

UPPER LIMB QUEENSLAND

24/7 Hand, Wrist, Elbow + Shoulder
Trauma Service



Acute Wound Dressings and Management

MOI: Laceration, Puncture, Compound Fracture, De-Tipping Injuries, Skin Tears

Lacerations/Wounds

1. Apply non-stick layer - suitable options include:
 - Jelonet
 - Bactigras
 - Mepitel
 - Xeroform
2. Apply absorbent layer - suitable options:
 - Square gauze
 - Melonin
 - Combine
3. Apply **light non-stick** circumferential dressing
 - Bandage distal to proximal (i.e handygauze)
 - Ensure tension is even, light and does not occlude blood flow
 - **DO NOT APPLY TAPE - this is difficult to remove and the adhesive can further affect damaged tissue**
4. Apply immobilisation as required for associated injuries/pain management
 - Zimmer splint
 - Buddy strapping
 - POSI - refer to our previous newsletter on this topic!
5. If not going to theatre same day - discharge on oral antibiotics (this will be confirmed in our reply to referrer)



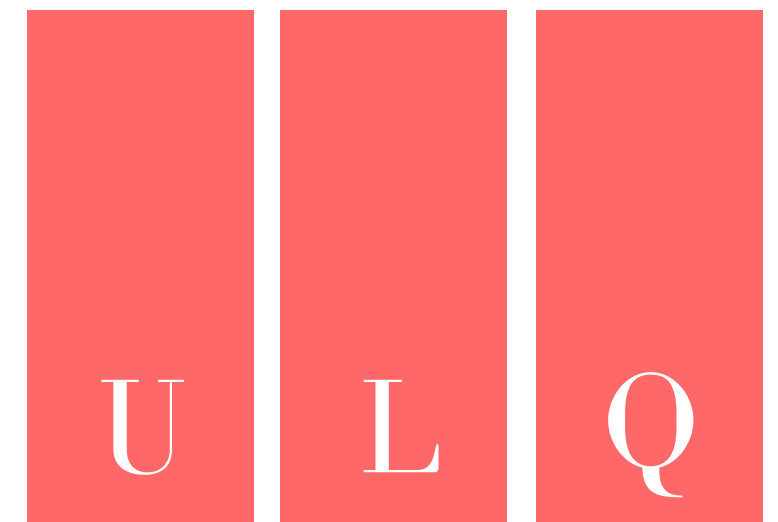
Tips and Considerations

- Very important to ensure that blood flow is not occluded when applying dressing - Case may not get to theatre for up to 24hrs
- Ensure **1-2** layers of non-stick surface placed over the **WHOLE** wound to facilitate easy removal in theatre with minimal wound contamination or additional trauma
- Consider amount of layers required to absorb blood or fluid
 - Ensure appropriate to wound size/requirements
- Educate patient on appropriate home management e.g. elevation of affected limb, keeping dressings clean and dry and seeking medical attention if signs of increased bleeding or infection prior to surgery,
- **AVOID COTTON WOOL**



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Wound Washout

- Ring block for pain relief if able
- For all wounds - washout with saline
- Light pressure, high volume
- Don't inject wash into puncture wounds
- Consider stat dose IV antibiotics
- If not going to theatre same day - discharge on oral antibiotics recommended

Pulp Injuries

- If no associated bony, nail bed or NV injury these can often be managed by regular dressing changes (IV 3000 or something similar) with hand therapy.



Initial injury with stanley knife



3 weeks post injury with conservative management