viability Team for guidance.

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References	https://www.prescgipp.info/our-resources/bulletins/bulletin-53-wound-care-silver-dressings/ https://www.nice.org.uk/advice/esmpb2/chapter/Key-points-from-the-evidence https://bnf.nice.org.uk/wound-management/silver.html https://www.wounds-uk.com/journals/issue/38/article-details/adopting-the-2-week-challenge-in-practice-making-the-case-for-silver-dressings https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/17-wound-management/infected-wounds
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