Government of **Western Australia**
Department of **Health**

Enhanced Access Community Pharmacy Pilot

Acute minor wound management

Clinical practice guideline

Service restricted to patients aged 5 years or over.

Ineligibility for treatment as part of a prescribing service does not preclude a patient from accessing services provided as part of usual pharmacy care.

The information and content in this clinical practice guideline do not constitute medical advice, diagnosis, or treatment recommendations for individual patients. Pharmacists must exercise professional discretion and judgement consistent with their qualifications and legislative authority. This guideline does not override the responsibility of the pharmacist to undertake clinical assessments and to make decisions appropriate to the circumstances of the individual and the relevant standards of care, in consultation with the patient and/or their parent/caregiver. This clinical practice guideline may only be used by pharmacists who have been approved by the Department of Health to participate in the Enhanced Access Community Pharmacy Pilot (EACPP) and are authorised to prescribe under the *Medicines and Poisons Regulations 2016* (WA). This document alone does not provide an authorisation for a pharmacist to prescribe.

Contents

Guideline overview

Meet service and professional obligations

- Initial patient eligibility and suitability for management within the scope of the service
- Patient informed consent (including consent for communication with other health practitioners if relevant)

Patient history and assessment

- Patient history
- Wound history, assessment, and examination
- Assess need for pathology testing for Gram staining and culture

Develop management plan

- Administration of local anaesthetic (if required)
- Wound care
- Pharmacotherapy:
  - presumptive antibiotic therapy for bite wounds (including marine animal bites) and clenched-fist injuries
  - prophylactic antibiotic therapy for significantly contaminated traumatic wounds
  - empirical antibiotic therapy for localised post-traumatic wound infections, localised bite and clenched-fist wound infections, and localised water-immersed wound infections
  - tetanus post-exposure prophylaxis with tetanus toxoid vaccine

Confirm management is appropriate

- Contraindications, precautions, and interactions
- Appropriate antibiotic use

Communicate agreed management plan

- Wound care and general advice
- Medication counselling
- When to seek further care and/or treatment
- Communication with other health practitioners

Clinical review

- Response to treatment
- Dressing changes and suture removal (if necessary)
- Communication with other health practitioners

Refer when

- The patient is aged below 5 years (does not preclude a patient from accessing usual pharmacy care)
- Burns that require referral to a specialist centre as per the Australian and New Zealand Burn Association (ANZBA) criteria
- Injury has suspected vascular, tendon, joint, bone, muscle or nerve involvement
- Fractures, crush injuries, partial amputations of a digit or penetrating wounds of the torso
- A penetrating wound, including through footwear, or a marine envenomation
- Recent orofacial trauma
- Suspected concussive head injury
- Pain that requires management with treatments not available to pharmacists
- Immunocompromised or at high risk of infection or compromised wound healing
- Signs or symptoms of systemic infection or is generally unwell
- Infection of a surgical or chronic wound
- A tetanus-prone wound that requires tetanus immunoglobulin
- Significant risk of suicide or self-inflicted injuries (see Treat and concurrently refer section)
- Injury sustained in the workplace or as a result of a work-related incident
- The wound history is unclear
- The wound is showing abnormal signs of healing or not progressing through the normal stages of healing
- The wound is suspected to be full thickness
- The wound is to the head (scalp, face, ears, eyes) or neck, or where sustained closure is difficult to achieve
- Anaesthesia (if indicated) cannot be achieved for adequate cleansing or closure.

Treat and concurrently refer

- The wound is significantly contaminated, e.g. a foreign body or other contamination that cannot be removed by the pharmacist, significantly contaminated water-immersed wounds
- Localised post-traumatic wound infections, including:
  - localised bite and clenched-fist wound infections
  - localised water-immersed wound infections
- Self-inflicted injuries.

Key points

- Comprehensive assessment that includes wound factors (e.g. site, type, size, onset, contamination, infection, drying/maceration) and patient factors (e.g. age, medical conditions, medicines, nutrition, lifestyle, risk factors for resistant bacteria) is required to determine appropriate management, including whether referral to an appropriate healthcare provider is required.
- Wound healing is optimised when the wound is cleansed to remove debris and devitalised tissue, kept moist, infection is prevented, and the wound has adequate blood supply[2].
- Topical antibiotics are not recommended for the treatment of wounds and are not included for use as part of this service. Topical antibiotics do not improve healing potential and may contribute to antimicrobial resistance[2,3].
- Antibiotic prophylaxis for acute minor wounds is not routinely recommended. Thorough cleansing and dressing are the mainstay of treatment[4].

