Pathway for Wound Infection

Definition

Wound Infection is the invasion of a wound by proliferating microorganisms to a level that invokes a local and/or systemic response in the host. It continues to be challenging for people with a wound, their families and health professionals. Wound infection can lead to protracted wound healing, multiple health service visits and increased hospital admission duration. This comes at significant economic cost and negatively impacts quality of life outcomes for the person with a wound and their family.

Assessment

Identify the stages of microbial presence in a wound: contamination, colonisation, local infection, spreading or systemic infection

Contamination	Colonisation	Local Infection	Spreading Infection	Systemic Infection
• All wounds may acquire micro- organisms. • Vigilance is required to minimise the gradual increase in number and virulence of microorganisms.	• Microorganisms are present and undergoing limited proliferation. • No significant host reaction is evoked. No delay in wound healing is clinically observed.	• Over-granulation, bleeding, friable granulation. • Epithelial bridging and pocketing in granulation. • Increasing exudate and delayed wound healing beyond expectations.	• Extending induration with spreading erythema >2cm from the wound edge. • Crepitus • wound breakdown/ dehiscence • Swelling of the lymph glands.	• Malaise • Lethargy or nonspecific general deterioration • Loss of appetite • Fever/pyrexia • Severe sepsis • Septic shock • Organ failure • Death.

Initial Treatment

Follow the Wound Bed Preparation Pathway

Patient has NO infection risk factors:

Follow the relevant Wound Aetiology Pathway or the T.I.M.E.S Pathway.

Patient HAS infection risk factors:

Flaminal Hydro/Forte OR Cutimed Sorbact Ribbon. Covered with a Suprasorb P Sensiflex Foam OR EmSorb Max Superabsorbent pad with Safe soft Bandaging.

Wound bed visible:

Urgo Clean Ag. Covered with a Biatain Silicone 3DFIT OR Kliniderm Super-absorbent Pad with Safe soft Bandaging.

Wound bed tacking or has a cavity:

Flaminal Hydro/Forte OR Cutimed Sorbact Ribbon. Covered with a Suprasorb P Sensiflex Foam OR EmSorb Max Superabsorbent pad with Safe soft Bandaging.

Consider Sepsis
Follow your organisational sepsis guidance.

Arrange Antibiotics in line with your organisation antibiotic formulary.

Take a wound sample/swab using the Levine technique for culture and sensitivity AND follow the treatment plan for Local infection.

Documentation Referrals Re review and ongoing treatment

Document all wound assessments accordingly in the relevant documentation using the TIMES acronym

No onward referral is not required for contamination, colonisation or local infection alone. Refer to the relevant wound aetiology pathway or T.I.M.E.S pathway for more guidance.

Continue to review for sign of infection at each dressing change/ wound assessment and act accordingly in line with this pathway. Follow the ongoing care as per the relevant wound aetiology pathway or T.I.M.E.S pathway for more guidance.

If the named product on this pathway is not available a temporary second line product is available to use.

This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.

Two Week Challenge

If after 14 days there is no signs of infection discontinue this pathway and refer back to the relevant wound aetiology pathway or T.I.M.E.S pathway.

If after 14 days the wound is still showing signs of infection change the treatment plan to: Acticoat Flex 3 with a Suprasorb P Sensiflex Foam OR EmSorb Max Superabsorbent pad with Safe soft Bandaging.

Re re review every 14 days until there are no signs of infection present.

At this point stop Acticoat Flex 3 silver and refer back to the relevant wound aetiology pathway or T.I.M.E.S pathway.

Refer:

Secondary Care: Skin Integrity Team.
Primary Care: Tissue Viability.

Secondary Care: Escalate to the patients leading Consultant/ Surgeon/Team AND refer to the Skin Integrity Team.

Primary Care: Arrange urgent review by a GP.

Secondary Care: Escalate to the patients leading Consultant/ Surgeon/Team AND refer to the Skin Integrity Team.

Primary Care: Arrange transfer to the Emergency

Dowsett C et al (2020) A route to more effective infection management: The Infection Management Pathway. Wounds International (2022) International Wound Infection Institute (IWII) Wound Infection in Clinical Practice. Wounds International. Developed by the Skin Integrity Team and Tissue viability and Lymphedema Service 2021. Updated September 2026. For review July 2029.