


Acute wound management guidelines

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The basic principles for managing wounds or lacerations are: Hemostaz Cleaning Wounds Analgesia closure skin dressing and follow-up advice These principles can be applied to any simple wound, but always involve senior colleagues for advice and input as needed. Always remember your personal protection when assessing the wound, including gloves, apron or dress, and glasses/ visors Haemostasis Haemostasis is a process that causes bleeding to stop. In most wounds, hemostasis will be spontaneous. In the case of significant injuries or lacerations to the blood vessels, steps may need to be taken to reduce bleeding and aid haemostase. These include pressure, height, turnstiles, or indroughting. Cleaning wound cleaning is essential to reduce infection and promote healing. There are five aspects of wound cleaning: Disinfect the skin around the wound with an antiseptic Avoid getting alcohol or detergents inside the wound to decontaminate the wound by hand removing any other body Debride any devitalised tissue, where it is possible to irrigate the wound with saline solution If there is no obvious contamination present, low pressure irrigation is sufficient (filling a normal saline solution from a sterile container thoroughly into the wound) Antibiotics for high-risk wounds or signs of infection (follow local antibiotic recommendations) Risk factors for wound infection include inordous body present or heavily contaminated wounds, bites (in that human number), stab wounds and open fractures If the wound is clearly contaminated, it must be irrigated under high pressure to remove any visible wreckage of this Analgesia Analgesia will allow the humane and light closure of the wound. Infiltration with local anesthesia is the most common form of analgesia used, with regular systemic analgesia (e.g. paracetamol) used as a supplement. The maximum level of lidocaine is 3 mg/kg, and the addition of adrenaline allows up to 7 mg/kg (solution 1% equates to 10 mg/ml). Remember not to use adrenaline with local anesthesia when administered in or near appendages (such as finger) Skin Closure Help wound healing, the edges of the wound can be manually opposed. There are four main methods to do this: Skin adhesive strips (e.g. Steri-Strips™) are suitable if there are no risk factors for infection present tissue glue glue (e.g., Indermil®) can be used for small lace wounds with easily contrasted edges (a popular choice in pediatrics) stitches, Typically used for any lacerations larger than 5cm, deep skin wounds, or in places that are prone to flexion, tension, or wetting staples can be used for some scalp wound siegertmarc CC BY 2.0 (Figure 1 - Closing the seamstresses, after clavicular surgery the wound and the subsequent correct bandage wound will reduce infection and contamination. When the wound is wounded to a non-appropriate laceration, the first layer should be unacceptable (e.g., soaked in salt gauze), followed by an absorbent material to attract any wound exudate, and finally a soft gauze tape to ensure the sauce is in place. Tetanus prevention is necessary for any person not aware (or unsure) of their tetanus immunization status. After initial wound control, advise patients: Seek medical attention for any signs of infection Take a simple analgesia (e.g. paracetamol) Keep the wound dry as much as possible, even if wearing a waterproof bandage Any seams or adhesive strips should be removed 10-14 days after initial closure (or 3-5 days if on the head); The tissue glue glue is naturally slough off after 1-2 weeks. Remove the bandages at the same time as the seams or adhesive strips. Key points to clean the wound thoroughly by starting antibiotics and referring to debridement as needed to ensure adequate analgesia is provided by the choice of skin closure technique depends on the wound to make sure the wound is properly dressed one. Pitts SR, Niska RW, Syu J, Bert CW. National Hospital Outpatient Medical Examination: 2006 Emergency Department summary. National health statistics. 2008;6(7):1-40. (PubMed) (Google Fellow) 2. Hollander JE, Singer AJ, Valentin SM, Shofer FS. 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