Refer when

Provide first aid and concurrently refer the patient to an appropriate healthcare provider (including emergency services, if required) in the following situations:

- the patient is aged below 5 years (does not preclude a patient from accessing usual pharmacy care)
- burns require management at a specialist centre as per the Australian and New Zealand Burn Association (ANZBA) criteria[1]
- injury has suspected vascular, tendon, joint, bone, muscle, or nerve involvement
- fractures, crush injuries, partial amputations of a digit or penetrating wounds of the torso
- a penetrating wound, including through footwear, or a marine envenomation (a complex wound at high risk of infection)
- recent orofacial trauma (not yet seen by a dental practitioner)
- suspected concussive head injury
- pain that requires management with treatments not available to pharmacists
- immunocompromised or at high risk of infection or compromised wound healing
- signs or symptoms of systemic infection or is generally unwell
- infection of a surgical or chronic wound
- a tetanus-prone wound that requires tetanus immunoglobulin (e.g. patient has had less than 3 doses of the tetanus toxoid vaccine, or vaccination history is unknown)
- significant risk of suicide (e.g. a current intent, a specific plan, access and means, or have had previous suicide attempts), or self-inflicted injuries (see Treat and concurrently refer)
- injury sustained in the workplace or as a result of a work-related incident
- the wound history is unclear (how, where, and when the wound was acquired)
- the wound is showing abnormal signs of healing or not progressing through the normal stages of healing (e.g. chronic ulcers or wounds, necrotic or hyper-granulation tissue, wounds older than approximately 4 days that have not begun epithelialisation)
- the wound is suspected to be full thickness (involving epidermis, dermis and subcutaneous tissue)
- the wound is to the head (scalp, face, ears, eyes) or neck, or where sustained closure is difficult to achieve
- anaesthesia (if indicated) cannot be achieved for adequate cleansing or closure.

Treat (if clinically appropriate) and concurrently refer

Provide initial treatment (wound care and antibiotic therapy if indicated) and concurrently refer to an appropriate healthcare provider (including emergency services, if required) in the following situations:

- the wound is significantly contaminated, e.g. a foreign body or other contamination that cannot be removed by the pharmacist, significantly contaminated water-immersed wounds
- localised post-traumatic wound infections, including:
  - localised bite and clenched-fist wound infections
  - localised water-immersed wound infections
- self-inflicted injuries.

Patient history and assessment

A comprehensive and holistic wound assessment must consider both patient and wound history[2,5,7].

For the purposes of the service, an acute minor wound is defined as a wound:

- caused by injury or trauma (as opposed to surgical wounds)
- involving the epidermis and upper dermis (superficial wound) or dermis (partial thickness)[3,8]
- in the inflammation stage (approximately 0 to 4 days post injury) on initial presentation and expected to follow the normal physiological wound healing process.

Patient history

Obtain sufficient information from the patient to assess the safety and appropriateness of any recommendations and medicines.

The patient history should consider:

- age
- weight
- pregnancy and lactation status (if applicable)
- current medical conditions, particularly conditions that may increase risk of infection (immunocompromised) or impair wound healing (e.g. vascular disease, diabetes mellitus, autoimmune disorders, malignancy)
- factors that may impact on successful wound healing as per the Therapeutic Guidelines: Ulcer and Wound Management (Factors affecting ulcer and wound healing)[2]
- symptoms that may indicate systemic infection or other injury including fever, lymphadenopathy, nausea, and vomiting
- current and recently ceased treatments (including prescribed medicines, vitamins, herbs, other supplements, and over-the-counter medicines), including medicines that may delay wound healing
- previous wound healing and scarring
- allergies/adverse drug reactions
- alcohol and drug history
- smoking status
- immunisation status including tetanus vaccination
- risk factors for infection with methicillin-resistant Staphylococcus aureus (MRSA) NB1
- psychosocial history, emotional and mental state, including level of distress, history of mental health conditions, and potential for family violence
- ability to undertake appropriate self-care
- nutritional and hydration status.

Reminder

Pharmacists can access a range of clinical information in a patient's My Health Record, including details about current and past medication history, allergies, and current medical conditions.

Wound history

Consider:

- mechanism of injury:
  - to assess the potential for retained foreign bodies
  - to assist in determining if presumptive, prophylactic or empirical antibiotic therapy is required
- date and time of injury
- environment where the wound was acquired e.g. fresh or salt water, muddy locations, contaminated soil
- treatments already provided and response e.g. dressings, antiseptics, antibiotics
- whether the injury was sustained in a workplace or related to employment
- whether the injury may be associated with family violence or self-harm (see below).

