

# WHAT WORKERS NEED TO KNOW

## *Wound Advice*



Many people who inject drugs experience a range of injecting-related problems from simple pain at the point of injection to serious life-threatening conditions such as botulism or anthrax infection.

Injecting-related wounds among people who inject drugs are very common. These may be caused by a variety of factors including;

- ▲ a person's injecting technique
- ▲ the reuse of injecting equipment
- ▲ missed hits
- ▲ infections caused by bacteria
- ▲ contamination of the drug supply.

Drugs such as cocaine or xylazine can make the prevalence or occurrence of wounds more likely as their use has been found to cause blood vessel narrowing. This leads to decreased blood flow to the skin, particularly in areas where the drug was injected.

Anyone can carry out First Aid for wounds, but all specific wound care interventions should be taken by staff trained in wound care. If you are unsure, seek advice or refer to health care professionals.

You do not have to be specially trained to ask people questions about their injection sites or wounds. This resource is designed to give simple advice to both people who use drugs and people who may work with people who use drugs. It is important to provide clear and accurate information to people that we can all understand potential conditions and look for warning signs of more serious issues.

# LOOKING AFTER WOUNDS

- Washing wounds with warm water is appropriate for most wounds. Alcohol swabs should not be used for wound cleansing as these can cause pain, can damage the skin, and affect healing.
- Wet wounds and any wound larger than a 10p coin should be covered with a simple dressing until medical care and full assessment can take place.
- Wounds surrounded by any spreading redness or inflammation can be drawn round with a pen – check the status of the redness by inspecting the line – if the redness extends beyond the line then antibiotics and further medical advice may be required. If the redness shrinks, then antibiotics may not be required.

# INFECTION CHECKLIST

- Heat, redness or swelling around the wound that is getting worse
- More yellow, green or black in the wound than before
- Wetter than before
- More painful
- Bigger or deeper
- Bad smell

**Not all symptoms need to be present for a wound to be infected!**

**If there are any signs of infection that are not getting better, and the person feels unwell, call 111 for advice. In an emergency, the person should go to the local accident & emergency department.**

# REFERRALS



## When to make a referral?

- ▶ There are large abscesses or redness which is painful or spreading, or any apparent area of infection over a joint.
- ▶ The person shows any apparent systemic infection (an infection affecting the entire body) such as weakness, discomfort, fever, chills, muscle pain, rapid heart rate.
- ▶ There is a sudden or acute swelling of legs, hands, arms, feet. Be sure to compare with other limb – is there an abnormality?
- ▶ There are exposed bones or tendons.
- ▶ There is evidence of a pulsating lump. This could be a pseudoaneurysm, for which urgent assessment and potential treatment may be necessary to prevent rupture and serious complications.

Consider what the best referral route for the person in their local area might be. Is there a specific wound care pathway for people who use drugs in your area? If not, the best possible referral route may be to a local GP, Practice Nurse, Nurse or Doctor within a substance use service or Tissue Viability Service.

If possible, always support a person to attend any appointment.

## When to make an urgent referral?

- ▶ Infected wounds where a need for antibiotic treatment is suspected – showing spreading redness, getting larger, stronger smell or leaking discharge.
- ▶ Wounds which appear to be in need of incision, drainage or debridement.
- ▶ Large wounds and ulcers, particularly where they do not appear to be healing.
- ▶ Leg ulceration.

# ADDITIONAL RESOURCES



SDF has produced additional wound related resources for people who use drugs and people working in services.

- ***Self Care Advice: Looking after your wounds at home*** - A handout for people who inject drugs to help them look after their wounds.
- ***The National Wound Care Guide (2022)*** - In-depth advice for people who work with people who inject drugs.
- ***Let's Give Bacteria the Boot*** - A handout for people who inject drugs to reduce their risk of infection.

These resources can be found at [www.sdf.org.uk/resources](http://www.sdf.org.uk/resources).

A webinar launching The National Wound Care Guide can be found on the SDF YouTube channel.

SDF also offers two e-learning courses related to injecting drug use and wound care.

- ▲ Bacterial Infections and Drug Use
- ▲ How are your sites?

E-learning courses can be accessed at [www.sdftraining.org.uk](http://www.sdftraining.org.uk).



Additional learning is available by SDF through facilitator-led training and bespoke courses.

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NOTES







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