

**Encounter Form: Wound Care**

Institution: \_\_\_\_\_

Name: \_\_\_\_\_ CDC#: \_\_\_\_\_ DOB: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Fill in the blanks and check all that apply

**SUBJECTIVE:**

Chief Complaint: \_\_\_\_\_

Description of injury (what/where/how happened): \_\_\_\_\_

Date and time of injury: \_\_\_\_\_

Pain: Scale of 0-10 (0=no pain 10=worst pain) \_\_\_\_\_

Area of pain: \_\_\_\_\_

Quality of pain: \_\_\_\_\_

What makes it better/worse? \_\_\_\_\_

Associated injuries:  Fractures  Dislocations

Other: Describe: \_\_\_\_\_

Chronic Diseases:  HIV  Cancer  Diabetes

Peripheral Vascular Disease

Alcoholic Liver Disease  Bleeding tendencies

Other \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

**OBJECTIVE:**

ABCs Present

Awake, alert, oriented to person, place, time

VS: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_

Wound:

General appearance of the wound (note location, size, and depth).

Describe: \_\_\_\_\_

Active bleeding: Describe:(location, quantity, color)

Evidence of contamination:

Describe: \_\_\_\_\_

Degree of swelling and tenderness around wound.

Describe: \_\_\_\_\_

Presence of foreign body in wound:

Describe: \_\_\_\_\_

Circulation, sensation, and motion distal to injury.

Range of motion and strength

CSM distal to the wound: (Area): \_\_\_\_\_

**ASSESSMENT:**

Risk for infection evidenced by/related to: \_\_\_\_\_

Impaired skin integrity evidenced by/related to: \_\_\_\_\_

**PLAN:**

MD referral completed: (circle) NO / YES If yes:

**STAT: Bite wounds, human or animal; puncture wounds to feet; wounds containing foreign objects; contaminated wounds; lacerations involving the face, palms, soles of feet, joints, or genitals; superficial lacerations more than 6 hrs old; deep lacerations**

Urgent  Routine

Physician called (name / time) \_\_\_\_\_

Physician responded (time) \_\_\_\_\_

Cleanse skin adjacent to wound with Chlorhexidine skin cleanser.

Refer patient to physician STAT

Irrigate with Sodium Chloride Irrigation Solution (0.9%).

Apply dry dressing pending physician evaluation and treatment (amount/site)

**Abrasion**

Wound irrigated with 500 – 1000 ml Sodium Chloride Irrigation Solution (0.9%) and a 50 ml syringe with a #20 gauge blunt needle to irrigate wounds. Irrigate wound until clean and all foreign bodies removed

Apply 2% lidocaine gel or similar topical anesthetic to abrasion before cleansing to minimize pain if necessary.

Cleanse abrasion with sterile 4 x 4 soaked in Sodium Chloride Irrigation Solution (0.9%).

Apply thin layer of Bacitracin/Polymyxin topical ointment (antimicrobial ointment).

Leave wound exposed to air.

Administer tetanus prophylaxis per tetanus immunization guidelines if necessary.

Follow-up in clinic within three days if there is no improvement.

Signature/Title

Time	Circulation/ Color	Sensation	Movement	Strength

Institution: \_\_\_\_\_

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Fill in the blanks and check all that apply

**Avulsion**

- Wound irrigated with 500 – 1000 ml Sodium Chloride Irrigation Solution (0.9%) and a 50 ml syringe with a #20 gauge blunt needle to irrigate wounds. Irrigate wound until clean and all foreign bodies removed
- Elevate affected area if possible and apply continuous pressure to control bleeding.
- Notify physician STAT.
- Prepare to transfer patient to outside facility or admit to a facility capable of providing a higher level of care.
- Once bleeding is controlled gently realign soft tissue to prevent further damage. Cover wound with saline-soaked gauze followed by dry sterile 4X4s.
- Keep patient NPO.
- Monitor and record vital signs and neurovascular status every 15 minutes.
- Administer tetanus prophylaxis per tetanus immunization guidelines if necessary.
- Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to the receiving facility.
- Upon return to the institution follow-up with inmate in the clinic. Provide wound care as ordered by the physician. Instruct patient to keep dressing clean and dry, and watch for signs of infection including redness, warmth, fever, swelling, drainage, and increased pain.

**Superficial laceration/Small open wound**

- Place gauze sponge on the wound and apply continuous pressure to control bleeding.
- Irrigate laceration using Sodium Chloride Irrigation Solution (0.9%).
- Cleanse skin adjacent to wound with Chlorhexidine skin cleanser.
- If wound is clean and easily approximated, apply steri strips.
- Cover with dry sterile dressing.
- Administer tetanus prophylaxis per tetanus immunization guidelines if necessary.

**Puncture wound**

- Wound irrigated with 500 – 1000 ml Sodium Chloride Irrigation Solution (0.9%) and a 50 ml syringe with a #20 gauge blunt needle to irrigate wounds. Irrigate wound until clean and all foreign bodies removed
- Place gauze sponge on the wound and apply continuous pressure to control bleeding.
- Examine the wound and notify the physician if foreign bodies and/or debris are present. Remove any wood splinters before cleansing wound.

- Cleanse wound and skin adjacent to wound with Chlorhexidine skin cleanser.
- Administer tetanus prophylaxis per tetanus immunization guidelines if necessary.
- Discharge patient back to housing unit.
- Follow-up in RN clinic within three days and refer patient to a physician if indicated.

**EDUCATION:**

Patient instructed in:

- Assess patient's potential for understanding the health information to be provided.
- Provide patient education consistent with the assessment of the condition.
- Document the education provided and the patient's level of understanding on the emergency care flow sheet.
- Refer patient to other resources as needed. Document all referrals on the emergency care flow sheet.
- Advise patient to utilize the urgent/emergent process to access medical care if signs and symptoms of infection develop
- Use of medication
- Wound care:
  - Instructed to keep extremity elevated for 24 hrs
  - Watch for signs of infection including redness, warmth, fever, swelling, drainage, and increased pain. Notify health care staff if present
  - Keep dressing clean and dry
  - Dressing changes: \_\_\_\_\_
- Other: \_\_\_\_\_
- Resubmit Health Care Service Request Form (CDC 7362) if redness, warmth, fever, swelling, drainage or increased pain at the wound site.
- Patient verbalized understanding of instructions
- Education deferred due to patient condition

\_\_\_\_\_  
Signature/Title

