POLLICY

1. Registered Nurses practicing at Twin Oaks and Musquodoboit Valley Hospitals CEC can perform suturing of simple wounds as outlined in the procedure below to expedite patient care.

2. Prior to initially performing the procedure, the RN is to successfully complete the following in order to be deemed competent to perform this DMF:
   
   2.1. The Self Directed Simple Suturing Learning Module, the quiz and the proficiency checklist.
   
   2.2. An 8 hour Knot-tying & Suturing Workshop under the direction of the delegating physician.
   
   2.3. Direct supervision and observation by the physician for appropriate:
      
      2.3.1. assessment of a minimum of 3 wounds for inclusion and exclusion criteria
      
      2.3.2. suturing a minimum of 3 simple wounds.

3. **Note:** The physician will request the explanation of the steps of suturing and the appropriateness of the wound until the Registered Nurse is competent in the skill.
4. The RN is to complete an annual self-assessment of competency (including one successful demonstration of simple wound assessment and suturing to a delegating physician).

   4.1. The RN is accountable to ensure on-going competency prior to implementing this skill.

5. The Registered Nurse is to maintain current competency in *MM 20-010 Immunization Administration* as well as the ED Medical Directive for tetanus (CC 80-070 *Tetanus Protocol*).

   5.1. If the Registered Nurse does not have a current competency in administering the Tetanus Vaccine, a physicians’ order is required prior to administering.

6. Registered Nurses working at Twin Oaks and Musquodoboit Valley CECs are not to use lidocaine with epinephrine.

**DEFINITIONS**

**Collaborative Emergency Center Day Time Physician:** Family Practice Physician who works within the CEC during the hours of 0800 to 2000hrs.

**Collaborative Emergency Center Medical Over Sight Physician:** Twin Oaks - Physician on call to the Twin Oaks CEC during the hours of 2000 hours to 0800 hours. MVMH – Emergency Department Closed from 2000 hours to 0800 daily.

**PROCEDURE**

**Assessment**

1. Triage the patient and determine the acuity level.

   1.1. If working in the CEC Day Time model:

      1.1.1. Assess the wound and relay findings/proposed treatment plan to the on call duty physician

      1.1.2. The on-call physician validates the RNs findings and authorized the RN to proceed with suturing if appropriate.

   1.2. If working in the CEC Night Time model:

      1.2.1. Assess the wound and determine treatment plan

      1.2.2. Contact via telephone the on call over sight EHS physician and relay findings/proposed treatment plans
1.2.3. Through further discussion with the oversight EHS physician, have assessment validated and proceed with suturing as appropriate.

2. Determine the status of tetanus immunization and administer the vaccine.
   2.1 Obtain a physician's order as required. (Refer to Policy Statement #5.1)

3. Cleanse the wound using aseptic technique and assess for wound severity and location.
   Ask the patient to describe the mechanism of injury.

4. Assess for the following types of wounds which are outside the scope of the Simple Suturing DMF. The Registered Nurse will not be suturing these wounds:
   4.1. Wounds involving the eye or peri orbital area.
   4.2. Wounds involving the mucous membranes.
   4.3. Deep tissue wounds involving muscle and tendon.
   4.4. Where there any deficit of range of motion or loss or neurological deficits.
   4.5. Excessive bleeding.
   4.6. Wounds with foreign bodies that cannot be identified or safely removed.

5. Wounds greater than 8 hours old and grossly contaminated such as animal bites, farming injuries are at greater risk for infection. (Refer to the Simple Wound Suturing Learning Module).

**Suturing**

6. Obtain written consent from the patient or substitute decision maker as appropriate for all patients who require suturing; place the written consent in the health care record.

7. Maintain a sterile environment for the entire procedure.

8. Use local anesthetics of 1% or 2% plain lidocaine for most wounds. The safe maximum dose is 5mg/kg of body weight.

9. Use a small gauge needle (#25, #27 or #30).
   Following the administration of the lidocaine, begin suturing immediately (Refer to the Simple Suturing Learning Module); the onset of action of lidocaine is immediate and lasts approximately 30 to 60 minutes.
   **Note:** Lidocaine with epinephrine will not be used by the Registered Nurse.
   9.1. Use the appropriately selected suture on a reverse cutting blade.

10. Apply a dressing if appropriate, provide wound care advice to the patient and recommend follow up with the family physician.

11. Document in the Health Care Record
REFERENCES


Emergency Health Services. Wound Care and Repair Module.

M:\Skills& Procedures\MedII\Updated Modules & Lecture 2007\Jeans CD\MEDII Wound Care& Repair Module-Original.doc Revised Nov.2,2006


http://www.nursingtimes.net/understanding-the-principles-of-suturing-minor-skin-lesions


RELATED DOCUMENTS
Policies
CC 80-070 Tetanus Protocol
IC 06-008 Hair Removal
MM 20-005 Initial Management of Anaphylaxis Following Immunization
MM 20-010 Immunization Administration
SS 05-050 Wound Closure Clamp Cauterizing and Suturing

Other
CC 55-066 Learning Module - Suturing of Simple Wounds CEC

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