



CASE STUDY 34:

Leg wound with secondary infection

Teresa, 79, has a history of type 2 diabetes and hypertension. She presents after sustaining a skin tear while turning over a compost heap at the community garden where she volunteers.

She recalls the garden fork slipping from her hand and striking her above her left ankle. She applied some pressure to the wound, but one of the other volunteers at the garden brought her to her GP after noticing her limping.

Teresa takes metformin 1g daily and perindopril 4mg daily. Her last HbA1c, performed a month earlier, was 7.7 per cent.


She has completed a primary course of tetanus immunisation and last had a Boostrix immunisation seven years ago, just before the birth of her youngest granddaughter.



Her blood pressure has been well controlled for several years and is 134/88mmHg today. The GP examines her and finds there is a large skin tear just above her left medial malleolus.

The GP and practice nurse consult the [Tetanus-prone Wound Management page](#) on the PHN clinical referral pathways platform, HealthPathways Melbourne, and according to the advice, administer a booster.

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They then consult the [Skin Tears page](#), and assess the tear to be a category 2a tear according to the STAR Classification System.

5. Dress the wound according to the [STAR skin tear classification system](#) . Do not use iodine-based products as these can cause drying of the wound and peri-wound skin.

- [Category 1 skin tears](#)  – no skin loss
- [Category 2 skin tears](#)  – partial flap loss

Category 2 skin tears



Partial flap loss which cannot be repositioned to cover the wound bed

They clean the wound and apply a silicone tulle dressing to cover the open areas, followed by a silicone foam dressing and an elasticated tubular support bandage.

Teresa is advised to return in two days for a review, and then in five for a change of dressing. At the review, she reports some increasing pain and discomfort around the wound.

The GP and nurse remove the dressing and find there is a moderate amount of exudate and hypergranulation. They consult the [Infection and Bacterial Load in Wounds page](#), swab the wound and commence Teresa on a course of flucloxacillin.

They then use an antimicrobial solution to clean the wound, then apply cadexomer iodine before dressing.

Teresa returns in another two days and reports an improvement in pain. The swab cultured mixed organisms, and the wound appears drier.

As it still appears erythematous, the GP and nurse continue to use antibacterial solution and iodine with the dressings. They review her every two days until the signs of infection resolve.

After 10 days, Teresa's wound is well healed. The GP invites Teresa to an appointment for a review of her [diabetes management](#) and [chronic conditions management plan](#).