Laceration: Urgent Care

Children's Mercy KANSAS CITY | Evidence Based Practice

Exclusion criteria:
- Animal bites - refer to Animal Bites (Mammal) Clinical Pathway
- Collagen connective tissue diseases (e.g., Ehlers-Danlos syndrome)
- Surgical incision
- Open fracture
- Significant genital trauma - consult specialist

Indications for ED transfer with or without subspecialty consultation:

Plastic Surgery
- Full thickness laceration into subcutaneous tissue (other than the face)
- Galea laceration (discuss w/ ED or plastics prior to transfer in case staples may be sufficient)
- Length > 5 cm (other than the face)
- Other indications for multilayer repair (other than the face)

OMFS
- Complex facial laceration, including ear and nose cartilage
- Oral commissure or vermillion border
- 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 lidocaine dosage calculator

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

Patient presents to Urgent Care (UC) with laceration

History and Physical (including ruling out underlying injuries)

- Pain management as needed
- Rapid assessment of wound; preliminary cleaning as needed to visualize severity
- Make NPO

Are there indications to delay closure?

Yes:
- Place photos of wound in the chart (include multiple angles)
- Contact subspecialist if needed for recommendations and follow-up plan

Indications to delay closure:
- Wound contamination (e.g., untreated water, soil, foreign body unable to be removed)
- Prolonged time since injury
  - 12 - 24 hours with signs of healing (allow for healing by secondary intent)

No:

Is the ED or subspecialty needed or is family requesting subspecialty for acute repair?

Yes:
- Place photos of wound in the chart (include multiple angles)
- Call AH ED or subspecialist for recommendations (likely transfer to AH ED unless subspecialist can see same-day in clinic)

No:

Is sedation needed for the repair?

Yes:
- Place photos of wound in the chart (include multiple angles)
- UC to call AH **or** Kansas ED for recommendations (likely transfer to ED)

No:

Repair by UC

Recommendations for closure:
- Consider anxiolytic agent
- Apply LET gel
- Injectable lidocaine may also be used based on clinical situation / family preference
- Irrigate copiously with tap water to remove all visible debris
- Considerations for closure methods and materials

Consider indications for:
- Antibiotics
- Tetanus vaccine or immunoglobulin

Discharge Considerations

Laceration: Emergency Department

Discharge Considerations:
- Wound care and healing, including sunblock, vitamin E and massage to minimize scarring
- Pain management
- Follow-up plan (e.g., if / when to expect suture removal, what to do if sutures fall out, referral to subspecialist if indicated)
- Return precautions (e.g., signs of infection or necrosis, wound dehiscence, numbness or tingling)

QR code for mobile view

Abbreviations:
AH = Adele Hall
ED = Emergency Department
OMFS = Oral and Maxillofacial Surgery

Contact: EvidenceBasedPractice @cmh.edu

Link to: synopsis and references

Last Updated: 11.10.2025