

PUNCTURE WOUND (SEVERE)

30 Second Review

Puncture Wound

RN, LPN

DEF: Penetration by an object that may cause serious damage to underlying structures.

S/S: Signs and symptoms are dependent on location and depth of puncture wound.

RX: Control bleeding, cover with sterile dressing, do not remove impaled object (stabilize impaled object), transport to emergency room and notify practitioner.

SKILL LEVEL: RN, LPN

DEFINITION: Penetration by an object that may cause serious damage to underlying structures.

DATA BASE:

Subjective: Patient describes stabbing or other incident. Elicit time, place, and source.

Objective:

Signs and symptoms are dependent on location and depth of puncture wound.

Patient may be hypotensive and/or tachycardic if significant bleeding has occurred. Treat as appropriate for shock while preparing for transport to an emergency facility.

Neck and torso puncture wounds have the most potential for fatalities due to underlying organs and vessels.

Plan:

1. **Do not remove an impaled object.** Efforts to do so may cause severe hemorrhage or further injury to underlying structures.
2. Control bleeding by direct pressure. Do not apply pressure on the impaled object itself or on immediately adjacent tissues.
3. Prepare patient for immediate transport. Contact medical provider if one is on site.
4. If there is any evidence of shock, treat accordingly with circulatory assistance and volume replacement and immediate transport.

Puncture Wound (Severe)

- 5. Keep patient NPO
- 6. Stabilize the impaled object. Keep wound as clean as possible.

Nursing Education:

- 1. The less the penetrating object is manipulated, the less the possibility of increasing the tissue damage. Stabilize the penetrating object, if present, as much as possible, and apply a clean dressing.
- 2. This protocol is generally about "severe" puncture wounds when the penetrated object is expected to do severe tissue damage. For less severe puncture wounds, the medical provider can be contacted for further instructions. Do not remove objects even if the injury does not appear to be severe, without first speaking with a medical provider.

Patient Education:

- 1. Provide reassurance.
- 2. Explain importance of remaining calm to minimize further injury.
- 3. Instruct patient not to eat or drink since surgery and general anesthesia may be necessary.
- 4. Follow-up and further instruction vary depending on severity of injury.

APPROVED:

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2/24/2015

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Date

Effective Date: 3/2015
Revised: February 2015