

**D0 NOT routinely take wound swabs if ...**

# Wound is a chronic ulcer

* Pressure ulcer
* Wounds are more than one month old
* Sinuses and fistulae
* Stoma sites

The above wounds will be colonised with the patient’s own flora or environmental organisms. Swabs from these wounds will always have growth! Hence, these wounds SHOULD NOT be swabbed or treated with antibiotics, unless there are clinical signs or symptoms of infection.

Treatment of these cases will result in the emergence of antibiotic resistance. Refer to Tissue Viability team for wound management advice.

**Take a wound swab if ...**

# Evidence of spreading cellulitis

* Clinical signs of infection – raised

temperature, raised WCC

* Immunosuppression with wound deterioration (diabetes, steroids, malignancy)
* Discharging surgical wounds - particularly overlying prosthetic material.

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