

WOUNDS

Assessment

- Mechanism of injury
- Timing of injury
- Site of injury
- Tetanus status

Examination

- Length – measure or approximate
- Site – use diagrams/rubber stamps/photos
- Orientation vertical, horizontal, oblique
- Contamination
- Infection
- Neurological damage
- Tendon damage
- Depth

Description of wounds

This is important in legal terms as different weapons cause different types of wounds

1. Incised caused by sharp injury e.g. knives/broken glass
Characterised by clean cut edges
2. Laceration caused by blunt injury. Irregular wound edges and torn skin
3. Stab wound deeper than they are wide
4. Abrasion “grazes” blunt injury tangentially. Often dirty. May get tattooing
5. Bruising colour. Yellow is > 18 hours old
6. Burns dealt with in separate section

Cleaning and Exploration

- Remove any glass/foreign body
- Inject local anaesthetic to wound edges
- Clean/ irrigate with antiseptic
- Remove any hair from edges (**never shave eyebrows**)
- **XRAY IF GLASS INVOLVED !!!**
- Close with sutures/glue/staples/steristrips (see suturing)

Closure

- Primary most recent incised wounds
- Delayed primary 3-10 days for crush injuries
- Secondary by natural processes, granulation and epithelization

Not suitable for closure in A&E

- Stab wounds to neck/trunk
- Wounds with obvious underlying damage
- Wounds with associated crush injuries
- Bite wounds- only exception to this is bite to face
- Other heavily contaminated or infected wounds
- Most wounds > 12 hours old (except clean facial wounds)

Wound aftercare

Dressings	a clean non adherent dressing for 1-2 days
General Advice	keep clean and dry. Elevate limbs. Restrict too much movement To prevent wounds opening. Advise about signs of infection and suture removal.

WOUND DRESSINGS

Below is a list of the dressings used in the department. Please take advice from senior nursing/medical staff regards what dressings to use.

Dressing Name	Brief description
Indications	

Alginate dressings

Algosteril	Sterile, non-woven. Forms a firm gel in contact with wound exudates facilitating easier removal
Management of bleeding wounds as has haemostatic properties. A range of moderate to heavily exuding wounds. Needs to be changed daily	

Hydrogel Dressings

Intrasite Gel	Colourless, transparent gel containing starch polymer. Donates liquid to wound to aid autolytic debridement.
Necrotic tissue. Sloughy, granulating, low exudates wounds. May be left in place for several days. Needs secondary dressing	

Hydrocolloid dressings

Granuflex, Combiderm	Outer layer of waterproof polyurethane foam bonded to a matrix of hydrocolloid particles creates an environment that encourages angiogenesis resulting in the development of healthy granulation
Occlusive dressing for superficial ulcers, abrasions, sores with low to moderate exudates. Can be used to rehydrate dry necrotic eschar	

Aquacel	Soft, sterile, non-woven hydrofibre dressing with high absorbency. Converts to soft coherent gel sheet in contact with wound exudate
Moderate to heavily exuding wounds	

Vapour-permeable films and membranes

Tegaderm	Thin polyurethane film coated with acrylic adhesive
Most commonly used to cover central/arterial lines	

Low-adherence dressing and wound contact materials

NA-Ultra	Sterile, silicone-coated, knitted viscose dressing. Allows exudates to pass through into secondary dressing
Used to cover burns Use alone on dry or lightly exuding wounds or in conjunction with another dressing as a non-adherent contact at the wound surface.	

Inadine	Low adherent rayon dressing impregnated with 10% povidone iodine ointment
Shallow, infected wounds. Minor traumatic wounds such as grazes & abrasions. To prevent colonisation by pathogenic microorganisms in diabetic wounds. Use prophylactically in wounds where high risk of infection	

Summary

- Burns
 - Low exudate
 - Moderate exudates
 - Small bleeding wounds (e.g. fingertip)
 - Superficial infected/prophylactic
 - Covering lines
- Na-Ultra
Intrasite/Granuflex
Aquacel
Algosteril
Inadine
Tegaderm