Injuries associated with family violence or non-accidental injury in children

Indications of injuries associated with family violence may include injuries and/or bruising to the head, neck, face, areas usually hidden from view, bite marks, unusual burns, injuries that do not match the history/explanation given by the patient (and/or parent/caregiver), or no explanation can be provided[9].

If the pharmacist suspects the patient has been subjected to family violence, they should provide appropriate support and assistance to the patient (separate from other family members), including referral to support services and reporting to the WA Police Force. A list of services is provided on the Western Australian Government Family and Domestic Violence Helplines and Support Services webpage[10].

Pharmacists are strongly encouraged to voluntarily report suspected child abuse and neglect to the WA Police Force. Information on the reporting process and other supports for affected families can be found on the Western Australian Government Report Child Abuse webpage[11].

Injuries associated with self-harm

The most common form of deliberate self-harm is self-poisoning, followed by self-cutting and other methods such as hanging, burns, bruising, and picking at sores[12]. It is often done in secret and on places of the body that may not be seen by others (e.g. thighs). People may try to conceal wounds caused by self-harm by wearing long-sleeve clothing or high neck shirts[12].

Pharmacist assessment of a patient presenting with self-inflicted injuries, or a suspected self-inflicted injury, should consider:

- the patient's emotional and mental state, and level of distress
- whether there is an immediate concern related to the patient's safety
- the need for referral to a mental health service[13].

Self-harm may be a repetitive behavior[12]. People presenting for treatment of self-inflicted injuries must be concurrently referred to an appropriate healthcare provider or mental health service. They may be provided treatment if clinically appropriate.

Self-inflicted injuries are a warning sign that indicate a patient might be at a heightened risk of suicide. Consider key questions and/or other risk factors for suicide risk in accordance with Therapeutic Guidelines: Psychotropic (Suicide risk – Assessing suicide risk)[14].

Patients at significant risk of suicide (e.g. if they have a current intent, a specific plan, access and means, or have had previous suicide attempts) require urgent referral to an appropriate healthcare provider and/or acute psychiatric/mental health service.

Helplines and support services for people at risk of suicide include:

- Beyond Blue (1300 224 636)
- for young people, e-headspace (1800 650 890)
- Kids Helpline (1800 551 800)
- Lifeline (13 11 14)
- Suicide Call Back Service (1300 659 467)[14].

Wound assessment and examination

Wound-related factors to be considered and documented during clinical assessment and at clinical review (if applicable) are detailed in Table 1.

Conduct assessment of vital signs for any patients presenting with signs of infection.

The TIME acronym (Tissue, Infection/Inflammation, Moisture balance, Edge and peri-wound area) as detailed in the Therapeutic Guidelines: Ulcer and Wound Management (Assessing patients with an ulcer or wound) may also be used to guide wound examination and documentation of characteristics[2].

Table 1: Clinical acute wound assessment[2,3,5,6,15]
Anatomical location
• Consider possible damage to joint, tendon, nerve and vascular structures. • Check distal sensation, motor function, range of motion (extensors and flexors) and vascularity.
Size and degree of tissue loss
• Length, circumference, and width. • Approximate depth – measured with a damp cotton tip, although generally not required for a minor acute wound. • Tissue loss – superficial, partial or full thickness.
Wound appearance
• Presence of wound contamination – consider if the wound can be adequately cleaned, including with simple debridement, in the community pharmacy setting, or if referral is required. Consider if a foreign body is present and refer if needed. • Stage/phase of healing – inflammation, reconstruction/proliferation, maturation. • Wound bed clinical appearance (if visible) – granulation tissue, epithelial tissue, sloughy, necrotic, hyper-granulation tissue. • Wound edges and surrounding skin (colour, contraction, change in sensation, maceration and moisture associated skin damage, medical adhesive-related skin injury (MARSI)) – signs of normal or abnormal healing. • Exudate – type, amount, colour, and odour.
Signs of infection
• Local infection – redness, heat, pain and swelling above normal inflammatory responses, presence of exudate, odour, impaired wound healing, contact bleeding, tissue breakdown, unhealthy granulation tissue. • Spreading infection – increasing wound size, lymphangitis, inflammation and swelling of lymph nodes, wound breakdown, patient malaise, or deterioration in health. • Systemic infection – fever, tachycardia, hypotension, other signs of sepsis.
Pain
• Timing, triggers, severity, and impact. • Type of pain – background, breakthrough pain, precipitating factors, pain before, during and/or after dressing, cleaning, and exposure to air. • Response to any medication used to manage the wound.

