

## Laceration (Evaluation)

3/5/17

Lacerations are a great opportunity to demonstrate your ability to collect a focused history, and then actually do something about it. 5 steps to consider starting with 5 important historical components. Nail each of these, and then give yourself a high 5 when you get to repair the Lac!

In general:

1. Laceration closure exists on a spectrum: to close or not to close?
  - Closure = **higher** risk of infection, but lower risk of scar formation
  - Open = lower risk of infection, but **higher** risk of scar formation

The 5 important steps we take when evaluating and presenting any patient with a laceration:

1. Ask these 5 important historical questions, and present your findings to your attending
  - Patient's hx of chronic disease (Ex. DM, HIV, Renal failure, Obesity, Smoking)
  - Age of the wound
  - Mechanism of injury
  - Location (Depends on blood supply. Good blood supply = low risk of infection)
  - Foreign body risk
2. Ask about Tetanus status
  - Give Tetanus booster if: > 5 years since previous booster
  - Give Tetanus Immune Globulin if: Never had a tetanus series (ex. **Immigrant**)
3. Give Tetanus if indicated!
4. Physical exam: obtain specific descriptive information about the laceration
  - Length – measure this with a ruler
  - Description – linear, ragged, shallow, etc.
  - Neurovascular exam – sensation, motor, capillary refill
5. Consider ordering an Xray:
  - Why? To rule out **Foreign Body**
  - Consider radiolucent items (won't show up on Xray): ex. **Wood**