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