

Trauma Wounds

Picture of wound	Wound	Indicator/descriptor	Management Aims	Recommended Products	Relevant links
	Finger jam/crush injury pre surgery	The end of a finger or thumb receives a blow. The energy is absorbed by the joints' surfaces and the injury occurs there. For jammed fingers, always check carefully that the end of the finger can be fully straightened. For a crush injury the end of the finger receives a few cuts or a blood blister. Occasionally the nail is damaged, but fractures are unusual.	If the skin is broken, keep the area moist to promote wound healing or until surgical repair can occur. Crush injury / bleeding wound- supportive pressure dressing & elevate limb.	Tulle Dressing (e.g.. Bactogras) or Saline soaked gauze	Clinical Practice Guidelines Acute Traumatic Wounds
	Amputations - or partially amputated digits	Removal of part or all of digit through a traumatic event	Keep the wound moist until surgical repair can occur Preserve function of digit	Tulle Dressing (e.g.. Bactogras) or Saline soaked gauze Amputated digit – Ensure amputated piece is in saline soaked gauze, then in a plastic bag (doesn't need to be sterile) sitting in a slurry of ice and saline	
	Eroded buttocks	Loss of some or all of the epidermis (the outer layer) leaving a denuded surface.	To protect the excoriated / eroded area free from contamination (bodily waste) & keep patient comfortable	Recommended products- protective "barrier "lotions / powders to be applied as per stomal therapy (consider no sting barrier wipe- to protect skin) Hydrocolloid (e.g.. comfeel) applied to broken down areas for protection / barrier from bodily wastes-reduce pain discomfort	

	Non-glueable lacerations	A cut or tear made by an object that tears tissues, producing jagged, irregular edges, such as jagged wire, or a blunt knife.	Promote healing by primary intention	Consider paper tape support after suture removal	Acute Traumatic Wounds Clinical Practice Guidelines - Lacerations
	Straight lacerations in glueable locations	Wounds which have clean edges, do not require deep sutures and are not under tension can be treated with dermabond glue	Promote healing by primary intention	Generally no dressings are used If extra tension is required, steri strips may be considered	Acute Traumatic Wounds Clinical Practice Guidelines - Lacerations
	Abrasions	Abrasion is a broad term given to an injury such as a graze, scratch or cut.	Promote healing Patient comfort	For clean abrasions - Film dressing (e.g., Melolin) Tulle dressing(e.g., Bactogras) Fixation sheet (e.g., Mefix) For soiled abrasions - Tulle dressing (e.g., Bactogras)	Acute Traumatic Wounds Clinical Practice Guidelines - Lacerations
	Iv burns/ extravasations	Leakage of intravenous fluids from the intravascular space to surrounding tissues. Extravasation may cause local tissue damage. The extent of the damage ranges from a mild irritation and erythema to severe necrosis of the dermis and subcutaneous tissue depending on the volume, concentration and type of fluid or drug extravasated.	Promote healing Patient comfort	Remove restrictive, tapes, bandages and /or splints Elevate limb For Grade 4 extravasation plastic surgery review required	Neonatal Extravasation - Clinical Guideline (Hospital)

Note: All dressing choices should be dependent on clinical assessment and individual patient needs