

Acute/chronic wound/ulcer
No clinical signs of infection*

Do not take swabs*
Provide wound care

*Note: a positive swab for bacteria from a clinically non-infected wound does not mean anything. It does not indicate that the wound is infected. It indicates that the wound is colonised, which is expected.

****Clinical signs of infection:**

- Spreading erythema
- Swelling/induration
- New purulent exudate

Acute/chronic wound/ulcer
Clinical signs of infection**

Patient has any of these risk factors:

- Systemic signs of infection e.g. fever
- Not responding to antibiotics
- History of MRSA
- Post surgical wound
- Bite wound
- Wound sustained in water
- Contaminated wounds e.g. soil
- Admitted or being admitted to hospital

Empiric treatment
Wound swab not required

Yes

Clean wound and take sample.

Higher quality samples:

- Tissue/biopsy
- Wound fluid/pus

Lower quality samples:

- Swabs

Provide clinical details. Indicate presence of any risk factors from previous box.

Empiric treatment

- may require modification based on risk factors from previous box

Review microbiology results when available

- Modify treatment if patient not responding and resistant organism detected.

No