

## **IWII WOUND INFECTION CONTINUUM** AND MANAGEMENT GUIDE

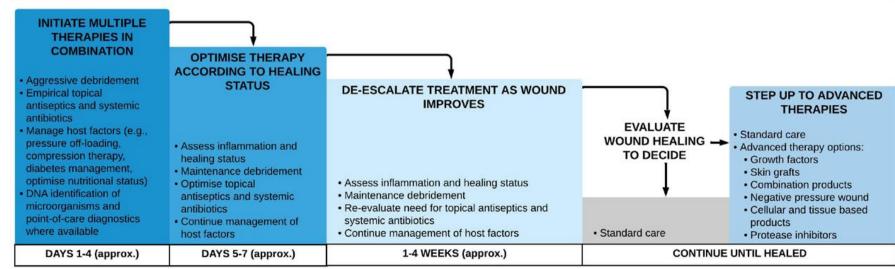


Increasing microbial burden in the wound

As the continuum green shading darkens,

	CONTAMINATION	COLONISATION	LOCAL WOUN COVERT (subtle)	ID INFECTION OVERT (classic)	SPREADING INFECTION	SYSTEMIC INFECTION
7	Assess for wound infection					
	<ul> <li>Microorganisms are present within the wound but are not proliferating</li> <li>No significant host reaction is evoked</li> <li>No delay in healing is clinically observed</li> </ul>	Microorganisms are present and undergoing limited proliferiation     No significant host reaction is evoked     No delay in wound healing is clinically observed	Hypergranulation     Bleeding, friable granulation     Epithelial bridging and pocketing in granulation tissue     Increasing exudate     Delayed wound healing beyond expectations	Erythema     Local warmth     Swelling     Purulent discharge     Wound breakdown and enlargement     New or increasing pain     Increasing malodour	Extending induration     Spreading erythema     Lymphangitis     Crepitus     Wound breakdown/ dehiscence with or without satellite lesions     Inflammation, swelling of lymph glands	Malaise     Lethargy or nonspecific generation     Loss of appetite     Fever/pyrexia     Severe sepsis     Septic shock     Organ failure     Death
		Be alert for clinical indicators of potential biofilm				
		<ul> <li>Failure of appropriate antibiotic treatment</li> <li>Recalcitrance to appropriate antimicrobial treatment</li> <li>Recurrence of delayed healing on cessation of antibiotic treatment</li> <li>Delayed healing despite optimal wound management and health support</li> </ul>			<ul> <li>Increased exudate/moisture</li> <li>Low-level chronic inflammation</li> <li>Low-level erythema</li> <li>Poor granulation/friable hypergranulation</li> <li>Secondary signs of infection</li> </ul>	
	Initiate biofilm-based wound care when appropriate using step-down/step-up approach (see below)					
	Perform therapeutic cleansing*					
	<ul> <li>Select and use a wound cleansing solution based on resources and local policy</li> <li>Use an inert cleansing solution prior to taking a wound sample</li> <li>Cleanse the wound and periwound region</li> </ul>					
	. Claance the wound					
	Cleanse the wound a	and periwound region			Confirm microorgani	sms and sensitivitie
	Cleanse the wound a	and periwound region			Antibiotics as per cultu     Determine review date	ıre sensitivities
	Cleanse the wound a	and periwound region	De	ebridement and post de	Antibiotics as per cultu     Determine review date	
	Cleanse the wound a  Debridement usually no required	ot • Use a to	opical antiseptic cleanser on and method selected bas	or surfactant soak	Antibiotics as per cultu     Determine review date  bridement care	ire sensitivities es
	Debridement usually no	ot • Use a to	opical antiseptic cleanser on and method selected bas	or surfactant soak	Antibiotics as per cultu     Determine review date  bridement care	ire sensitivities es
	Debridement usually no required  • Select a wound	• Use a to • Initiation dressing based on clinical a medicated/active woun	opical antiseptic cleanser on and method selected bas	or surfactant soak sed on clinical need, goa und dressing re, tissue type, exudate I	Antibiotics as per cultu     Determine review date     bridement care  I, resources and local police evel, resources and local	re sensitivities es cy policy

## Step-down/step-up biofilm based wound care#



<sup>\*</sup> refer to Aseptic technique when performing a wound dressing procedure.

<sup>#</sup> Schultz, G. et. al., Consensus guidelines for the identification and treatment of biofilms in chronic nonhealing wounds. Wound Repair and Regeneration, 2017. 25(5): p. 744-757. Reproduced with permission.