

LACERATIONS

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Location: _____ Mechanism of injury: _____

Associated Symptoms:

Active bleeding Numbness Pain Pain Scale: (0-10) _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Size: Length _____ Width _____ Depth _____

Character of wound: Clean Dirty Gapping Redness/ Swelling
 Crusted Dry Weeping Imbedded or foreign material present

Drainage: Yes No If "Yes" describe _____

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

- Wound is severe /deep / requires sutures
- Laceration to the face, ear, nose, eyelid or over joint
- Bleeding is uncontrolled
- Signs of infection present (redness, tenderness, exudate, etc.)
- Laceration to the abdomen or chest that may penetrate underlying organs

Refer to Medical Provider If:

- Daily dressing changes are indicated
- Wound that edges do not approximate easily with Steri – Strips
- Wound not responding to nursing intervention
- Wound has imbedded debris not easily irrigated out
- Last Tetanus/ Diphtheria injection more than 5 years

Medical Provider/RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

- Alteration in skin integrity related to trauma

Plan:

Nursing Intervention Routine:

- Stop bleeding with pressure
- Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt and debris.
- Apply telfa pad, clean dry dressing or butterfly dressing or Steri - Strips
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days
OR
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days
- Arrange for dressing change, wound check and suture removal

Progress Note: _____

Offender Education:

- Instructed to keep wound clean and dry, signs and symptoms of infection, follow-up sick call if no improvement, condition worsens or fever. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

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