

CHRONIC WOUNDS AND INFECTIONS IN NURSING HOMES



A rule of thumb in the treatment of chronic wounds is to be wary of underlying problems that could cause wounds to form and disturb the healing process.

ASSESS WHEN TREATING WOUNDS OR WHEN HEALING IS SLOW

- Depth and wound size
- Proximity to other tissue (i.e. bone)
- Glucose / diabetes management
- Circulation / blood flow
- Nutrition (esp. protein intake)
- Classify the wound¹
- Treat edema
- Relieve pressure
- Medication review
- Foreign object / necrotic tissue



HEALING IS SLOW DESPITE GOOD MANAGEMENT AND FAVORABLE CONDITIONS

SIGNS OF INFECTION IN NEARBY SKIN?²
OR DOES THE WOUND EXTEND TO
NEARBY BONE, CONNECTIVE TISSUE
OR ORGANS?

NO

IS THERE SUSPICION OF BACTERIAL GROWTH
OR BIOFILM THAT DOES NOT RESPOND TO
GOOD WOUND CARE?

NO

CONSULT A DOCTOR

YES

In the case of bacterial colonization, without infection, antibiotics are **NOT** recommended, neither systemic nor local treatment. Consider other local options, i.e. honey, silver, iodine.

ON SAMPLING/ CULTURE FROM A CHRONIC WOUND

- Culturing requires careful consideration. A sample is taken from the bottom of wound only **after** it has been washed and debrided.
- Culturing and treating with antibiotics is generally done only when general infection signs are noticed² or if the wound extends into deeper tissue.
- Antibiotic prescribing, drug choice, and duration are determined by a physician following individual assessment w. resp. to relevant guidelines.³

1. Venous-, ischemic-, pressure-, diabetic-. 2. Redness, swelling, increased pain or heat.

3. <https://throunarmidstod.is> -> Leiðbeiningar -> STRAMA