**Management of Suspected Infection in Chronic Wounds and Ulcers**

**STOP AND THINK BEFORE YOU PRESCRIBE ANTIBIOTICS**

Does your patient actually have an infection, and require treatment?

Ensure optimal management of co-existing conditions, particularly diabetes mellitus, peripheral vascular disease or rheumatoid arthritis.

If appearance is atypical or if there is failure to progress after 12 weeks appropriate management consider referral.

Optimal wound care must be maintained throughout treatment – See NHS Tayside wound management formulary (WMF).

Consider differential diagnosis of venous eczema in suspected bilateral lower limb cellulitis.

**NEWS**

5 and infection: THINK SEPSIS

If 2 or more of the following AND clinical suspicion of infection:

- ESCALATE/ADMIT AS APPROPRIATE (community)
- COMPLETE SEPSIS BUNDLE WITHIN 1 HOUR (hospital)

**NO sepsis**

If the patient has diabetes click [here](#) for guidance on wound care and [here](#) for antibiotic selection and seek advice.

**Wound infection unlikely**

DO NOT SWAB

Normal wound care.

**Is there increased pain and/or exudate at the wound site?**

- no
- yes

**Is increased pain and exudate accompanied by cellulitis or pyrexia?**

- no
- yes

**Localised infection likely**

DO NOT SWAB

Use antimicrobial dressings (honey, iodine, Cutimed Sorbact® or Flamin®) for a maximum of 2 weeks (see WMF).

Has pain and/or exudate decreased?

- no
- yes

If no change in pain or exudate then use alternative antimicrobial dressing (silver) for further 2 weeks. If symptoms worsen than manage as systemic infection.

Discontinue antimicrobial dressing and continue normal wound care.

**Significant organisms**

- Staph aureus
- Group A, B, C or G streptococcus
- Milleri group
- Anaerobes

**Likely colonisers**

- Pseudomonas aeruginosa
- Escherichia coli
- Proteus
- Klebsiella
- Enterobacter
- Bacillus sp
- Coagulate-negative staphylococci

The dose of flucloxacillin may need to be reduced in severe renal impairment and used with caution if there is a history of hepatic dysfunction. Doxycycline should also be used with caution in hepatic impairment. See [BNF](#) for details.

Potassium permanganate should be used as a soak for weeping wounds. See [Wound Management Formulary](#).

If further advice required after use of above protocol please contact the on call doctor for the relevant speciality; or microbiology on bleep 4039 (NW) or 5315 (PRI).

**Reference**

Public Health England, SIGN CG 120

NHS Tayside

Antimicrobial Group

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