

Wounds

Wounds involving injury to soft tissues can vary from minor tears to severe crushing injuries.

Types of wounds:



Laceration



Avulsion



Abrasion



Ecchymosis/contusion



Hematoma



Stab



Cut



Patterned

The primary goal of treatment:

1. To restore the physical integrity and function of the injured tissue.
2. Minimizing scarring.
3. Preventing infection.

The following steps are essential in emergency nursing and forensic evidence

1. Proper documentation of the characterizes of the wound
2. Using precise descriptions.
3. Correct terminology.
4. Photographs of wounds.

Assessment:

1. Determining when and how the wound occurred (because a treatment delay increase infection risk)
2. Using aseptic technique
3. Inspects the wound to determine the extent of damage to underlying structures or presence of a foreign body
4. Evaluated the sensory, motor, and vascular function.

Management:

1. Apply direct pressure to any bleeding wound, to control hemorrhage. Tourniquets are rarely indicated since they may reduce tissue viability .
2. Examine wounds for gross contamination, devitalized tissue, and foreign bodies .
3. Remove constricting rings or other jewelry from injured body part .
4. Cleanse the wound periphery with soap and sterile water(normal saline solution) or available solutions such as Shu-Clens , and provide anesthetics and analgesia whenever possible .

Antibacterial agents, such as povidone –iodine (betadine) or hydrogen peroxide, should not be allowed to get deep into the wound without thorough rinsing

5. Irrigate wounds with saline solution using a large bore needle and syringe. If unavailable, bottled water is acceptable .

6. Leave contaminated wounds, bites, and punctures open. Wounds that are sutured in an unsterile environment, or are not cleansed, irrigated, and debrided appropriately, are at high risk for infection due to contamination. Wounds that are not closed primarily because of high risk of infection should be considered for delayed primary closure by experienced medical staff using sterile technique.
7. Remove devitalized tissue and foreign bodies prior to repair as they may increase the incidence of infection .
8. Clip hair close to the wound, if necessary. Shaving of hair is not necessary, and may increase the chance of wound infection.
9. Any small bleeding vessels are clamped, tied, or cauterized.
10. Cover wounds with dry dressing; deeper wounds may require packing with saline soaked gauze and subsequent coverage with a dry bulky dressing.
11. The wound is splinted in a functional position to prevent motion and decrease the possibility of contracture.
12. Tetanus prophylaxis is administration as prescribed, based on the conditions of the wound and the patient's immunization status.

Note 1/

The decision to suture a wound depends on:

- 1. The nature of the wound***
- 2. The time since the injury was sustained***
- 3. The degree of contamination***
- 4. The vascularity of tissues***

If primarily closure is indicated, the wound is sutured or stapled, usually by the physician, with the patient receiving either local anesthesia or moderate sedation.

Note 2/

If there are no signs of suppuration (formation of purulent drainage)

- 1. The wound may be sutured (with patient receiving a local anesthetic)***
- 2. Use of antibiotics to prevent infection***
- 3. The site is immobilized and elevated to limit accumulation of fluid in the interstitial spaces of the wound.***

Note 3

- 1. The patient instructed about signs and symptoms of infection.***
- 2. The patient instructed to contact the health care provider or clinic if there is sudden or persistent pain, fever or chills, bleeding, rapid swelling, foul odor, drainage, or redness surrounding the wound.***