

IS THE EWMA POSITION DOCUMENT ON DIAGNOSING INFECTION BEING IMPLEMENTED: RESULTS OF A DISTRICT-WIDE AUDIT

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Aim: To review reported wound infection rates and relate this to wound dressing usage

Method: Data, collected as part of a district-wide wound care audit was analysed based on reported levels of wound infection and dressing use.

Results: Data was available for 1735 patients with a total of 2620 wounds (1.51 wounds per patient). There were 826 (47%) acute wounds, 482 (28%) leg ulcers and 363 (21%) pressure ulcers plus a variety of other unclassified wounds.

Overall 13.7% of wounds were reported to be infected (acute wounds 12.2%, leg ulcers 18% and pressure ulcers 10.7%). For surgical wounds the overall infection rate reported was 10.5% (49 episodes in 468 wounds). The primary closure infection rate was however much lower at 2.95%. For pressure ulcers the likelihood of the wound being reported as infected increased with the pressure ulcer grade, 37.5% of EPUAP Grade 4 ulcers being reported as infected. Reported infection rates for leg ulcers varied from 12.8% for venous leg ulcers (25 of 195) to 39% for neuro-ischaemic ulcers. Of the 238 infected wounds microbiological swab data was available for only 60.5%, swab data being more likely to be available in the acute sector. Signs of infection reported did not correlate with actions taken.

Dressing selection did not parallel the reported suspicion of infection. Antimicrobial dressings were used on 449 wounds of which only 121 (26.9%) were reported as infected.

Conclusion: A higher than expected wound infection rate was reported but this was not supported by microbiological data and did not correlate with dressing usage.