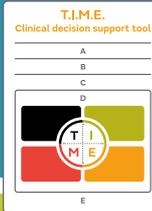


A route to more effective infection management

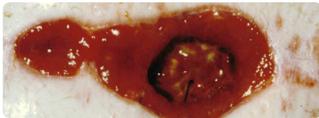
Improve patient outcomes¹ with accurate decision making, a fast response and effective treatment choices



Start with the following steps to undertake a comprehensive assessment²

- A** Assess patient, wellbeing and wound
- B** Bring in a multi-disciplinary team and informal carers to promote holistic patient assessment
- C** Control and treat the underlying causes and barriers to wound healing
- D** Decide appropriate treatment
- E** Evaluate and reassess the treatment and wound management outcomes

What clinical signs and symptoms of infection are present?*



Biofilm^{1,3-5}

- Antibiotic/antimicrobial treatment failure
- Recurrence of delayed healing on cessation of antibiotic treatment
- Delayed healing despite optimal wound/patient management
- Low level chronic inflammation
- Low level erythema
- Friable granulation
- Covert (subtle) signs of infection



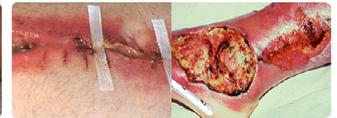
Covert (subtle)^{1,3}

- Delayed wound healing
- Serous drainage with concurrent inflammation
- Hypergranulation
- Bleeding, friable granulation
- Epithelial bridging and pocketing in granulation tissue
- Wound breakdown & enlargement
- New or increasing pain
- Increasing malodour



Overt (classic)^{1,3}

- Erythema
- Warmth
- Oedema/swelling
- Purulent discharge
- Pain
- Increasing malodour
- Delayed wound healing



Spreading or systemic infection^{1,3}

- Spreading erythema, warmth
- May include cellulitis, crepitus
- Wound breakdown/dehiscence with or without satellite lesions
- Malaise/lethargy
- Loss of appetite
- Systemic inflammatory response
- Sepsis
- Organ dysfunction

Biofilm based wound care^{4,5}

1. Repeated aggressive debridement and cleanse† as per local protocol
2. Manage suspected biofilm with **IODOSORB® 0.9%** Cadexomer Iodine Ointment
3. Reassess at regular intervals as per local protocol and appropriate antimicrobials use. **Two weeks' minimum treatment – may need longer than overt local infection treatment due to persistent nature of biofilms**

Have signs and symptoms of biofilm / covert infection resolved?

Yes

No

Conduct comprehensive reassessment using the **A B C D E** approach, manage host factors and refer to an appropriate specialist

Local wound infection management^{1,3,6}

1. Debride and cleanse† as per local protocol
2. Manage local bioburden and infection with **ACTICOAT® 30±** Antimicrobial Barrier Dressing
3. Reassess at regular intervals as per local protocol and following **the two-week challenge principles⁶**

Spreading or systemic infection management

- Refer to appropriate specialist
- Tissue sample for culture and sensitivity
- Systemic antibiotics per local protocol

Have signs and symptoms of local infection resolved?

No

Yes

Is the wound still stalled?

Yes – suspect biofilm

No

Use standard wound care (i.e. non-antimicrobial dressings) or advanced therapies until healing (follow local protocol)⁵

TWO-WEEK CHALLENGE^{1,6,∞}

Antimicrobial dressings are recommended to be used for a minimum of two weeks' duration. After two weeks, re-evaluate and either:

1. discontinue if signs and symptoms of infection have resolved,
2. continue with antimicrobial if wound is progressing but there are still signs and symptoms, or
3. consider an alternative antimicrobial and refer to an appropriate specialist if no improvement.

* No one sign or symptom can reliably confirm the presence of infection, and those with immunosuppression may not exhibit signs and symptoms of clinical infection.

† Cleanse wound and periwound skin thoroughly. Should an antiseptic cleanser be selected, the product's Instructions for Use (IFU) and soak time should be followed.

‡ Consider the use of **DURAFIBER® Ag Silver Gelling Fibre Dressing** for deep infected wounds.

Ω Unless iodine contraindicated.

∞ For very-high risk patients and wounds (e.g. osteomyelitis), it may be appropriate to use antimicrobial treatment for longer than the two-week challenge.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's Instructions for Use (IFU).

References 1. International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International (2016). 2. Moore Z, et al. J Wound Care 28(3):154-161 (2019). 3. Weir D, Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 156-180). 2016. Philadelphia: Wolters-Kluwer. 4. Wolcott RD, et al. J Wound Care 19(2): 45-53 (2010). 5. Schultz G, et al. Wound Repair Regen 25(5): 744-757 (2017). 6. Ayello EA, et al. Wounds Int 1-24 (2012). 7. Roche ED, et al. Int Wound J 1-10 (2019). 8. Malone M, et al. J Antimicrob Chemother 72, 2093-2101 (2017). 9. Schwarzer S, et al J Infect 80(3):261-270 (2020). 10. Gago M, Garcia F, Gaztelu V, Verdu J, Lopez P, Nolasco A. A comparison of three silver-containing dressings in the treatment of infected, chronic wounds. Wounds. 2008;20(10):273-278.

Photographs (from left to right) courtesy of Kerlyn Carville, Kevin Woo, and Henri Post.