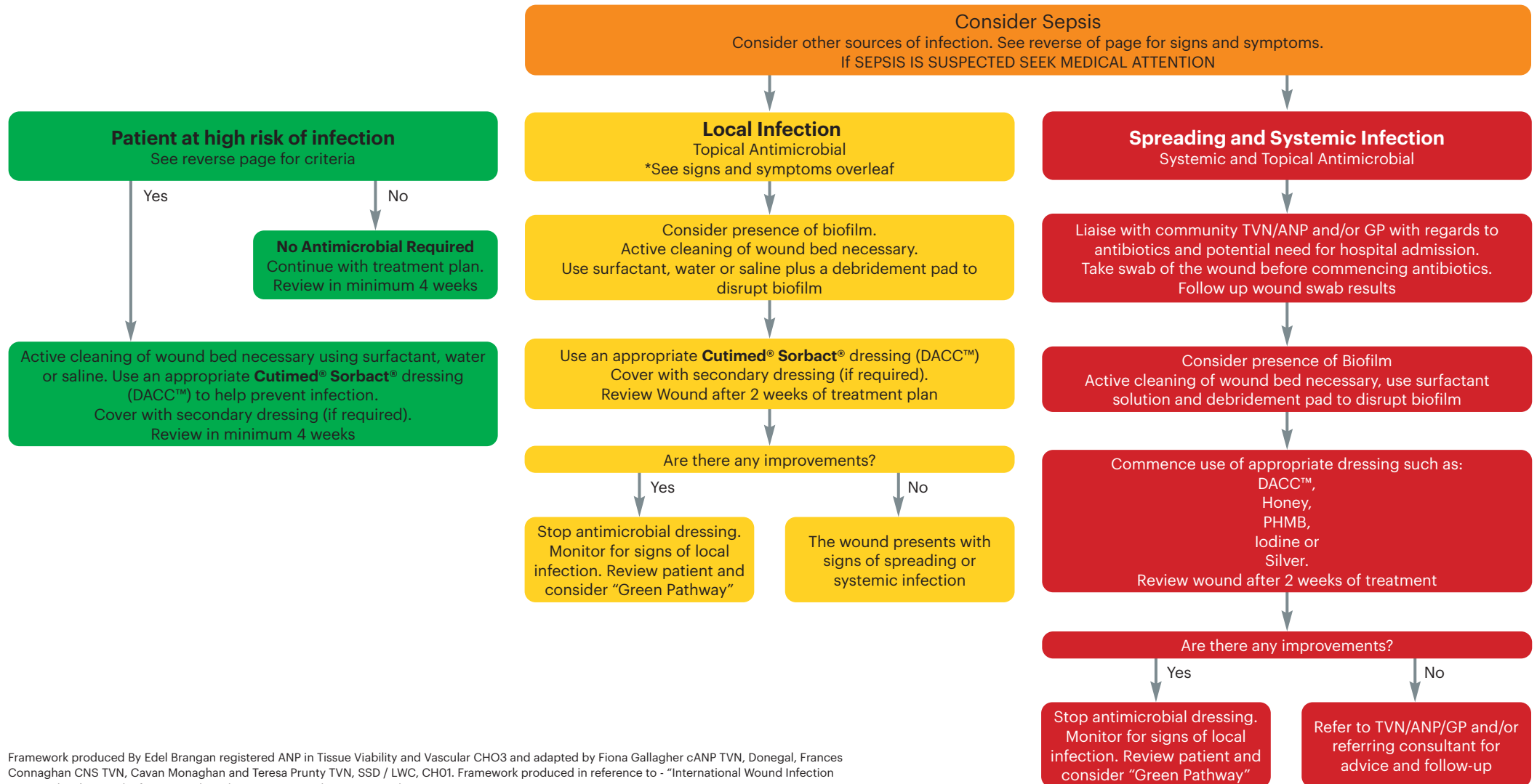


CH01 Wound Infection Framework

Health Care Professionals must complete a holistic assessment and wound assessment (see overleaf for minimum assessment criteria).
 It is the responsibility of the Health Care Professional to document the wound assessment, rationale for treatment and next wound assessment date in patient records.
 If the wound is on the Lower Limb, please use in conjunction with the HSE National Wound Management Guidelines 2018



The TIME wound assessment should include at a minimum:

- Type of wound and aetiology (diagnosis)
- Duration of wound
- Condition of the wound bed
- Condition and sensation of peri-wound skin
- Presence and nature of pain
- Location of wound
- Exudate description
- Size of wound (measurement)
- Presence of infection
- Objectives of wound healing

Signs of Sepsis: Red flags

Sepsis is a life-threatening condition in which the body's response to infection causes injury to its tissues and organs. Organ dysfunction is a key component in any diagnosis of sepsis (The UK Sepsis Trust).

Act on a Red Flag assessment

- S** = Slurred speech or confusion
- E** = Extreme shivering or muscle pain
- P** = Passing no urine (in a day)
- S** = Severe breathlessness
- I** = It feels like you're going to die
- S** = Skin mottled or discoloured

What is a high risk patient?

Comorbidity that alters a patient's immune response or vascular status

Medications that can alter a patient's immune response or skin integrity:

- (Chemotherapy)
- (Immunosuppressants)
- (Steroids)
- (Anti-inflammatories)

Patient who has had 2 or more infections within the same wound previously

Diabetic patients - Type 1 and 2

Signs & Symptoms of Local Infection

- Redness around the wound
- Wound deterioration
- Delayed wound healing beyond expectation
- New or increasing pain
- Increased malodour
- Hypergranulation
- Bleeding friable granulation
- Epithelial bridging and pocketing in granulation tissue

Suspected Biofilm in the Chronic Wound:

Are any of the following present:

- Absence of healing progression, even though all obvious comorbidities and wound management issues have been addressed
- Visible, slimy, gel like and shiny material on the surface of the wound bed which detaches easily and atraumatically from the wound bed
- Quick re-forming of slough, despite debridement
- Increase in exudate
- Poor quality granulation tissue possibly fragile and / or hypergranulation
- Signs of local infection (as Biofilm is a precursor to infection) e.g. heat, redness, swelling, pain, odour

Signs & Symptoms of Spreading and Systemic Infection

Spreading Infection

- General deterioration
- Wound breakdown / dehiscence with or without satellite lesions
- Loss of appetite
- Malaise
- Lymphangitis Crepitus
- Inflammation, swelling of lymph glands

Systemic Infection

- Severe sepsis
- Septic shock
- Organ failure
- Death

Antimicrobial Choice

Topical antimicrobial dressings to be considered:

DACC™
Honey
PHMB
Iodine
Silver

National Guidelines to be considered including:

- HSE National wound Management Guidelines 2018
- National antibiotic guidelines on antibioticprescribing.ie

References:

HSE Wound Management Guidelines 2018: <https://healthservice.hse.ie/filelibrary/onmsd/hse-national-wound-management-guidelines-2018.pdf>

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