

**Table 2: Microbial Load and Associated Findings.**

TIME	TYPE OF MICRO-ORGANISM	CLINICAL AND LABORATORY FINDINGS
First few days	Cutaneous flora	
1 to 4 weeks	Cutaneous flora accompanied by Gram-positive aerobic cocci, often beta-haemolytic <i>Streptococci</i> , <i>S. aureus</i>	<ul style="list-style-type: none"> <li>■ Purulent discharge</li> <li>■ Gram-positive</li> <li>■ Single species</li> </ul>
4 weeks onwards	Cutaneous flora accompanied by Gram-negative facultative anaerobic bacteria, particularly coliforms, followed by anaerobic bacteria and <i>Pseudomonas</i>	<ul style="list-style-type: none"> <li>■ Tissue necrosis</li> <li>■ Undermining</li> <li>■ Deep involvement</li> <li>■ Poly-microbial mixture of aerobic and anaerobic pathogens</li> </ul>

Note. From “Infection in chronic wounds: Controversies in diagnosis and treatment,” by G. Dow, A. Brown and R.G. Sibbald, 1999, *Ostomy Wound Management*, 45(8), p. 23-40. Reprinted with permission.

The RNAO expert panel recommends using clinical assessment with diagnostic testing in the assessment of foot ulcer infection.

### Signs and Symptoms of Infection

The presence of infection should be assessed based on the presentation of two or more of the following signs and symptoms of inflammation or purulence (Lipsky et al., 2012):

- Erythema;
- Warmth;
- Tenderness;
- Pain;
- Induration; and
- Purulent exudates.

The signs and symptoms of non-limb-threatening or superficial infection, and limb-threatening or deep wound and systemic infection<sup>G</sup> are summarized in Table 3.