

Emergency Wound Care

- Wash your hands thoroughly with soap and clean water if possible. Use sterile latex gloves if available.
- For bleeding wounds:
 - Apply direct pressure over the wound with sterile dressing if available.
 - If wound is on a limb, elevate extremity.
 - Apply pressure with three fingers over appropriate pressure point.
 - Once bleeding is controlled, apply pressure dressing.
 - Tourniquets are rarely indicated since they may reduce tissue viability.
- Examine wounds for gross contamination and foreign bodies.
- Never remove foreign objects, such as a knife, from the a client→ Immobilize the object with packing
- Remove constricting rings or other jewelry from injured body part.
- Cleanse the wound periphery with soap and sterile water or available solutions, and provide anesthetics and analgesia whenever possible.
- Irrigate wounds with saline solution using a large bore needle and syringe. If unavailable, bottled water is acceptable.
- 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.
- Remove devitalized tissue and foreign bodies prior to repair as they may increase the incidence of infection.
- Clip hair close to the wound, if necessary. Shaving of hair is not necessary, and may increase the chance of wound infection.
- Cover wounds with dry dressing; deeper wounds may require packing with saline soaked gauze and subsequent coverage with a dry bulky dressing.
- Assess for and treat shock.
- Administer prophylaxis for tetanus as indicated.

Other Considerations

- Be vigilant for the presence of other injuries in patients with any wounds.
- Ensure adequate referral, follow-ups, and reevaluations whenever possible.
- Dirty water and soil and sand can cause infection. Wounds can become contaminated by even very tiny amounts of dirt.
- Puncture wounds can carry bits of clothing and debris into wound resulting in infection.
- Crush injuries are more susceptible to infection than wounds from shearing forces.

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Guidance for Management of Wound Infections

Most wound infections are due to staphylococci and streptococci.

- For initial antimicrobial treatment of infected wounds, beta-lactam antibiotics with anti-staphylococcal activity (cephalexin, dicloxacillin, ampicillin/sulbactam etc.) and clindamycin are recommended options.
- Of note, recently an increasing number of community associated skin and soft tissue infections appear to be caused by methicillin-resistant *Staphylococcus aureus* (MRSA). Infections caused by this organism will not respond to treatment with beta-lactam antibiotics and should be considered in patients who fail to respond to this therapy. Treatment options for these community MRSA infections include trimethoprim-sulfamethoxazole (oral) or vancomycin (intravenous). Clindamycin is also a potential option, but not all isolates are susceptible.
- Incision and drainage of any subcutaneous collections of pus (abscesses) is also an important component of treating wound infections.

Tetanus Prevention

- Patients without a clear history of at least three tetanus vaccinations who have any wound other than clean and minor **NEED tetanus immune globulin (TIG)** not just Td.
- Tetanus is most commonly reported in **older persons** who are less likely to be adequately vaccinated than younger persons.
- Older **women** are especially susceptible; a majority of those > 55 years of age do not have protective levels of tetanus antibody.
- **Diabetics** are at increased risk. Reported tetanus is about 3 times more common in diabetics and fatalities are about 4 times more common.
- **Non-acute wounds** (e.g., chronic ulcers, gangrene, abscesses/cellulitis) account for about 1 in 6 cases of reported tetanus; 1 in 12 reported cases had **no reported injury or lesion**.

Vaccination History	Clean, Minor Wounds	All Other Wounds
Unknown or < 3 doses	Td or Tdap (Tdap preferred for ages 11-18)	Td or Tdap (Tdap preferred for ages 11-18) PLUS tetanus immune globulin (TIG)
3 or more doses and ≤5 years since last dose		
3 or more doses and 6-10 years since last dose		Td or Tdap (Tdap preferred for ages 11-18)
3 or more doses and >10 years since last dose	Td or Tdap (Tdap preferred for ages 11-18)	Td or Tdap (Tdap preferred for ages 11-18)

Ref: Centers for Disease Control and Prevention

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