

Puncture Wound, Bite

Considerations for puncture & bite wounds

- Depth and damage to nerves, blood vessels, tendons or other structures
- Infection from bacteria carried deep into the wound
- Pain may be the only symptom of damage or infection



Vital Signs

Temperature: _____

Heart Rate: _____

Blood Pressure: _____

Respiratory Rate: _____

Oxygen Saturation: _____



Evaluate Symptoms and Signs

- ☐ Location, depth, and size of wound
- ☐ Retained material in wound
- ☐ Bruising, redness, tenderness, swelling around or near the wound
- ☐ Bleeding, exudate or drainage from wound
- ☐ If on an extremity, evaluate vascular and neurologic function distal to the wound, known as a Circulation - Motion - Sensation (CMS) check.
- ☐ Unrelieved pain
- ☐ Patient description of what caused the wound



Deep (through subcutaneous tissue) wound OR abnormal Circulation - Motion - Sensation (CMS) check, OR retained material in wound OR accompanied by significant pain or uncontrolled bleeding



Notify the medical staff & Designated Representative immediately



Symptoms or signs of infection



Notify medical staff & Designated Representative within the next 16 hours



Wound without complication treated using the facility protocol



Notify medical staff at the next regular rounds



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Puncture Wound, Bite Continued

SBAR Report

Situation: (Deep) "Puncture wound of" (abrasion location) "associated with" (pain) (bleeding) (infection)

Background:

Report...

- ☐ Reason the patient is in the nursing home (rehab for____, long term care for ____).
- ☐ When the wound occurred, what treatments have been used.
- ☐ Wound caused by a dirty or rusted object or a bite
- ☐ Retained material in wound
- ☐ Abnormal vital signs
- ☐ Unrelieved pain
- ☐ Abnormal findings on skin observations or CMS checks
- ☐ Patient receiving anticoagulant or antiplatelet medication
- ☐ Date of last tetanus vaccination if greater than 5 years in the past

Have Available...

- ☐ Chart / logged in to Electronic Medical Record
- ☐ MAR
- ☐ Major diagnoses
- ☐ Allergies

Assessment: I think the problem is: _____

I am concerned about: _____

Recommendations/Requests:

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> X-ray if retained metal or glass suspected | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Tetanus vaccination (Tdap) for dirty wound or if last vaccination more than 10 years in the past | <input type="checkbox"/> Pain medication | |
| | <input type="checkbox"/> Systemic antibiotic, especially for bite wounds | |

Clarify expectations for care, interventions, and illness course/prognosis. Repeat any telephone orders back to the provider to ensure that they are correct and complete



Management

- ☐ Allow wound to bleed if bleeding is not profuse
- ☐ Cleanse the wound and apply treatment per the facility protocol
 - o Irrigate wound with saline solution
 - o Apply non-stick dressing
- ☐ Place on 24-hour report for 2-3 days
- ☐ Investigate the cause of the wound
- ☐ Determine if abuse or neglect occurred
- ☐ Update care plan regarding fall risk, assistance needed with ADLs, supervision for safety.
- ☐ Review status and plan of care with designated representative
- ☐ Monitor wound each shift until healed