Infection & Change of Condition

RECOGNIZE MEANINGFUL CHANGE AND ESCALATE EARLY

GOAL **Notice what changed from baseline, communicate it clearly and close the loop.**

1 LOCAL WARNING SIGNS

- New or increasing erythema / color change, warmth, swelling or induration.
- New or increasing pain or tenderness.
- Purulent drainage or a meaningful change in drainage.
- Rapid tissue deterioration, new necrosis or spreading inflammation.

2 WOUND DETERIORATION

- Increasing size or depth compared with prior measurements.
- New undermining, tunneling, exposed structures or tissue breakdown.
- Increasing drainage, maceration or periwound damage.
- A stalled wound should trigger reassessment of barriers to healing.

3 SYSTEMIC CHANGE MATTERS

- Watch for fever or hypothermia, tachycardia, tachypnea, hypotension or other systemic instability.
- Older adults may show acute confusion, functional decline, poor intake or lethargy rather than a classic fever.
- Diabetes, PAD, immunosuppression and neuropathy can alter or blunt local findings.
- Rapid progression or systemic illness warrants urgent medical evaluation.
- Wound infection is a clinical diagnosis - drainage or odor alone does not prove infection.

4 CLOSE THE LOOP

DOCUMENT

Record what changed: measurements, tissue, drainage, surrounding skin, pain, vital signs, function and timing.

NOTIFY

Report what you see, when it changed, relevant vitals / symptoms, current treatment and what has already been done.

FOLLOW THROUGH

Document provider communication, new orders, interventions, response and the plan for reassessment across shifts.

CLINICAL PEARL

Colonization is common. Treat infection as a clinical change - not simply a positive culture or wound odor.

RAPID PROGRESSION OR SYSTEMIC INSTABILITY?
ESCALATE URGENTLY / FOLLOW FACILITY EMERGENCY PROTOCOL