Ipswich and East Suffolk Clinical Commissioning Group
West Suffolk Clinical Commissioning Group

ANTIMICROBIAL DRESSINGS PATHWAY

COLONISED
- Chronic Wound
- No inflammation

Actions
- Complete a holistic assessment of the patient to identify any risk factors that may impact infection
- Antimicrobial dressing not required

CRITCALLY COLONISED
- Malodour
- Extension of margins
- Static wound
- Increased exudate
- NO SYSTEMATIC SYMPTOMS

Actions
- Apply Cutimed Sorbact Gauze to moderate/high exuding wounds as a single layer (wound bed only) or Cutimed Sorbact Gel to dry/low exuding wounds
- Consider secondary dressing when using Cutimed Sorbact for moist wound healing environment
- Inadine

Review Period
- Continue to debride and cleanse
- Reassess every 2 weeks or sooner if wound changes occur
- Discontinue Cutimed Sorbact if improvement noted
- If no improvement, complete referral to Tissue Viability Team via a community referral form

NON-HEALING WOUND (may be indicative of biofilm)
- Failure to respond to antimicrobial treatment
- Increased exudate
- Chronic Inflammation
- Poor granulation/friable hyper granulation
- Extension of margins

Actions
- Use a mechanical Debridement Tool (Debrisoft) at least once a week after wound cleansing

LOCAL WOUND INFECTION
- Erythema and Swelling
- Localised heat
- Increased pain
- Increased exudate
- Extension of wound margins
- Increasing malodour

Actions
Ensure infection prevention and control procedures are adhered to

Dressing Selection

Dry/Low Exudate

Cutimed Sorbact Gel

Iodoflex/Iodosorb

Refer to Local Formulary:

Honey Dressings

Flaminal Hydro

Moderate-High Exudate

Cutimed Sorbact Gauze

Iodoflex/Iodosorb

Refer to Local Formulary:

Honey Dressings

Silver Dressing

Flaminal Forte

Review Period
- Review at least every 7 days
- If wound showing 2 or more signs of infection, then continue current treatment plan
- If no improvement discuss with microbiology.
- Consider other options via Tissue Viability

SPREADING INFECTION/SYSTEMIC
- Extending induration and erythema
- Lymphangitis and inflammation of lymph glands
- Wound breakdown
- Non-specific general deterioration (lethargy, loss of appetite)
- THINK SEPSIS – Call 999

Actions
Take wound swab

Refer to appropriate clinical specialist/medical team

Oral/IV Antibiotics

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ANTIMICROBIAL DRESSINGS PATHWAY

Checklist of factors associated with increased risk of wound infection

Characteristics of the Individual

☐Poorly Controlled Diabetes

☐Prior surgery

☐Anaemia, cardiac or respiratory disease, arterial or vascular disease (conditions associated with hypoxia/poor tissue perfusion)

☐Immune system disorders

☐Inappropriate antibiotic prophylaxis

☐Malnutrition

☐Alcohol, smoking and drug abuse

☐Lymphoedema or presence of skin conditions

☐A history of self-harm

☐Recent travel (e.g., abroad or between multiple care settings)

☐Level of mental capacity, knowledge and understanding

Characteristics of the Wound

Acute Wounds	Chronic Wounds	Both Wound Types
☐Contaminated or dirty wounds	☐Degree of chronicity/duration of the wound	☐Foreign body (e.g., metal work, drains, sutures)
☐Trauma with delayed treatment	☐Large wound area	☐Haematoma
☐Pre-existing infection or sepsis	☐Depth of the wound	☐Necrotic wound tissue
☐Spillage from gastro-intestinal tract	☐Anatomically located near a site of potential contamination (e.g., perineum or sacrum)	☐Impaired tissue perfusion
☐Penetrating wounds over 4 hours		☐Increased exudate or moisture
☐Inappropriate hair removal		
☐Operative factors (e.g., long surgical procedure, hypothermia, blood transfusion)		

Characteristics of the Environment

☐Hospitalisation (increased risk of exposure to antibiotic resistant organisms)

☐Poor hand hygiene and aseptic technique

☐Unhygienic environment

☐Inadequate management of moisture, exudate, and oedema

☐Inadequate pressure off-loading

☐Repeated trauma (e.g., inappropriate dressing removal technique)

Wounds UK. (2020) *Best Practice Statement: Antimicrobial Stewardship Strategies for Wound Management.* Wounds UK, London.