



IWII WOUND INFECTION CONTINUUM AND MANAGEMENT GUIDE

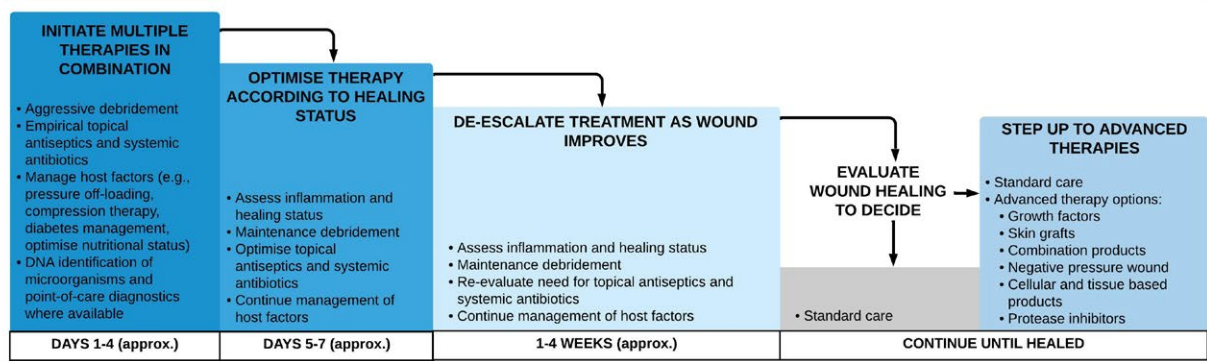


As the continuum green shading darkens, microbial burden increases

Increasing microbial burden in the wound

CONTAMINATION	COLONISATION	LOCAL WOUND INFECTION COVERT (subtle)	LOCAL WOUND INFECTION OVERT (classic)	SPREADING INFECTION	SYSTEMIC INFECTION
Assess for wound infection					
<ul style="list-style-type: none"> Microorganisms are present within the wound but are not proliferating No significant host reaction is evoked No delay in healing is clinically observed 	<ul style="list-style-type: none"> Microorganisms are present and undergoing limited proliferation No significant host reaction is evoked No delay in wound healing is clinically observed 	<ul style="list-style-type: none"> Hypergranulation Bleeding, friable granulation Epithelial bridging and pocketing in granulation tissue Increasing exudate Delayed wound healing beyond expectations 	<ul style="list-style-type: none"> Erythema Local warmth Swelling Purulent discharge Wound breakdown and enlargement New or increasing pain Increasing malodour 	<ul style="list-style-type: none"> Extending induration Spreading erythema Lymphangitis Crepitus Wound breakdown/dehiscence with or without satellite lesions Inflammation, swelling of lymph glands 	<ul style="list-style-type: none"> Malaise Lethargy or nonspecific general deterioration Loss of appetite Fever/pyrexia Severe sepsis Septic shock Organ failure Death
Be alert for clinical indicators of potential biofilm					
<ul style="list-style-type: none"> Failure of appropriate antibiotic treatment Recalcitrance to appropriate antimicrobial treatment Recurrence of delayed healing on cessation of antibiotic treatment Delayed healing despite optimal wound management and health support 				<ul style="list-style-type: none"> Increased exudate/moisture Low-level chronic inflammation Low-level erythema Poor granulation/friable hypergranulation Secondary signs of infection 	
Initiate biofilm-based wound care when appropriate using step-down/step-up approach (see below)					
Perform therapeutic cleansing*					
<ul style="list-style-type: none"> Select and use a wound cleansing solution based on resources and local policy Use an inert cleansing solution prior to taking a wound sample Cleanse the wound and periwound region 				Confirm microorganisms and sensitivities	
				<ul style="list-style-type: none"> Antibiotics as per culture sensitivities Determine review dates 	
Debridement and post debridement care					
Debridement usually not required		<ul style="list-style-type: none"> Use a topical antiseptic cleanser or surfactant soak Initiation and method selected based on clinical need, goal, resources and local policy 			
Apply a wound dressing					
<ul style="list-style-type: none"> Select a wound dressing based on clinical assessment, goals of care, tissue type, exudate level, resources and local policy Consider either a medicated/active wound dressing or a non-medicated wound dressing with antimicrobial action, consistent with local antimicrobial stewardship policy 					
Following each review, document assessment and treatment, monitor progress and evaluate management					

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



* refer to Aseptic technique when performing a wound dressing procedure.
 # 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.