



Table 4: Wound infection assessment in specific wound types

Type of wounds	Specific considerations
Surgical site infection	<ul style="list-style-type: none"> • Daily visual wound assessment (where possible depending on the type of wound dressing applied following surgery) and vital sign assessment.¹ • Early indicators of wound infection: <ul style="list-style-type: none"> ○ Increased wound-edge distance (lack of approximation). ○ Increased wound exudate.¹ ○ Increased heart rate.¹ ○ Increased morning tympanic temperature.¹ ○ Increasing pain. • Wound edge colour (e.g., redness) and induration are not reliable indicators of wound infection.¹
Pressure ulcers/injuries	<ul style="list-style-type: none"> • Associated with spreading infection (e.g., cellulitis) and increased markers for infection.^{2,3} • Full thickness pressure ulcers/injuries (i.e., Category/Stage 3 or 4 pressure ulcers/injuries) are more likely to exhibit any signs of infection, but particularly erythema and purulent exudate.^{2,3} • Observe for indirect indicators of systemic infection (e.g., anorexia, delirium and/or confusion).^{2,3}
Diabetic foot ulcers	<ul style="list-style-type: none"> • Sepsis is uncommonly reported.⁴ • Probing to the bone with a sterile metal probe or instrument to diagnose diabetic foot osteomyelitis is inexpensive, accessible and relatively safe.⁴ • Probing to the bone combined with plain X-rays and biomarkers of infection (e.g., ESR, CRP and/or PCT) can be used to diagnose osteomyelitis in the diabetic foot.⁴ • An increase in temperature in one area of the diabetic foot identified using infrared or digital thermometry (if accessible) combined with photographic assessment may be of value in the initial assessment of infection when performed via telemedicine.⁴
Chronic leg ulcers	<ul style="list-style-type: none"> • Wound observations that are independent predictors of infection:⁵ <ul style="list-style-type: none"> ○ Ulcer area larger than 10cm².⁵ ○ Presence of wound bed slough.⁵ ○ Heavy wound exudate (however, consider exudate level in the context of whether leg volume reduction through compression has been achieved).⁵ • Depression, chronic pulmonary disease and anticoagulant use are predictors of wound infection.⁵
Skin tears	<ul style="list-style-type: none"> • Distinguish trauma-related inflammation from infection.⁶ • Early indicators of infection include: <ul style="list-style-type: none"> ○ Increased wound-edge distance (lack of approximation). ○ Increased wound exudate. ○ Increasing pain. ○ Skin flap failure. • Mechanism of injury should be considered (tetanus vaccination / booster may be required).⁶

Table 04 References

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