

Eden Aldrich, RN

STANDING ORDER

LACERATIONS, STITCHES, STAPLES

I. ASSESSMENT

- A. Assess for bleeding, drainage, signs and symptoms of infection, need for stitches.
- B. Take vital signs, including temperature, if symptoms indicate the need for additional monitoring.
- C. Assess how long has it been since trauma? Tetanus status? (Tetanus vaccine is effective for ten years, unless a “dirty” injury occurs after five years.) If no Tetanus is subjectively stated or unknown, patient to be transported to nearest urgent care, Emergency Department or use medical stock if applicable.

II. MANAGEMENT

- A. For simple lacerations and scrapes with minimal bleeding, clean with saline solution or wound cleanser, dry and apply triple antibiotic ointment and bandage.
- B. For bleeding laceration, apply pressure to site until bleeding stops and then assess. If no stitches required, clean laceration and bandage as outlined in A. Refer to facility provider if sutures are needed or to ER if after hours.
- C. Deep lacerations requiring stitches should be seen that day by the facility provider or transported to the Emergency Department or Immediate Care for treatment.
- D. Lacerations with purulent drainage should be placed in Medical for observation and reported to the Facility Provider for further treatment orders.
- E. Inmates in custody with existing stitches or staples due to be removed may have them removed by the Facility Nurse. Steri-strips may be used, if necessary.

III. EVALUATION

- A. If laceration heals with no complications, no further treatment or evaluation.
- B. If signs and symptoms of infection occur or healing is not occurring, notify Facility Provider.