

Scottish Ropper Ladder for Infected Wounds

Guidelines for identifying infected wounds and when to start and stop using topical Antimicrobial Wound Dressings (AWD)

Each stage builds on the previous signs noted

Stage 4 - when 1 or more signs of systemic infection present:

May lead to sepsis if not treated

- Spreading cellulitis
- Pus/abscess
- Patient systemically unwell
- Pyrexia
- Raised white cell count/CRP
- Wound breakdown+/-satellite lesions.

Stage 3 - When 2 or more signs of spreading infection present:

Wound deteriorating

- Localised cellulitis/erythema
- Pain increasing
- Exudate: thick, haemopurulent or purulent
- Localised oedema
- Malodour increasing.

Stage 2 - when 2 or more signs of local infection present:

Healing not progressing normally

- Exudate - high volumes
- Malodour
- Pain in or around wound
- Hypergranulation tissue
- Discoloured or bleeding granulation tissue
- Slough/necrosis.

Stage 1 - when 2 or more signs of Contamination/ Colonisation present

Healing progressing normally

- Exudate - low to moderate volume
- Pain - minimal
- Odour - minimal
- Slough/necrosis.

START

Each stage builds on the previous treatment

*Refer to local guidance

Stage 4 - Treatment

- 1 Swab wound*.
- 2 Consider: SEPSIS 6*; other source; blood cultures.
- 3 Start systemic antibiotics* and monitor patient.
- 4 If rapid deterioration immediate referral for urgent medical advice.
- 5 Consider topical AWD*.
- 6 Monitor wound progress, review at 2 weeks – see Stage 2, point 4, for actions.

Stage 3 - Treatment

- 1 Swab wound*.
- 2 Start topical AWD*.
- 3 Consider starting systemic antibiotics*.
- 4 Monitor wound progress*, review at 2 weeks – see Stage 2, point 4, for actions.
- 5 *If signs of systemic infection, go to Stage 4.*

Stage 2 - Treatment

- 1 DO NOT SWAB.
- 2 Consider biofilm disrupting cleansing solution.
- 3 Consider topical AWD*.
- 4 Monitor wound progress*, review at 2 weeks:
 - a 'If no signs of infection, STOP and return to Stage 1, point 4 for actions
 - b If improving, continue and review weekly until no signs of infection
 - c If static, review AWD* choice.
- 5 *If signs of spreading infection, go to Stage 3.*

Stage 1 - Treatment

- 1 DO NOT SWAB.
- 2 Identify aetiology of the wound and refer if any concerns e.g. vascular, lymphoedema.
- 3 Refer all diabetic wounds to diabetic podiatry/MDT.
- 4 Optimise wound healing with debridement and dressings*.
- 5 If no progress after 2 weeks review wound management plan.
- 6 *If signs of local infection go to Stage 2.*

In certain patients, some signs and symptoms of infection might be masked e.g. diabetes, vascular, immunocompromised. Clinical judgement should be used to determine when AWDs should be used.

References:

International Wound Infection Institute (IWII), Wound Infection in clinical practice. Wounds International 2016
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Care of deteriorating patients. Edinburgh: SIGN; 2014.

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