Pathology testing for Gram stain, culture and sensitivity testing

Infected wounds

Wound swabbing is not routinely recommended for uncomplicated wounds. Pathology testing for microbial Gram stain, culture and antibiotic sensitivity should be considered prior to commencing empirical antibiotic therapy, where:

- the result of testing will help to guide management
- the wound is not responding to empirical treatment
- there is suspicion of unusual or resistant pathogens
- there are concerns regarding local antimicrobial resistant organisms [NB1].

If pathology testing is indicated, the patient should be referred to an appropriate healthcare provider to conduct specimen collection. If timely referral is not practicable, then empirical antibiotic therapy may be provided in accordance with the Therapeutic Guidelines with concurrent referral (see Pharmacotherapy).

NB1: Methicillin-resistant Staphylococcus aureus (MRSA)

Western Australia has a high prevalence of MRSA, particularly in regions north of metropolitan Perth, including the Goldfields, Kimberley, and Pilbara regions. Risk factors for MRSA should be considered in accordance with Therapeutic Guidelines: Methicillin-resistant Staphylococcus aureus (MRSA) and where appropriate, empirical antibiotic therapy adapted in accordance with the Therapeutic Guidelines.

Further information on local antimicrobial resistance patterns can be found here: Australian Passive AMR Surveillance (APAS) – Australian Commission on Safety and Quality in Health Care.

Wounds at high risk of infection

Pathology testing for microbial Gram stain, culture and antibiotic sensitivity is not required before commencing presumptive or prophylactic antibiotic therapy for wounds at high risk of infection[4].

Develop management plan

Pharmacists must ensure that they are prescribing medicines according to the specified sections of the current online version of the Therapeutic Guidelines.

Pharmacist management of acute minor wounds may involve:

- **administration of local anaesthetic:**
  - use of ≤1 per cent lidocaine preparations (without adrenaline, maximum of 10 mL) if required, in accordance with the current online version of:
    - Therapeutic Guidelines: Pain and analgesia (Drugs used for pain – Local anaesthetics for acute pain management)[16]
    - Queensland Health and Royal Flying Doctor Service (Queensland Section) Primary Clinical Care Manual[3]
- **wound cleansing:**
  - irrigation, simple mechanical debridement (using sterile gauze or non-woven swabs) and use of antiseptics in accordance with the:
    - Therapeutic Guidelines: Ulcer and wound management[2]
- **wound closure:**
  - closure using adhesive strips, topical skin/tissue adhesives and basic suturing techniques only in accordance with the:
    - Queensland Health and Royal Flying Doctor Service (Queensland Section) Primary Clinical Care Manual[3]
- **wound dressing:**
  - application and changing of dressings in accordance with the:
    - Therapeutic Guidelines: Ulcer and wound management[2]
- **pharmacotherapy:**
  - presumptive oral antibiotic therapy for bite wounds (including marine animal bites) and clenched-fist injuries at high risk of infection, in accordance with the:
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Bite wound infections, including clenched-fist injury infections)[4]
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Water-immersed wound infections)[4]
  - prophylactic oral antibiotic therapy for significantly contaminated traumatic wounds, in accordance with the:
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Post-traumatic wound infections)[4]
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Water-immersed wound infections)[4]
  - empirical oral antibiotic therapy for localised post-traumatic wound infections, localised bite and clenched-fist wound infections, and localised water-immersed wound infections, in accordance with the:
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Post-traumatic wound infections)[4]
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Bite wound infections, including clenched-fist injury infections)[4]
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Water-immersed wound infections)[4]
  - tetanus post-exposure prophylaxis [NB2] with tetanus toxoid vaccine in accordance with the:
    - Therapeutic Guidelines: Antibiotic (Traumatic wound infections – Post-traumatic wound infections)[4]

NB2: Tetanus-toxoid vaccines must be given in accordance with the Australian Immunisation Handbook: Tetanus and recorded on the Australian Immunisation Register[16].

Confirm management is appropriate

Consult the *Therapeutic Guidelines, Australian Medicines Handbook*, Queensland Health and Royal Flying Doctor Service (Queensland Section) Primary Clinical Care Manual[3] and other resources to confirm that management is appropriate, including for:

- contraindications and precautions
- drug interactions
- pregnancy and lactation.

