Wound Classification Decision Tree

**Does the patient have ANY of the following?**
- Existing infection in operative field before incision
- Retained devitalized tissue/foreign body
- Fecal contamination
- Severe inflammation
- Untreated, uncontrolled spillage from organ
- Perforated viscus
- Abscess/pus/purulence/peritonitis in operative wound

**Yes** → **Dirty/Infected Class 4**
**No** →

**Does the patient have ANY of the following?**
- Hollow organ entered under non-controlled conditions during the operation (open, fresh, accidental wounds)
- Acute, non-purulent inflammation
- Necrotic tissue without purulence
- All layers of incision are not closed
- Penrose drain left in the incision or other open drainage
- Major break in sterile technique during the operation (gross/visible spillage from GI tract, infectious fluid spill from GU tract, non-sterile equipment, non-sterile foreign bodies in wound, debris found in operative field, flies in OR)

**Yes** → **Contaminated Class 3**
**No** →

**Does the patient have ALL of the following?**
- Tract or hollow organ entered under controlled conditions
- No evidence of infection or acute inflammation
- All layers of incision are closed
- Drained with closed drainage if necessary
- Only minor break in aseptic/sterile technique (non-visible spillage of non-infectious fluid from GI/GU tract) if it occurs

**Yes** → **Clean/Contaminated Class 2**
**No** →

**Does the patient have ALL of the following?**
- No tract or hollow organ is entered
- No evidence of infection or inflammation
- Primary wound closure (all layers of incision are closed)
- Drained with closed drainage if necessary
- No breaks in aseptic technique

**Yes** → **Clean Class 1**
**No** →

**Things that do not change wound class:**
- Chronic inflammation
- Closed drains
- Colostomy

**Multiple surgical procedures performed in the same operative space:**
- Assign wound classification based on the most contaminated assessment of the space.

**Multiple surgical procedures performed with different incision sites:**
- Assign wound classification based on the principal operative procedure being reviewed.

Select the highest wound as indicated by the description of the procedure in the Operative Report and with the pathology report diagnosis.