

Antimicrobial Dressings Guideline for Adults

To be used in conjunction with the FULL APC wound care formulary

For indications and choice of systemic antibiotics for treatment of skin and soft tissue infection and cellulitis, please refer to your local antibiotics guidelines.

START

At every stage of wound examination, look for systemic features of sepsis

Does the patient have any two of the following systemic features of sepsis?

- Temperature <36 or >38.3°C
- Respiratory rate >20/min
- Heart rate >90bpm
- Acutely altered mental state
- Hyperglycaemia in the absence of diabetes

Yes

If there is sepsis, refer for URGENT medical intervention:

- Primary care / GP - 999
- Secondary care – follow sepsis pathway

No

Do you think the wound is infected? e.g.

- More pus
- Swelling
- Increasing local pain
- Increasing wound size
- Increasing local redness

No

Non-infection related

- Look at alternative reasons for clinical deterioration of wound
- Seek other opinion
- Assess underlying causes (poor blood supply, malignancy, non-infectious inflammatory conditions, diabetic foot ulcer etc.)

No antimicrobial dressing indicated

Yes

If there is spreading cellulitis and / or disproportionate pain refer as an EMERGENCY

Local Infection - refer to formulary:

- Manage exudate levels with an appropriately absorbent dressing
- Start the most cost effective first line green products (for example, Iodine, Kytocel, Iodosorb (£), Iodoflex (£), Flaminal (££), Prontosan Wound irrigation solution) antimicrobial dressing appropriate to wound. NB: avoid use of iodine dressings if patient has documented iodine allergy
- Alternative products may be used in response to exudate levels and size of wound and cavity.
- If taking wound sample, see box below.
- Review at two weeks



Is there any improvement at two weeks?

No

If there is no wound deterioration

- Refer to wound formulary most cost effective amber products (for example Atrauman Ag, Actilite, Activon Tube, Activon Tulle, Algivon, Prontosan Wound Gel (£), Suprasorb X+PHMB (£), Cutimed Sorbact (£), Urgosorb Silver (£), Aquacel Ag Plus Extra (££)) appropriate to wound.
- Start alternative antimicrobial dressing. Practice nurses and District nurses should only use antimicrobial dressings if they have appropriate training and experience*.
- Review at two weeks

If there is wound deterioration

- Refer to appropriate specialist for review



Is there any improvement after further two weeks?

No

Infection resolved

STOP antimicrobial dressing and start/return to non-antimicrobial dressing

- Stop second antimicrobial dressings after a maximum of 2 weeks and return to non-antimicrobial dressing
- If there has been no improvement, consider co-morbidities and non-infectious causes.
- If there are further concerns about wound or deterioration, consider appropriate referrals.

How to take a wound sample for microbiology

- Simple surface wound swabs will result in the isolation of colonising / contaminating bacteria and are clinically misleading. Positive wound culture reports must be interpreted with caution.
- Samples should be taken from the most active areas of the wound. Cleanse the wound with sodium chloride 0.9% PRIOR to manually expressing exudate will improve the quality of the bacterial yield
- Tissue biopsy should always be sent if the wound is being debrided

NB: Antimicrobial dressings have a limited evidence base to support routine use. Expensive dressings (highlighted by £££ above and in the APC formulary) should only be used by a trained wound infection specialist * (e.g. TVN/District nurse) if there are no suitable alternatives.