



ADVANCED WOUND MANAGEMENT

SUTURING #3 Patient Education, Follow Up, & Documentation



OBJECTIVES

- Accurately document wound closure procedure
- State two pertinent patient education recommendations regarding wound closure care
- Verbalize two legal risks of wound closure and the role of the APN



Procedure Documentation

- Initial wound assessment
 - Location, measurements (length, width, depth), condition, exploration (tendons, fb's)
- Cleansing techniques/irrigation and length of time or quantity of solution
- Suture material used, type and quantity of sutures placed, layers of closure
- Post suture status of wound, bleeding, condition, neurovascular status, patient tolerance
- Post repair care: dressing type applied, medications, teaching



Patient Education & Considerations

- Keep wound clean and dry for 72 hours
- May wash with soap and water and then pat dry
- No soaking/submerging
- No lotions or creams to the laceration while sutures are in
- Dressing remains on while still oozing or if in area needing protection from irritation
- Wound Monitoring: redness, swelling, bleeding, discoloration, warmth, increasing pain, changes in sensation
- Scarring
- Splinting
- Suture Removal
- Tetanus
- Antimicrobial Prescribing
- Follow up and Referrals



Tetanus Prophylaxis (Immunization history!)

Tetanus Prone Wounds

- > 6 hours old
- > 1 cm depth
- Avulsion, stellate, flap
- Crush, burn, missile
- Devitalized tissue
- Contaminated

Non-Tetanus Prone

- < 6 hours old
- < 1 cm depth
- Linear
- Sharp, incised
- Healthy Tissue
- Non contaminated

animal bites, especially
those of dogs and pigs



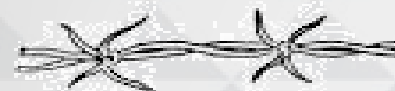
gunshot and
knife wounds



holes made with
dirty needles



injuries caused
by barbed wire



puncture wounds
from thorns,
splinters, or nails





Antimicrobial Prescribing

Indications

- Bites
- Delayed closures
- Bites
- Dirty wounds
 - Bacteria laden
 - Much visible material
- Mammalian bites
- Gulf/standing water
- Traumatic wounds
- Compromised host
- Wounds entering joints (refer out, IV abx)
- High risk wounds or person

Pathogens

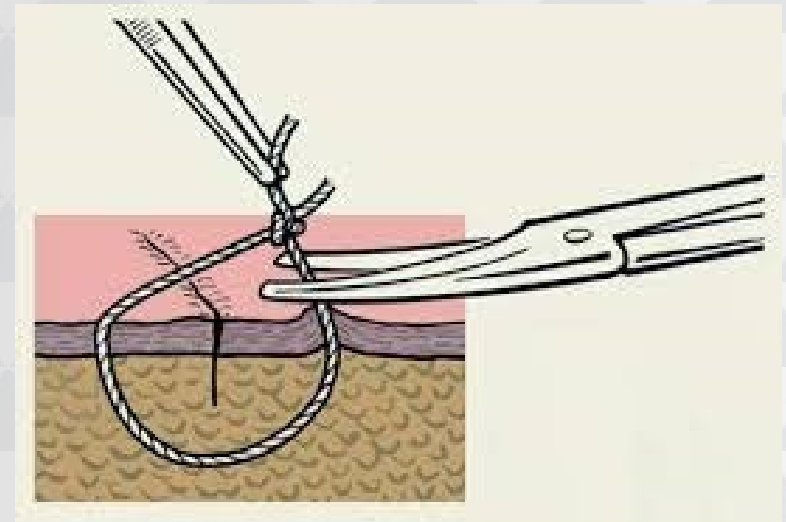
- Staph Aureus: most common
- Streptococci
- Proteus
- Klebsiella
- Pseudomonas
- Pasteurella Multocida
- Eikenella Corrodens
- Vibrio

- Use SANFORD Guide to Antimicrobial Therapy



Suture Removal V 058.3

- Face: 3-5 days
- Ear: 4-6 days
- Neck: 4-6 days
- Scalp: 6-7 days
- Chest or Abdomen: 7-10 days
- Arms and back of hands: 7-12 days
- Legs and top of feet: 10-14 days
- Back: 10-12 days
- Palms & Soles: 7-14 days





Coding Laceration Repair

- CPT Codes
 - 12001-07 Simple repair, superficial wounds; scalp, neck, axillae, external genitalia, trunk, extremities
 - 12011-18 Simple repair, superficial wounds; face, ears, eyelids, nose, lips, or mucous membranes
 - 12031-37 Intermediate repair with layer closure; scalp, axillae, trunk, extremities (not hands or feet)
 - 12041-47 Intermediate repair with layer closure; neck, hands, feet, external genitalia
 - 12051-57 Intermediate repair with layer closure; face, ears, eyelids, nose, lips, or mucous membranes



Legal

- REFER lacs that involve amputation, artery, cranial nerves, tendons, ligaments, broken bones, or loss of blood supply to the area
- Consult with a physician for delayed closures or wounds involving joints
- Do not suture cartilage