Reminder

The prescribing and use of antibiotics should be consistent with the principles described in the Therapeutic Guidelines: Antibiotic. Pharmacists should carefully assess whether antibiotic therapy is clinically indicated, and if so, consider local antimicrobial resistance patterns and relevant clinical factors when selecting therapy. [NB1]

Communicate agreed management plan

Comprehensive advice and counselling (including supporting written information if required), should be provided to the patient regarding wound care. Relevant information may include:

- schedule for dressing changes and suture removal
- instructions for individual product/dressing and medicine use
- non-pharmacological measures
- how to recognise the signs of local and systemic infection
- when to commence antibiotic therapy and any required follow-up
- measures to prevent further injury
- how to manage adverse effects of pharmacotherapy
- when to return for follow-up.

It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources and information provided to patients (and/or parents/caregivers) and compliance with all copyright conditions.

The agreed management plan should be shared with members of the patient's multidisciplinary healthcare team, with the patient's consent.

General advice

At the time of initial consultation, patients (and/or parents/caregivers if applicable) should be advised to see an appropriate healthcare provider if:

- the wound becomes infected (for non-infected wounds) or deteriorates
- the wound is not healing as expected (e.g. no evidence of epithelialisation approximately 4 days post wound event)
- their pain is not well managed with recommended analgesia
- they become systemically unwell.

Reiterate to the patient (and/or parents/caregivers) how to care for the wound and/or dressing at home as appropriate (e.g. when showering, bathing).

Clinical review

Clinical review with the pharmacist (or the patient's chosen healthcare provider), including for dressing changes and suture removal, should occur in line with recommendations in the *Therapeutic Guidelines* and the Queensland Health and Royal Flying Doctor Service (Queensland Section) Primary Clinical Care Manual[3].

Pharmacists should prescribe a quantity of medicine that aligns with the expected duration of therapy. Advise patients (and/or parents/caregivers) to see an appropriate healthcare provider if the condition does not improve or resolve (see Refer when and General advice).

Pharmacist resources

- Clinician Assist WA:
  - Acute skin wounds
- Australian and New Zealand Burn Association: ANZBA Referral Criteria
- Therapeutic Guidelines:
  - Methicillin-resistant Staphylococcus aureus (MRSA)
  - Ulcer and wound management
  - Pain and analgesia: Local anaesthetics for acute pain management
  - Antibiotic: Traumatic wound infections
  - Antibiotic: Principles of antimicrobial use
- Australian Commission on Safety and Quality in Health Care:
  - Australian Passive AMR Surveillance (APAS)
- Australian Pharmaceutical Formulary and Handbook (APF):
  - Wound management
- Australian Medicines Handbook:
  - Drugs for local anaesthesia
  - Antibacterials
- DermNet NZ:
  - Wounds
  - Synthetic wound dressings
  - Topical skin adhesives
  - Suturing techniques
  - Surgical wound closure
- Wounds Australia: Australian Standards for Wound Prevention and Management
- Queensland Health and Royal Flying Doctors Service (Queensland branch): Primary Clinical Care Manual 12th edition 2025
- Australian Immunisation Handbook: Tetanus
- The Royal Children's Hospital Melbourne:
  - Wound assessment and management
  - Burns – Acute management
  - Wound dressings – acute traumatic wounds
  - Lacerations
- International Wound Infection Institute:
  - Wound infection in Clinical Practice 2022
  - Therapeutic wound and skin cleansing 2025
- Australian Prescriber: An update on wound management
- Frontiers in Pharmacology: First-Line Interactive Wound Dressing Update: A Comprehensive Review of the Evidence
- Wound Practice and Research – Wounds Australia Journal: The negative impact of medications on wound healing.
- Royal Australian College of General Practitioners:
  - Selecting appropriate dressings
  - Acute lacerations: Assessment and non-surgical management
  - Surgical management of acute lacerations

