

ORAL LACERATIONS Level II

Skill Level: RN

Definition: A disruption in the integrity of the oral mucosa which may include the skin area outside the vermilion border (the junction of the pinkish-red area of the lips with the surrounding skin).

<p>Subjective:</p> <ul style="list-style-type: none"> • "I was hit in the mouth." • "I'm bleeding." • "I have a cut in my mouth" 	<p>Assessment:</p> <ul style="list-style-type: none"> • An alteration in the oral mucosa and/or lip. • An alteration in comfort. • An alteration in nutrition.
<p>Objective:</p> <ul style="list-style-type: none"> • Intraoral or extraoral laceration can have moderate to heavy bleeding. • Laceration may be greater than 6mm. • No facial laceration over one cm in length. • No laceration past the vermilion border of the lip (onto the facial skin—see picture). • No evidence of jaw or other facial fracture. • No uncontrolled bleeding. • Wound not caused by the bite of an animal or another person. 	<p>Plan:</p> <p>If laceration is greater than one cm, call the Dental Clinic and send the patient immediately to the dentist if possible. Check other institutions, if possible, to see if a dentist is available for consultation. If no dentist available, refer to medical provider.</p> <p>If no dentist is available, the patient will need to be sent for suturing if any of the following exist:</p> <ul style="list-style-type: none"> -- Intraoral laceration on the attached gingiva ("labial maxillary or mandibular gingival") greater than one cm in length. (**See picture and nursing education**) -- Any laceration if direct pressure will not stop bleeding within 15-30 minutes. (Can use teabag if available.) -- Laceration of the outside of the lip greater than one cm in length. -- Laceration of the lip that crosses the vermilion border (onto the facial skin—see picture). <ul style="list-style-type: none"> • Mucosal lesions in the mouth, even when large or involving the inner surface of the lip will usually heal uneventfully without suturing as long as they do not involve any bony structures. • Call the dentist or medical provider on call if you have questions about whether or not the patient needs to be sent out for suturing.

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	<p>At nursing discretion may use any of the following:</p> <ul style="list-style-type: none">• Control bleeding with gauze or a teabag if available.• Gently clean the area.• Suggest salt water rinses TID prn.• After checking for allergies to medications may suggest:<ul style="list-style-type: none">--Ibuprofen 200mg 1-2 QID prn from unit.--Tylenol or ASA 2 QID prn from unit if intolerant to Ibuprofen. <p>--If available meds not effective, may use Naprosyn 500 mg BID prn for pain for 5 days instead. (Always second line. Naproxen, ASA and Ibuprofen are not for pregnant patients.)</p> <ul style="list-style-type: none">• May order soft diet.• Assess need for Tetanus vaccine.• Evaluate and treat any additional traumatized areas.• Consider follow-up visit in 24-48 hours to monitor healing and possibility of infection.
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Oral Lacerations – Level I

Nursing education:

- 1. Naprosyn is not recommended for minor pain management for pregnant patients, please instruct all pregnant patient to use Acetaminophen (available in housing units) for minor pain management.**
- 2. **Even small lacerations of the attached gingiva (light pink labeled labial mandibular or maxillary gingiva in the diagram) frequently need to be sutured. The labial mucosa (darker pink) frequently does not need to be sutured. See photo in folder "Pictures" in Dental section.**

APPROVED:

Medical Services Manager

Date



Dental Director

2/25/15
Date

Steve Shelton M.D.

Medical Director

2/24/2015
Date

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