Wound Classification Algorithm

Wound classification is a team responsibility. It should be determined at the end of the procedure. It needs to be a communication between surgeon, the nurse and other members of the team. The objective is to classify the wound at the time of the surgery to reflect and capture any events that may have occurred during the procedure.

Use the Algorithm below to help determine wound classification for surgical procedures.

During the Procedure:

Was there:
- Pus, purulence or abscess?
- Peritonitis?
- Clinical evidence of infection?
- Perforated viscera* prior to incision?
- Devitalized tissue requiring dissection/resection?
- Traumatic wounds greater than 4 hours old
- Fecal contamination prior to incision?

Yes to any question → Class IV Dirty or Infected

No to All

Was there:
- Acute inflammation such as non-purulent diverticulitis?
- Gross spillage** from the GU tract, respiratory tract or GI tract (including bile)?
- Necrotic tissue without infection or not requiring dissection/resection?
- Major break in sterile technique?
- Non-purulent gangrene?
- Fibrinous exudate?
- Open, Fresh accidental wound?

Yes to any question → Class III Contaminated

No to All

Did the procedure require entry into the Respiratory, GI, or GU system?

Yes → Class II Clean Contaminated

No → Class I CLEAN

Note:
*Perforated viscera may include bowel perforation, ruptured appendix, anastomotic leak, perforated gastric ulcer, or fistula
**Gross spillage includes any spillage that occurs during the case that can be seen with the naked eye

Adapted from JL Zinn, Cone Health, Greensboro, NC; published February 2012 AORN