WOUND SWAB LABORATORY TESTING GUIDE

Acute wound – No clinical signs of infection; colonised

No clinical reason for testing

No specimen collected

Acute wound – Clinically Infected#

Clinical information including wound type, site, treatment, etc.

Clean wound before sample collection.

Specimen types:

- Tissue/Biopsy/FNA*
- Wound fluid/Pus*
- Swab

Tests performed:

- (Deep wound: Gram stain)
- Culture +/- Susceptibilities

Chronic wound § – No clinical signs of infection; colonised

No clinical reason for testing

No specimen collected

§ The surface of **chronic lesions** are often colonised with enteric or other flora. Superficial **swabs from such sites are generally unhelpful** when making wound management decisions.

Chronic wound § – Clinically infected ¥

Clinical information including wound type, site, treatment, etc.

Clean wound before sample collection.

Specimen types:

- Tissue/Biopsy/FNA*
- Wound fluid/Pus*
- (Swab §)

Tests performed:

- (Deep wound: Gram stain)
- Culture +/- Susceptibilities

Microbiology results MUST be interpreted in light of patient's current clinical condition

Red flags for wound care

Referral for hospital assessment should be considered if a patient presents with high risk features, such as:

- Rapidly developing tissue necrosis or gangrene
- Extensive cellulitis, or cellulitis of the face, hands, over joints or periorbital area
- Systemic illness without another obvious cause
- Clinical signs suggestive of osteomyelitis, e.g. deep bone pain, fever or chills
- Pain unrelieved by analgesics such as paracetamol or codeine
- A non-healing or worsening wound in a patient with diabetes

Classic Clinical Signs – Acute:

- New or increased pain
- Swelling
- Erythema
- Purulent exudate
- Localised warmth around the site of infection

*Recommended specimen.

¥ Clinical Signs – Chronic:
(Also see Classic Clinical Signs – Acute #)

- Discolouration of granulation tissue
- "Foamy" granulation tissue
- Contact bleeding
- Tissue breakdown (particularly new tissue)
- Epithelial bridging

Reference: Microbiological assessment of infected wounds: when to take a swab and how to interpret results. http://www.bpac.org.nz/BT/2013/June/infected-wounds.aspx
https://bpac.org.nz/antibiotics/guide.aspx
https://bpac.org.nz/BPJ/2016/July/correspondence.aspx

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