References

1. The Australian & New Zealand Burn Association (ANZBA). ANZBA Management of Burns. Available from: https://www.anzba.org/index.cfm//quality-care/management-of-burns/.
2. Therapeutic Guidelines: Ulcer and Wound Management. Melbourne: Therapeutic Guidelines Limited; 2021 [cited 2025 April 4]. Available from: https://tgldcdp.tg.org.au/topicTeaser?guidelinePage=Ulcer%20and%20Wound%20Management&etgAccess=true.
3. Queensland Health and Royal Flying Doctor Service (Queensland Section). Primary Clinical Care Manual. Cairns: Office of Rural and Remote Health, Queensland Government; 2025 [cited 2025 June 18]. Available from: https://www.health.qld.gov.au/orrh/clinical-manuals/primary-clinical-care-manual-pccm
4. Therapeutic Guidelines: Antibiotic (Traumatic wound infections). Melbourne: Therapeutic Guidelines Limited; 2025 [cited 2025 April 4]. Available from: https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Antibiotic&topicfile=bartonella-infections&guidelinename=auto&sectionId=c_Traumatic_wound_infections#c_Traumatic_wound_infections
5. Cox J. Wound Care 101. Nursing 2022. 2019;49(10).
6. The Royal Children's Hospital of Melbourne. Wound assessment and management. Melbourne: The Royal Children's Hospital of Melbourne; 2023 [cited 2025 April 4]. Available from: https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Wound_assessment_and_management/.
7. Haesler E. and Carville K. (2023). Australian Standards for Wound Prevention and Management. Australian Health Research Alliance, Wounds Australia and WA Health Translation Network.
8. Ngan V. Dermnet NZ: Wounds; 2005 [cited 2025 April 4]. Available from: https://dermnetnz.org/topics/wounds
9. Australian Medical Association. Supporting patients experiencing family violence: Australian Medical Association; 2015 [cited 2025 April 4]. Available from: https://ama.com.au/sites/default/files/documents/AMA%20Supporting%20Patients%20Experiencing%20Family%20Violence%20Resource%20_0.pdf.
10. Western Australian Government. Family and domestic violence helplines and support services. Available from: https://www.wa.gov.au/organisation/department-of-communities/family-and-domestic-violence-helplines-and-support-services
11. Western Australian Government. Report child abuse. Available from: https://www.wa.gov.au/service/justice/criminal-law/report-child-abuse
12. Carter G, Page A, Large M, Hetrick S, Milner AJ, Bendit N, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guideline for the management of deliberate self-harm. Australian & New Zealand Journal of Psychiatry. 2016;50(10):939-1000.
13. National Institute for Health and Care Excellence (NICE). Self-harm: assessment, management and preventing recurrence. Methods. 2022.
14. Therapeutic Guidelines: Psychotropic (Assessing suicide risk). Melbourne: Therapeutic Guidelines Limited; 2021 [cited 2025 April 4]. Available from: https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Psychotropic&topicfile=suicide-risk&guidelinename=Psychotropic&sectionId=toc_d1e316#toc_d1e316.
15. International Wound Infection Institute (IWII). Wound infection in clinical practice. Wounds International. 2022. At: IWII-CD-2022-web-1.pdf
16. Therapeutic Guidelines: Pain and Analgesia (Local anaesthetics for acute pain management). Melbourne: Therapeutic Guidelines Limited; 2020 [cited 2025 April 4]. Available from: https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Pain%20and%20Analgesia&topicfile=local-anaesthetics-acute-pain-management.

Disclaimer

All information and content in this material is provided in good faith by the Department of Health Western Australia and is based on sources believed to be reliable and accurate at the time of development and publication. While every effort has been made to ensure the accuracy of the material, no guarantee, representation, or warranty is provided of the accuracy, reliability, or suitability of any information contained in the materials. By accessing the materials, the users acknowledge and agree that the materials are intended for informational and educational purposes only and must not be relied on or used as a substitute for the user's professional judgment or own clinical assessment of patients. Users should consult relevant clinical guidelines and resources, regulatory authorities, and professional bodies, where appropriate.

To the maximum extent permitted by law, the State of Western Australia (which includes the Department of Health Western Australia, the Minister for Health, and their respective officers, employees, contractors, and agents) expressly disclaim liability (including without limitation, liability in negligence) to users or any other person for loss, damage, injury, adverse outcomes, costs, or expenses, arising from reliance on, interpretation of, or use of the materials. To the maximum extent permitted by law, the State of Western Australia makes no warranties that the materials available on or through any links provided in this publication are free of infection by computer viruses or other contamination.

Feedback

To provide feedback on this clinical practice guideline, please email DOH.EACPP@health.wa.gov.au

This document is based on clinical guidelines/protocols originally developed by Queensland Health for the Queensland Community Pharmacy Pilots. Queensland Health is acknowledged as the source of the original material. Queensland Health does not accept responsibility for the content or accuracy of any adaptations, or for any decisions made based on the material presented in this document.

This document can be made available in alternative formats on request.

Produced by Clinical Excellence Division

CED-015081AUG'26