

Application of Wound Infection Prediction Score for Sacral Pressure Ulcer

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Abstract

There are currently no clear-cut guidelines available to help clinicians discern whether a chronic wound is infected or prone to infection. Similarly, there are no established guidelines to assist in determining when systemic antibiotics are necessary or how long they should be administered. This absence of widely recognized guidelines may result in the overuse and misuse of systemic antibiotics, potentially leading to adverse drug reactions and the emergence of multidrug resistant bacteria. Introducing a straightforward tool for assessing infection risk in patients with chronic wounds could aid clinicians in deciding when systemic antibiotics are warranted and in ensuring their appropriate use, ultimately possibly curbing the overreliance on such medications.

This study highlights the application of W.A.R score as a wound infection prediction score for sacral pressure ulcer.

Keyword: Antimicrobial; Score; Wound; Sacral; Pressure; Ulcer.

INTRODUCTION

Chronic wounds are associated with a significant increase in health care utilization and health care costs,¹ increased morbidity and mortality,² and decreased quality of life.³ In addition, patients with chronic wounds have more exposure to systemic antibiotics compared with patients without

chronic wounds, putting them at a higher risk for developing multidrug resistant organisms (MDROs) and other adverse events.⁴ Because of this, it is vital for health care providers to identify when a chronic wound is at risk for infection to avoid both the overuse and underuse of systemic antibiotics.⁵ Despite this, no widely accepted guidelines exist to assist clinicians in determining when a chronic wound is infected or at risk for infection, nor do definitive guidelines exist to aid the clinician in determining the indication or duration of systemic antibiotics.^{6,7} This ambiguity can lead to excessive and improper use of systemic antibiotics, which then contributes to adverse drug events (ADEs) and the development of MDROs in not only the patient but also in the community.⁷ The Wounds at Risk (W.A.R.) score (Table 1) is a tool used to assess the risk of infection in patients by scoring a number of host factors that can contribute to an increased risk for infection in wounds. Implementing this simple tool could help clinicians determine the indication and appropriate use of

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systemic antibiotics and potentially reduce the use of systemic antibiotics in this patient population.

The Infectious Diseases Society of America (IDSA), the British Society for Antimicrobial Chemotherapy, and the European Wound Management Association all concur that no universally accepted diagnosis criteria for an infected chronic wound exists.⁶⁻⁸ They also agree that the traditional signs and symptoms of infection include redness (erythema/rubor), warmth (calor), purulence, swelling or induration (tumor), and tenderness and pain are not always present in infected chronic wounds.^{7,8} In fact, in the IDSA’s guidelines for the diagnosis and treatment of diabetic foot infections, the presence of at least 2 of these symptoms is enough to both diagnose a diabetic foot infection and treat with systemic

antibiotics, but the authors of the guidelines warn that these diagnostic criteria are based solely on expert opinions and not evidence.⁸

This study highlights the application of W.A.R score as a wound infection prediction score for sacral pressure ulcer.

Materials and Methods

This study was conducted in a tertiary care hospital in South India after obtaining department’s scientific & ethical committee approval. Informed consent was taken from the patient & attendants. The W.A.R. score was applied on a sacral pressure ulcer (fig. 1) and score was 6 at the time of admission.

Since the W.A.R score was more than 3, appropriate antimicrobial therapy was started

Table 1: Parameters for Calculating W.A.R score ¹

Risk Class	Risk Condition	Yes	Per Risk: 1 Point
1	Acquired immunosuppressive disease (eg, diabetes mellitus) Acquired immune defect due to medical therapy such as cyclosporine, methotrexate, glucocorticoids, or antibodies Solid tumor disease Systemic hematological disease Postsurgical wound healing disorder, which results in (unplanned) secondary healing Problematic hygienic conditions related to social or occupational environment Patient age >80 years Young patient age (premature infants and infants) Wounds persisting >1 year Wound dimensions >10cm ² Chronic wounds of any etiology having a depth of >1.5cm Extended inpatient status >3 weeks		Per Risk: 2 Points
2	Severe acquired immune defects (eg, HIV infection) Heavily contaminated acute wounds Bite, stab, and gunshot wounds penetrating 1.5cm-3.0cm		Per Risk: 3 Points
3	Severe innate immunodeficiency (eg, Wiskott-Aldrich syndrome, DiGeorge syndrome, immunodeficiency after stem cell transplantation, AIDS, immunosuppressive therapy) Traumatically contaminated wound after debridement Wounds that have a direct connection to organs or functional structures (eg, joints) or which contain foreign material (eg, prosthesis)		Total Score:
WAR Score <3 Patient not at increased for wound infection; systemic antibiotics may NOT be indicated			
WAR score ≥4: Patient is at increased risk for wound infection; systemic antibiotics may be indicated			
WAR: Wounds at Risk for infection			

RESULTS

The W.A.R. score was found to be 6 which is more than 3 so appropriate antimicrobial therapy was started and hence W.A.R score could

guide us in starting the antimicrobial therapy at admission.

As the antimicrobial therapy was started in time there was improvement in the wound condition (fig. 2).



Fig. 1: Sacral pressure ulcer with W.A.R. Score 6 at admission

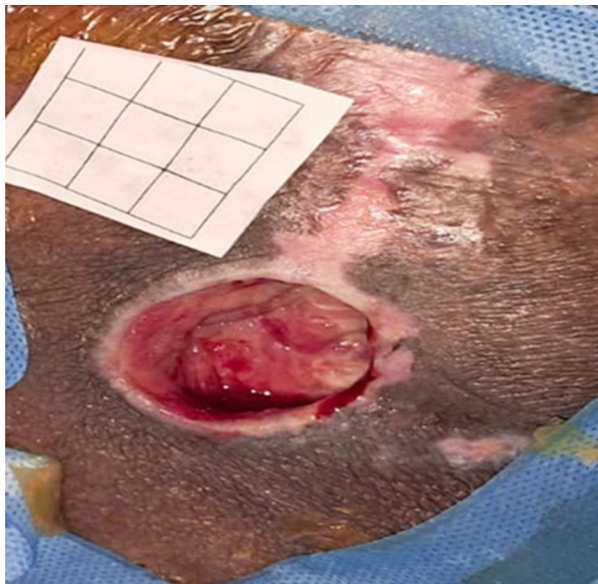


Fig. 2: Sacral pressure ulcer after initiation of antimicrobial therapy

We found W.A.R. useful not only documenting the findings at the time of admission but also in guiding whether to start or not antimicrobial therapy.

DISCUSSION

The W.A.R. score emphasizes the need to consider not only the wound appearance and presentation, but the entire patient, including immune status, age, social factors, wound chronicity, and other holistic factors. Without sufficient guidelines to assist clinicians in deciding whether to start or continue antibiotics for a chronic wound, a score

to help guide these decisions can help reduce both the underuse and overuse of antibiotics and potentially reduce the incidence of ADEs related to antibiotic use, including the development of MDROs at a local level. The W.A.R. score also can help to raise awareness to the fact that all wounds are contaminated, and the use of systemic antibiotics in even critically colonized wounds is not indicated in most chronic wounds. Most chronic wounds benefit from local antiseptics and aggressive wound care management.^{7,9-10}

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The W.A.R. score serves as a valuable aid for clinicians in gauging infection risk and making informed decisions regarding the necessity of antimicrobial therapy.

We found W.A.R. score useful as a wound infection prediction score for sacral pressure ulcer.

The limitation of our study is that it is applied on a single case and a large randomized double blind controlled study is required to validate our study.

CONCLUSION

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Conflicts of Interest: None

Financial disclosure: None

Declarations: None

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