

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**SUTURE/STAPLE REMOVAL**

MSRM 140117.01.71  
(D 2/16)

**ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE OFFENDERS EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE PROVIDER FOR SIGNATURE.**

**Subjective Data:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Suture Removal Materials:	Staple Removal Materials:
1. Suture removal kit 2. Sterile saline, gauze for cleaning if appropriate 3. Clean and Sterile gloves 4. Adhesive strips or butterfly adhesive tape 5. Dressing/tape	1. Staple removal kit 2. Sterile saline, gauze for cleaning if appropriate 3. Clean and Sterile gloves 4. Adhesive strips or butterfly adhesive tape 5. Dressing/tape

**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_

Incision location: \_\_\_\_\_

<b>Character of incision:</b>	<input type="checkbox"/> Clean <input type="checkbox"/> Dry <input type="checkbox"/> Crusty <input type="checkbox"/> Redness <input type="checkbox"/> Swelling
	<input type="checkbox"/> Edges well approximated <input type="checkbox"/> Edges not well approximated
	Drainage: <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" describe _____

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/medication required)

**Refer to Medical Provider If:**

- Incision is split open.
- Incision that edges do not approximate easily with adhesive strips/butterfly adhesive strips.
- Signs and symptoms of infection. (red, warm, swollen, or leaking pus)
- Numbness around wound.

**Medical Provider Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Assessment: aseptic**

Alteration in skin integrity related to skin irritation secondary to removal of sutures/staples.

**Plan: Nursing Intervention Routine:** (check all that apply)

- Provided privacy and explained procedure to offender.
- Hands washed with soap and water.
- Suture removal kit     Staple removal kit placed for easy access and prepared on sterile field.
- Using clean technique, dressing removed and discarded in biohazard container.
- Incision assessed to determine edges of the wound are well-approximated and healing has occurred.
- No signs/symptoms of infection noted.
- Gloves removed, disposed, and hands rewashed.
- Using sterile technique incision cleansed with:  saline soaked gauze pad     betadine swabs     alcohol swabs
- Sutures     staples removed without difficulty and placed on square gauze for disposal.  
Number of sutures removed: \_\_\_\_\_    Number of staples removed: \_\_\_\_\_
- Adhesive strips applied.     Butterfly tape adhesive strips applied.
- Dressing applied.
- Offender tolerated procedure well.
- Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Offender verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

DOC #