EQUIPMENT

Sterile gauze
Local anesthetic

- Subcutaneous lidocaine or xylocaine, 1 or 2% without or without 1:100,000 epinephrine (double-check maximum dose, avoid exceeding)
- 6- or 12-mL syringe
  18-gauge needle for anesthetic drawing
  25-gauge needle for anesthetic injection
  Skin cleansing agent for needle injection, such as chlorhexidine (avoid in wound)
- LET for open wound, EMLA for intact skin

Sterile water solution 500cc or 1000cc (tap water as effective as sterile water / NS)
30- to 60-mL syringe for irrigation
18-gauge IV catheter (with needle removed) for high pressure irrigation
Bin / blue chucks
Wound repair kit (needle holder, Toothed forceps, suture scissors, sterile drap)
Suture needle
Gloves

ANATOMY

Days 0-5 = inflammatory phase
Within 48 hours = epithelium regeneration to close off external surface of wound
> 48 hours = fibroblast phase with collagen formation, increasing strength of repair tissue
~ Day 7 = collagen production peaks. Wound will continue to strengthen over the next year

PROCEDURE NAME: Laceration Repair

LOCATION AND DESCRIPTION OF WOUND: ((LENGTH, SIMPLE OR COMPLEX, DEPTH, LOCATION, EXPOSED STRUCTURES – ARTERY, BONE, LIGAMENT, NERVE, TENDON, ETC))

PROCEDURE:

Informed consent was obtained verbally before procedure started. The appropriate timeout was taken – including confirming patient name, MRN, and date-of-birth.

The area was prepped and draped in the usual sterile fashion. Local anesthesia was achieved using ((INSERT # OF CC)) cc of Lidocaine 1% ((with/without epinephrine)). The wound was copiously irrigated with sterile water with the area explored thoroughly. No foreign bodies were noted within the wound. The area of debrided of devitalized tissue. ((INSERT # OF SUTURES)) ((INSERT SIZE OF SUTURES eg 4-0)) ((INSERT TYPE OF SUTURE: Nylon / Fast-gut / Chromic-gut)) interrupted sutures were placed, approximating the edges of the wound together.

Estimated blood loss was less than 0.5 mL. Bacitracin was applied over the wound with an overlying clean dressing to the area. Anticipatory guidance, as well as standard post-procedure care, were explained. Tetanus status was discussed and addressed. The patient tolerated the procedure well without complications.

Follow-up visit will be discussed for suture removal and evaluation of the laceration. Return precautions provided regarding concerning symptoms – including fever, redness, pus or odorous drainage, red streaks, swelling, or increased pain.