

INFECTIONS - GENERAL

The most important factor in any infection is the recognition of whether the process is localized or spreading. The treatment of localized and spreading infection ^{are} ~~is~~ in no way comparable but are diametrically opposites. The localized infection requires incision and drainage, while incision or trauma added to a spreading infection only adds fuel to the fire.

The other factor in the treatment of infection is what is the anatomy involved - i.e. - what fascial planes - what regional glands - what structures lie in close proximity.

Localized Infection - Treatment

1. This requires incision and drainage - done carefully - under anaesthesia, preferably general.
2. Against the use of local and freezing anaesthesia - because of trauma to tissues from anaesthesia.
3. Simple material - used for a "drain" - better term is a "holder - opener" of the wound to permit egress of pus. Drain out in 24 - 48 hours and never re-inserted.
4. Sterile warm moist dressings to encourage evacuation of pus and prevent "clotting" of same. Dressing large enough to retain secretions and heat.
5. Splintage and Rest of the part to reduce possibility of motion or trauma to area.
6. Chemical sterilization - of infected cavity has not been proven to be of value.
7. Sulfonamides - orally-preceding incision and drainage and continued 48 hours in event of spreading manifestations following trauma of incision and drainage.
8. General Care -
 - a. All patients with infection do better when there is absolute rest of part - bed rest is of value.

- b. Elevation of part to diminish edema
 - c. Fluids - sufficient in men of military age to allow for urinary output of 1500 cc daily.
 - d. Diet - high caloric, high protein, high vitamin.
 - e. Transfusions- of value only in regard to secondary anemia.
 - f. Watch W.B.C. and differential closely on cases receiving drugs.
9. Long - standing draining case
- a. Probably result of:
 - 1. Unrecognized focus
 - 2. Inadequate drainage
 - 3. Foreign body
 - 4. Bone involvement
 - 5. Persistent chemical or physical irritation
 - 6. Persistent added bacteria
 - b. Check blood proteins and vitamin C.
 - c. Transfusions of value
 - d. Check culture

TREATMENT OF SPREADING INFECTION

- 1. Manifested by lymphangitis, lymphadenitis, spreading cellulitis or phlebitis.
- 2. No surgery or trauma.
- 3. Bed rest - absolute
- 4. Massive sterile warm wet dressing large enough to maintain moisture and heat and provide rest.
- 5. Rest - with splint if an extremity
- 6. Elevation - of part
- 7. X-ray - 1 - 2 sub-erythema doses - of question^{able} value:

8. Fluids - essential to maintain adequate urine output of 1500 cc. daily.
9. Check W.B.C. and differential daily.
10. Diet - light - nourishing.
11. Drugs - sulfonamides to limit of therapeutic blood level. Check daily if necessary.
12. When process localizes - then incision and drainage taking care to minimize trauma and control sulfa drug and after-care same as with localized infection.
Often the process will subside and no surgery will be required.

Cultures:

Obtain culture both anaerobic and aerobic at time of incision and drainage - also whenever there is a change in the character of secretion or general condition of the patient.

Watch mixed infection - necrotizing, sloughing, foul-smelling types.

Drugs:

1. Solutions for hot wet dressings -
Sterile water
Sterile boric solution
2. Sulfonamides - as desired by surgeon - watch ^{ch} blood levels and urinary output.
3. Zinc Peroxide (Z.P.O.) -
Activated for use in anaerobic infections especially microaerophilic hemolytic streptococcus.

SEE "DRESSINGS" - for technique of dressings, Zinc Peroxide, etc.