

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



Increasing microbial burden in the wound

As the continuum

CONTAMINATION	COLONISATION	LOCAL WOUN COVERT (subtle)	ID INFECTION OVERT (classic)	SPREADING INFECTION	SYSTEMIC INFECTION
		Assess for w	ound 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>	<ul> <li>Microorganisms are present and undergoing limited proliferiation</li> <li>No significant host reaction is evoked</li> <li>No delay in wound healing is clinically observed</li> </ul>	<ul> <li>Hypergranulation</li> <li>Bleeding, friable granulation</li> <li>Epithelial bridging and pocketing in granulation tissue</li> <li>Increasing exudate</li> <li>Delayed wound healing beyond expectations</li> </ul>	<ul> <li>Erythema</li> <li>Local warmth</li> <li>Swelling</li> <li>Purulent discharge</li> <li>Wound breakdown and enlargement</li> <li>New or increasing pain</li> <li>Increasing malodour</li> </ul>	<ul> <li>Extending induration</li> <li>Spreading erythema</li> <li>Inflammation or erythema &gt;2cm from wound edge</li> <li>Crepitus</li> <li>Wound breakdown/ dehiscence with or without satellite lesions</li> <li>Lymphangitis (swelling of lymph glands)</li> </ul>	<ul> <li>Malaise</li> <li>Lethargy or nonspecific gener deterioration</li> <li>Loss of appetite</li> <li>Fever/pyrexia</li> <li>Severe sepsis</li> <li>Septic shock</li> <li>Organ failure</li> <li>Death</li> </ul>
	Be alert for clinical indicators of potential biofilm				
	Recalcitrance to app     Recurrence of delays     Delayed healing des support	ure of appropriate antibiotic treatment alcitrance to appropriate antimicrobial treatment urrence of delayed healing on cessation of antibiotic treatment uyed healing despite optimal wound management and health port  iofilm-based wound care when appropriate using step-down/ste			<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>
		Porform thoran	eutic cleansing*		
	und cleansing solution b	-			
Select and use a wo			cai policy		
<ul><li>Select and use a wo</li><li>Use an inert cleansing</li></ul>					
				Confirm microorgani	sms and sensitivitie
<ul> <li>Use an inert cleansii</li> </ul>				Confirm microorgania     Antibiotics as per cultu     Determine review date	re sensitivities
<ul> <li>Use an inert cleansii</li> </ul>		De	ebridement and post de	Antibiotics as per cultu     Determine review date	re sensitivities
<ul> <li>Use an inert cleansii</li> </ul>	and periwound region  ot • Use a t	opical antiseptic cleanser on and method selected base	or surfactant soak	Antibiotics as per cultu     Determine review date  chickenses  chickense	re sensitivities s
<ul> <li>Use an inert cleansing</li> <li>Cleanse the wound</li> </ul> Debridement usually notes that the control of	and periwound region  ot • Use a t	opical antiseptic cleanser on and method selected bas	or surfactant soak	Antibiotics as per cultu     Determine review date  chickenses  chickense	re sensitivities s

## Step-down/step-up biofilm based wound care# **INITIATE MULTIPLE** THERAPIES IN COMBINATION **OPTIMISE THERAPY ACCORDING TO HEALING** Aggressive debridement **STATUS DE-ESCALATE TREATMENT AS WOUND Empirical** topical STEP UP TO ADVANCED antiseptics and systemic **IMPROVES THERAPIES** antibiotics **EVALUATE** Manage host factors (e.g., • Standard care WOUND HEALING pressure off-loading, • Advanced therapy options: Assess inflammation and **TO DECIDE** compression therapy, healing status Growth factors diabetes management, Maintenance debridement • Skin grafts • Assess inflammation and healing status optimise nutritional status) Optimise topical Combination products DNA identification of • Maintenance debridement antiseptics and systemic Negative pressure wound microorganisms and • Re-evaluate need for topical antiseptics and • Cellular and tissue based antibiotics point-of-care diagnostics • Continue management of systemic antibiotics products where available host factors • Continue management of host factors • Standard care • Protease inhibitors **CONTINUE UNTIL HEALED** DAYS 1-4 (approx.) DAYS 5-7 (approx.) 1-4 WEEKS (approx.)

<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.