WOUND SWAB LABORATORY TESTING GUIDE

Acute wound

No clinical signs of infection; colonised

No clinical reason for testing

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No specimen collected

Red flags for wound care

features, such as:

Referral for hospital assessment should be considered if a patient presents with high risk

Rapidly developing tissue necrosis or gangrene
Extensive cellulitis, or cellulitis of the face.

Systemic illness without another obvious

Clinical signs suggestive of osteomyelitis, e.g.

Pain unrelieved by analgesics such as

A non-healing or worsening wound in a

hands, over joints or periorbital area

deep bone pain, fever or chills

paracetamol or codeine

patient with diabetes

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

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

Classic Clinical Signs – Acute:

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

§ 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.

*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