**Triggers for suspecting wound infection (Taken from Wound infection in clinical practice: an international consensus documents)**

**ACUTE WOUNDS -e.g. surgical or traumatic wounds, or burns**

**Notes**

■ **Burns – also skin graft rejection; pain is not always a feature of infection in full thickness burns**

■ **Deep wounds – induration (Box 5, see page 10), extension of the wound, unexplained increased white cell count or signs of sepsis may be signs of deep wound (i.e. subfascial) infection**

■ **immunocompromised patients – signs and symptoms may be modified and less obvious**

**Systemic infection NB: Other sites of infection should be excluded before assuming that systemic infection is related to wound infection**

**Sepsis – documented infection with pyrexia or hypothermia, tachycardia, tachypnoea, raised or depressed white blood cell count**

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**Severe sepsis – sepsis and multiple organ dysfunction**

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**Septic shock – sepsis and hypotension despite adequate volume resuscitation**

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**Death**

**Spreading infection**

As for localised infection PLUS:

* Further extension of erythema
* Lymphangitis
* Crepitus in soft tissues
* Wound breakdown/dehiscence

**Localised infection**

* Classical signs and symptoms:
  + new or increasing pain
  + erythema
  + local warmth
  + swelling
  + purulent discharge
* Pyrexia – in surgical wounds, typically five to seven days post-surgery
* Delayed (or stalled) healing Abscess
* Malodour

**CHRONIC WOUNDS**

**e.g. diabetic foot ulcers, venous leg ulcers, arterial leg/foot ulcers or pressure ulcers**

**Notes**

■ **In patients who are immunocompromised and/or who have motor or sensory neuropathies, symptoms may be modified and less obvious. For example, in a diabetic patient with an infected foot ulcer and peripheral neuropathy, pain may not be a prominent feature4**

■ **Arterial ulcers – previously dry ulcers may become wet when infected**

■ **Clinicians should also be aware that in the diabetic foot, inflammation is not necessarily indicative of infection. For example, inflammation may be associated with Charcot’s arthropathy.**

**\*Individually highly indicative of infection. Infection is also highly likely in the presence of two or more of the other signs listed.**

**Localised infection**

* New, increased or altered pain\*
* Delayed (or stalled) healing\*
* Periwound oedema
* Bleeding or friable (easily damaged) granulation tissue
* Distinctive malodour or change in odour
* Wound bed discoloration
* Increased or altered/purulent exudate
* Induration
* Pocketing
* Bridging

**Spreading infection**

As for localised infection PLUS:

* Wound breakdown\*
* Erythema extending from wound edge
* Crepitus, warmth, induration or discoloration spreading into periwound area
* Lymphangitis
* Malaise or other non-specific deterioration in patient’s general condition.