

## Procedure Decision Grid: Removal of Non-Therapeutic Maggots (Myiasis)

### Presence of maggots in the wound bed

**1. Ask**

- Has the client travelled internationally (and where) OR been on a farm/ ranch within the last 6 months?
- Has the client had a tetanus vaccine within the last 10 years?

**2. Consult Physician/ NP/ NSWOC/ Wound of presence of maggots and the answers to above questions.**

**3. Consult Infection Control**

**4. Put in place Isolation Precautions**

- If there is uncontrolled drainage from an infected wound OR difficulty containing the maggots, place on Contact Precaution
- A private room is preferred to help prevent the transmission of organisms

Choose the location of infestation

1. In the nasopharynx, the oropharynx or the eyes  
 2. in the abdomen with non- intact fascia, tumours, tubes/ drains, wound sinus tracts/ tunnels, ears, surgical wounds  
 3. Unsure which method of removal is appropriate

1. On a limb without compromised peripheral vascular perfusion

1. On a limb with compromised peripheral vascular perfusion

Use Mechanical/ Irrigation Method OR Submersion Method (see below)

Is the current treatment plan to keep the limb/ foot wound dry?

**Apply Containment Dressing**  
 Cover with gauze-based dressing (Supersoaker, Mesorb, abdominal pad) and secure loosely with several layers of gauze roll/ Kling or securement stocking  
 \*\* For limbs with decreased perfusion, ensure dressings are very loose to avoid compression or tourniquet affect

Use Mechanical Removal Method (Dry Wound Care Treatment Plan) (see below)

**Disposal of Supplies/ Fluids**

**Submersion Removal Method:**

- Carefully dispose of fluids down flushable drain or cleaner/ disinfectant to avoid splash/ spills
- Cavi-Wipe container- return container to bedside. Discard once patient no longer requires maggot treatment

**Mechanical/ irrigation Removal Method:**

- Tie garbage bags closed
- Double bag if possible
- Dispose of bags in regular garbage

**Linen:**

- Acute of long term care – place in laundry bags and securely tie
- In the home – launder linen as soon as possible

Document procedure. Include if maggots were present or not during procedure

Complete procedure Daily

Have NO maggots been observed for 2 successive procedures?

Complete Wound Care as per Physician/ NP/ NSWOC/ Wound Clinician protocol

**Mechanical Removal Method**  
 (Dry Wound Care Treatment Plan)

- Don PPE
- Place a double layer of plastic bags or a collection device beneath infestation to catch maggots
- Use gauze/ forceps to remove any visible maggots
- Take note if any maggots removed to determine if procedure must be repeated

**Submersion Removal**  
 (Moist Wound Care Treatment Plan)

- Don PPE
- Use a container large enough to submerge the infested area
- Fill with warm potable water
- Submerge for 20 minutes
- PRN empty and repeat if large volume of maggots present
- Remove from water and pat dry
- Take note if any maggots removed to determine if procedure must be repeated

**Mechanical/ Irrigation Removal**  
 (Moist Wound Care Treatment Plan)

- Don PPE
- Place a double layer of plastic bags or a collection device beneath infestation to catch maggots/ irrigation fluid. If available place gelling substance in a plastic bag to assist with solidification of fluids to prevent splashing
- Using a 30mL syringe and irrigation tip catheter, irrigate area (using full force if wound not friable or painful) with copious potable water or normal saline. Use at least 50- 1000 mL
- Use gauze/ forceps to remove any visible maggots
- Pat dry
- Take note if any maggots removed to determine if procedure must be repeated

**Supplies**

- Clean gloves
- Personal protective equipment (PPE). Must include a mask with eye protection (face shield), gown and foot coverings
- Odour neutralization/ room deodorant PRN
- Towels/linen PRN
- Dressing tray and forceps
- Bucket with Lid OR garbage bags (do not use sharps buckets)

**Mechanical and/or Syringe Method Supplies:**

- 30ml syringe and irrigation tip catheter
- Cotton tip applicators
- Large volume of NS or potable water
- If available, gelling substance (e.g. Vernacare 1 sachet = 350 ml fluid)

**Submersion Method Supplies- all of the above and:**

- An appropriate sized container
- Enough potable water to immerse
- Containment- apply gauze-based cover dressing (Supersoaker, Mesorb, or abdominal Pad with tape, roll gauze (Kling) PRN