

Wound care

Emergency Department factsheets



What is a wound?

Most wounds are classed as incisions (cuts), lacerations (rugged cuts) or abrasions (grazes).

- Incisions are by a sharp object slicing the skin. They are common and often occur on the head, face and hands. There can be a lot of bleeding if the underlying blood vessels are affected. A deep incision can affect nerves, muscles, tendons and even bone. The doctor or nurse practitioner would have checked for damage to these structures.
- Lacerations are caused by blunt trauma, which splits the skin (such as being hit with a cricket bat). They are rugged or rough (not neat or straight like a cut).
- Abrasions occur when the surface layer of the skin (epidermis) has been rubbed off or grazed. Knees, shins, ankles and elbows are most likely to be grazed (especially in active children) as they are bony and have thin skin. Grazes can be painful as they damage the tiny nerve endings in the skin.

Treatment

Your treatment will depend on your injuries. Your wound will be thoroughly cleaned as dust and dirt can cause infection. An x-ray may be needed to look for glass or other foreign objects that may be embedded in the skin.

If a wound has a lot of dirt and debris in it, or is likely to become infected the clinician may leave it open for two or three days before it is closed (stitched or glued). In some cases antibiotics or surgery may be needed. Many wounds will heal better if the edges are held together.

The clinician may close the wound with special dressings (such as Steri-Strips), staples, stitches (sutures) or special glue (such as Dermabond).

- Hospital glue may be used to repair simple cuts, as it is quick and relatively painless to apply. The glue comes off by itself in one or two weeks, by which time the wound has healed. There is a chance that the wound may open up before this.
- Special bandaids called Steri-strips may be left on for ten days or until they fall off, if required.
- Removing stitches will depend on the type of wound and its position. Most stitches are removed after five to ten days. Your clinician will tell you when the stitches need to be removed.

There are many different ways to dress, or bandage, a wound. The clinician will choose what is best for your injury. Simple uninfected wounds may be left open to allow them to dry and heal. Others need to be kept moist to improve healing.

Home care

- Rest: If you are too active the wound may start to bleed again. The doctor or nurse may request you use a sling or crutches to ensure the limb is rested.
- Keep the wound clean and dry for five days, unless you have been advised otherwise. If your wound is closed but uncovered, you can wash or shower after 24 hours. Do not soak the wound in water and make sure it is dry afterwards (gently pat the area dry with a clean towel).
- If you have pain, take simple pain relief medication such as paracetamol (Panadol or Dymadon) or prescribed pain relief as directed. If your child has pain, carefully check the label for the correct dose and make sure you are not giving your child any other products containing paracetamol (such as some cough and pain medicines and cold and flu preparations).

- If you have bandages or dressings that get wet, they will need to be changed. See your local doctor or health care professional.
- When it comes time to remove a dressing, it can be made easier by applying vegetable or olive oil to loosen sticky tapes, then wrapping the dressing in cling wrap. Alternatively, you can soak it with water or gently pull it off. Ask your doctor or nurse to advise you.
- A crust (scab) will form over the wound. Do not pick the crust, as this can cause scarring and infection. The crust will fall off by itself.
- Once the skin has healed it will be fragile and need extra care and protection. Avoid the sun if possible. Use SPF 30+ sunscreen and wear protective clothing.

Dos

- Do keep the wound clean and dry.
- Do take simple painkillers e.g. Panadol, Nurofen.
- Do elevate (keep raised) the affected part.
- Do see your local doctor or Practice Nurse, as advised, to have your sutures removed.
- Do give the wound a few days rest after the suture removal

Don'ts

- Don't pick the scab.
- Don't play with sutures.

Dressings

The dressing should be removed in ___ days by:

- You
- Your doctor/nurse

Sutures (stitches)

You have:

- Removable sutures
- Dissolvable sutures

The removable sutures should be removed in ___ days by your doctor/nurse.

Steri-strips

- Your steri-strips can be removed in ___ days.
- To remove the steri-strips you should soak the wound, with the steri-strips still in place, in cold water and carefully peel them off.

Glue

- Glue does not need to be removed. The glue will fall off when the wound is healed.
- Do not pick the glue.
- When glue and steri-strips are used together you can trim this but allow it to come off on its own. Do not soak or pull off.

Other treatment

- Antibiotics
- Pain relief
- Ointment
- Other

Will I have a scar?

- All wounds leave a scar. At first, the scar will be red and thick, then over time it will become white, thin and smaller (sometimes almost invisible). The skin heals at different rates, depending on factors such as the person's general health, age, diet and whether or not the wound becomes infected.
- Some people may form a keloid scar, where the scar is thicker and raised. Ask your doctor or nurse for advice and treatment options for treating this type of scar.

What to expect

All wounds will be painful (to varying degrees), swollen, red and may bleed. These symptoms should ease in two to three days. Take simple painkiller medication such as paracetamol or what your health professional has prescribed. If the pain is severe, despite taking medication for pain, see your local doctor.

Tetanus

Any cut, even a small one, can become infected with the bacteria (germ) that cause tetanus. Tetanus is a rare disease but can be fatal. These bacteria are found in soil and animal faeces (poo). The risk is greatest in the young or the elderly. If you have not had a tetanus vaccine in the past five years and you have tetanus prone wound you may need a booster. Ask your doctor or nurse for more advice.

First aid

If your wound begins to bleed again, add fresh dressings over the top of the old dressings and press down. These should be as clean as possible. If not, apply a clean sanitary pad or towel. Apply pressure over the wound with your hands to stop the bleeding. Keep the pressure on for at least five minutes before checking if the bleeding has stopped. Try to raise the area to above the level of your heart to (for example, if it is on your arm then lift your arm up).

Call an ambulance (dial 000) if the bleeding is severe and you are unable to control it. Otherwise see your local doctor or return to the emergency department.

Follow-up

Many wounds will need to be examined by your local doctor or health care professional. This is to check the wound is healing and to look for any signs of infection. Signs of infection may include (and usually develop two to three days after the injury):

- increasing pain despite taking painkillers
- a warm, red, and swollen wound or redness spreading to the surrounding skin
- surrounding skin becoming hot to touch/swollen, red or painful
- pus (yellow or greenish discharge) or an offensive smell
- a tender lump in the groin or armpit
- fever (temperature over 37.5°C in adults or 38°C in children) or flu-like symptoms

- the wound is not healing (after about five days).

Seeking help

In a medical emergency, go to the nearest hospital emergency department or call an ambulance (dial 000).

For other medical problems see your local doctor or health-care professional.

13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland and is available 24 hours a day, 7 days a week, 365 days a year for the cost of a local call*.

*Calls from mobile phones may be charged at a higher rate. Please check with your telephone service provider

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