Laceration: Emergency Department



Evidence Based Practice

Exclusion criteria:

- Animal bites refer to <u>Animal Bites</u>
 (Mammal) Clinical Pathway
- Collagen connective tissue diseases (e.g., Ehlers-Danlos syndrome)
- · Surgical incision
- Open fracture
- Significant genital trauma consult appropriate medical service

Indications to consider subspecialty consultation:

Plastic Surgery

- Full thickness laceration into subcutaneous tissue (other than the face)
- Length > 5 cm (other than the face)
- Other indications for multilayer repair (other than the face)

OMFS

- Complex facial laceration, including ear and nose
- Oral commissure
- Tongue

Orthopedics / Hand

 Concern for musculoskeletal trauma (e.g., bone, tendon, joint involvement)

Ophthalmology

- Full thickness eyelid laceration
- Eyelid margin / tarsal plate
- Suspected nasolacrimal duct injury

Lidocaine dosing:

- CM sites utilize 1% lidocaine (10 mg/mL) formulations
- Recommended maximum dose = 4.5 mg/kg/dose (max 300 mg/dose)
- Link to <u>lidocaine dosage calculator</u>

Indications for antibiotics:

Topical

 Bacitracin may be considered for wounds not closed with skin adhesive

Oral

- · At risk for infection:
 - Cephalexin 17 mg/kg/dose PO TID (max 500 mg/dose) x 3 - 5 days
- Special cases warranting consideration of other antibiotic agents:
 - Penetrating injuries (esp. to the foot through a shoe)
 - Untreated water contamination
 - Immunocompromised patient

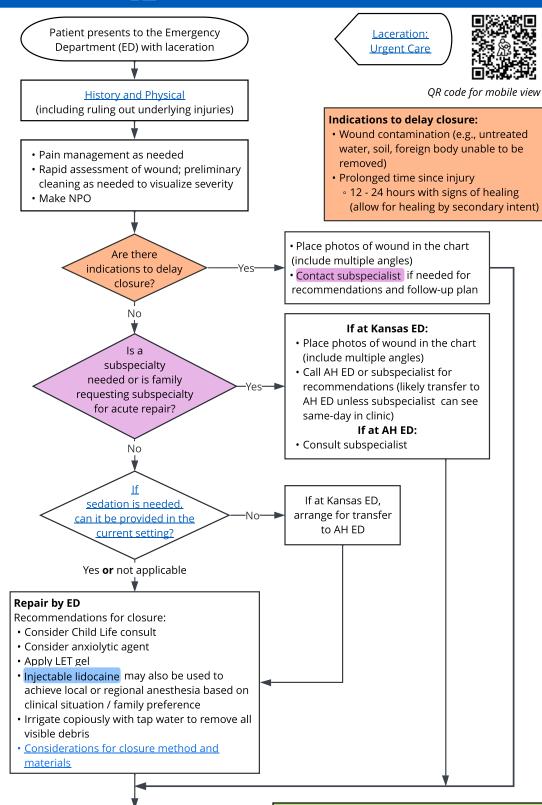
For more complex / contaminated wounds consult Infectious Diseases

Contact: EvidenceBasedPractice @cmh.edu

Abbreviations:

AH = Adele Hall

LET = Lidocaine/epinephrine/tetracaine OMFS = Oral and Maxillofacial Surgery



Discharge Considerations:

subspecialist if indicated)

Pain management

· Wound care and healing, including sunblock,

vitamin E and massage to minimize scarring

• Follow-up plan (e.g., if / when to expect suture

Return precautions (e.g., signs of infection or

removal, what to do if sutures fall out, referral to

necrosis, wound dehiscence, numbness or tingling)

• Tetanus vaccine or immunoglobulin

Discharge

Considerations

Consider indications for: