



Diagnostic Stewardship: Wound Swabs

There are a limited number of clinical scenarios where sending a wound swab to the laboratory can add clinical value. We have reviewed these indications and they are listed below:

- Wound infection with accompanying systemic signs (e.g. fever/tachycardia)
- Infected wounds not responding to standard empiric treatment
- Infected post-surgical wound
- Infected bite wound
- Infected burn wound
- Infected penetrating wound
- Diabetic foot infection
- Infected skin graft
- Extensive infected eczema
- Extensive infected impetigo
- Abscess (only if recurring after drainage, or if systemic signs)
- Wound infection in the presence of significant immunocompromise

Clinical indications for wound swabs outside of these indications above should be rare. The e-ordering “clinical indication” menu for wound swabs will be amended slightly to reflect the above.

In addition, there are certain clinical scenarios for which wound swabs have very little value. Wound swabs from chronic ulcers and from the peri-anal/groin area are almost inevitably colonised with enteric flora. Wound swabs from these areas should only be sent to the laboratory under exceptional circumstances.

To support good diagnostic stewardship principles, we would be grateful if you could adhere to the recommendations above.

Please ensure this clinical update is circulated to all members of your practice/institution.

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