

Laceration – Level II

LACERATION Level II (No Level I)

Skill Level: RN

Definition: This protocol is applicable to a minor cut or tear through the skin repairable by primary skin closure. Techniques to obtain primary closure may involve bandages, steri-strips, dressings, glue, staples, or suture.

Injuries that should be referred to a medical provider include:

1. The need for anesthesia.
2. Severe contamination requiring extensive cleansing or debridement.
3. Open fractures, tendon, nerve, or major blood vessel injury.
4. Complex structures requiring meticulous repair (For example many facial lacerations such as eyelid lacerations).
5. Cosmetic considerations i.e. certain lacerations that can permanently disfigure a patient.
6. Length or depth out of your comfort level or skill set.

Subjective: <ul style="list-style-type: none">• Time of injury: mechanism of injury (Document).• "I cut myself." "I have a cut."	Assessment: <ul style="list-style-type: none">• Impaired skin integrity: Laceration as described.
Objective: <ul style="list-style-type: none">• Simple laceration. Wound, location, length, depth, bleeding, extent of involvement of underlying tissues. (Document)• No evidence of involvement of deep structures such as nerve, blood vessel, muscle, tendon, bone, joint or organs.• No evidence of distal circulatory or neurological compromise.• Wound not caused by human bite.• No retained foreign body.• Skin approximates easily, with full closure of wound, without a deep tissue cavity.	Plan: <p>Patient education and self-care items for this protocol include:</p> <ul style="list-style-type: none">• Tylenol 1-2 tabs every 4 hours prn. OR Ibuprofen 200mg 1-2 tabs QID prn.• <u>Naprosyn, Aspirin and Ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain.</u> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• Cleanse wound with saline or tap water• Closure technique of your choice;

Laceration – Level II

	<p>bandage, dressing, steri-strips, skin glue, or staples.</p> <ul style="list-style-type: none">• Tetanus Prophylaxis if indicated. Refer to protocol.
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	<p>Plan (Cont.):</p> <ul style="list-style-type: none">• For laceration that does not fit or close easily with above techniques, discuss with practitioner. Often suturing can wait several hours. Practitioner may elect to suture on-site later. Cleanse area, and cover with saline soaked sterile dressing.• Major/Complicated laceration: Evidence of vessel, nerve, muscle, tendon, ligament, joint, bone damage. Severe tissue loss, lacerations through the vermilion border of the lip or through and through lacerations of the lip all require more aggressive treatment.<ul style="list-style-type: none">➤ Control bleeding with pressure, elevate involved extremity.➤ If possible, irrigate with copious amounts of saline.➤ Do not remove any foreign body.➤ Cover with appropriate dressing.➤ Immediate referral to on-site practitioner or off-site emergency facility for further care.
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Nursing Education:

1. Steri-Strips may be used in conjunction with Topical Skin Adhesive to approximate skin edges.
2. Schedule dressing changes and/or wound assessments as needed.
3. If patient returns with evidence of infection, treat with bacterial infection nursing protocol and refer to practitioner.
4. If wound reopens, refer to practitioner.
5. Human bites are generally not closed. Refer questions to provider.
6. As a general rule, lacerations on any part of the body may be closed primarily for up to 12 hours following the injury. Wounds that have been grossly contaminated, infected, or have come to medical attention late may be allowed to heal by granulation (secondary intention) after appropriate cleansing.
7. **CONTRAINDICATIONS TO SKIN GLUE:** (Refer to skin glue packet insert and your training.)
 - a. glue not applied below the skin surface..
 - b. glue is not applied near the eyes or over the lips.
 - c. glue does not work on high skin tension areas (joints, knuckles)
 - d. do not glue over infection.

Laceration – Level II

Patient Education:

1. Keep wound clean and dry. Use of antibiotic ointment is not necessarily helpful.
2. Instruct patient to return if signs of infection (explain) or if wound reopens.

APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

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2/24/2015

Medical Director

Date

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