# Antimicrobial Stewardship in Wound Care

**Support the prevention and management of wound infection through appropriate wound care and responsible antimicrobial use aligned with AMS**

## 8 Tips



1. Effective hygiene practices, including alcohol-based hand rubs and appropriate contact precautions, are key in preventing wound infection.



2. Use topical antiseptics for local infection or suspected biofilm – never "just in case". Do not dilute them. Reassess after 2 weeks.



3. Avoid prescribing antibiotics when they are not indicated.



4. Match treatment to infection level: antiseptics for local infection; add systemic antibiotics for spreading or systemic infection.



5. When antibiotics are indicated, use the appropriate agent, dose, route and duration[1,2].



6. Use an agent that has the least risk for adverse effects for the patient and the community[3].



7. Debridement is a key part of wound bed preparation.




8. Every healthcare worker is responsible for being aware of local AMR issues and for undertaking AMS.




**Managing the Crisis of Antimicrobial Resistance and Tolerance**

Antimicrobial resistance is an escalating global challenge that requires coordinated action to slow its development, spread and limit its impact. A crucial approach to addressing this issue is antimicrobial stewardship (AMS), which promotes the responsible use of antibiotics to curb selection of resistance[4]. A study published in The Lancet (2022)[4] estimated that in 2019, 4.95 million deaths worldwide were associated with bacterial antibiotic resistance (ABR), with 1.27 million deaths directly attributable to ABR. As this crisis grows, healthcare professionals must exercise caution in antibiotic prescribing, adhering to AMS principles to mitigate resistance and tolerance[5]. Treatment options other than antibiotics should be initiated when possible and the handling of wounds requires careful consideration. To date, no resistance to antiseptics at the dosages used in wound care has been detected; however, they should only be used to treat a local wound infection. The need for local antiseptic therapy should be re-evaluated every two weeks.

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**An antimicrobial strategy for non-healing wounds should include:**

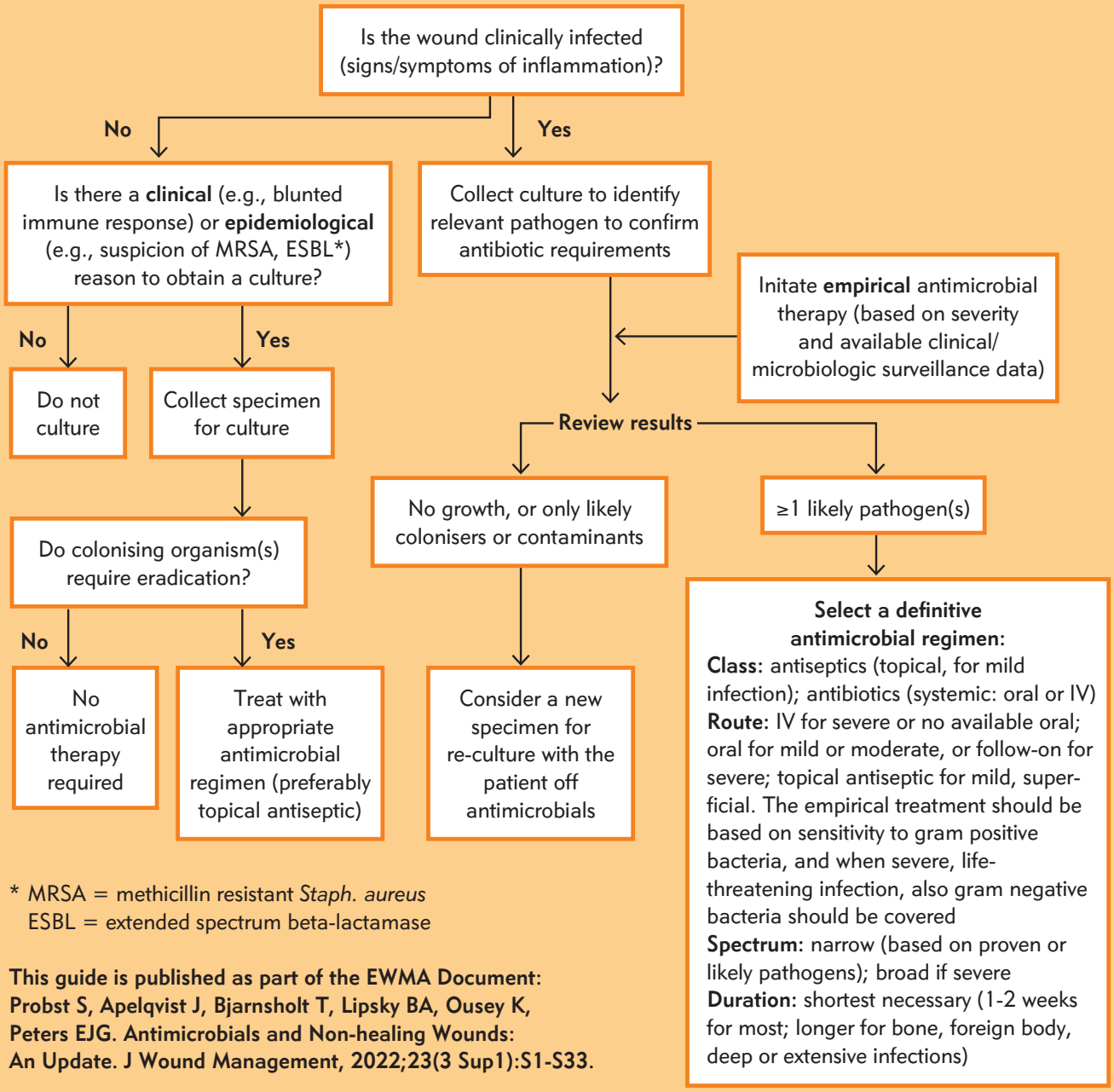
- Routinely determining if the wound is infected
- Surveillance and monitoring of wound infections, antimicrobial use and resistance patterns
- Clear and measurable treatment outcomes and antimicrobial use
- Local policies to review the appropriateness of antimicrobial use
- An interdisciplinary wound care team supported by AMS
- Accessible multi-professional educational programmes
- Antimicrobial stewardship programmes
- Patient awareness campaigns

**The five "rights" of prescribing antimicrobials in wound care[6]**

1. Right diagnosis and care plan
2. Right antimicrobial and the right route of administration
3. Right time to initiate antimicrobial treatment
4. Right antimicrobial dose
5. Right duration of antimicrobial treatment

*"The most effective way to reduce the use of antimicrobials is to prevent infection."*

# A Concise Approach to Treating Potentially Infected Wounds




* MRSA = methicillin resistant *Staph. aureus*
ESBL = extended spectrum beta-lactamase

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