Wound infection diagnosis should be based on signs and symptoms of wound and surrounding skin such as exudate, bleeding surface, necrotic tissue, smell, erythema and oedema. The evaluation of local signs and the clinical evaluation of the patient are important to decide the best treatment and wound care. Our goal was to investigate clinical records regarding the wound, local signs of infection and antimicrobial treatment in patients with silver dressings.

Results and Discussion

We identified 62 patients with silver dressings (66.1% male; average age 71.1). Silver dressings were prescribed mainly for pressure ulcers (38.7%) and surgical wounds (27.4%). The average length of treatment was 20.9 days. Rubor of the skin around the wound in 40.9% of wounds and purulent exudate in 69.3% were the main signs of infection identified. Necrotic tissue that can encourage bacterial growth was found in 80.6% of the wounds. In 25.8% of the patients, nurses used an antiseptic solution to clean the wound between dressings. Systemic antimicrobials were prescribed in 79% of patients, 59.2% of whom had a diagnosis of wound infection. The group of patients to whom antiseptics were administered locally had fewer days of treatment with silver dressing, although it was not statistically significant (p=0.26). Also, the group of patients with prescriptions for silver dressings for longer than 10 days was statistically associated with wound complications (p=0.05).

Conclusions

✓ All patients had clinical signs of wound infection that supported the use of silver dressings;
✓ Additionally, most of the patients (79%) also needed system antibiotic treatment;
✓ In this study, we also found that clinical records should be more complete regarding odour, local pain, oedema and other local signs, in order to be able to contribute for choosing the best treatment in wound care.