MINOR WOUND TREATMENT & DRESSINGS PATHWAY

Evidence-Based Clinical Decision Flowchart for Nursing Staff • Aligned with NICE & UK Best Practice

1. INITIAL EVALUATION & TRIAGE

- **Assess Wound Parameters:** Presenting etiology, anatomical location, size, depth, tissue viability, and degree of tension.
- **Neurovascular & Structural Check:** Evaluate distal neurovascular status. Inspect for exposed tendon, nerve, muscle, joint capsule, or bone. If deep structure involvement is suspected, halt pathway and refer immediately to a surgical specialty.
- **Tetanus Risk:** Check vaccination history and cross-reference with UK Green Book guidelines for tetanus-prone wounds.

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2. DEBRIDEMENT & LOCAL STABILISATION

- **Arrest Bleeding:** Apply localized direct pressure utilizing sterile gauze compresses.
- **Wound Cleansing:** Perform mechanical irrigation using sterile ***0.9%*** Sodium Chloride solution or safe potable tap water. Avoid invasive chemical solutions that compromise cellular viability.
- **Exploration & Debridement:** Inspect thoroughly for embedded foreign material. Debride non-viable devitalized margins carefully to optimize subsequent healing edges.

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3. SELECT APPROPRIATE MODALITY BASED ON CLINICAL PRESENTATION

Tissue Adhesive

E.g., Histoacryl™ Blue / Dermabond™

INDICATIONS

Linear, superficial lacerations (<***3cm***) under negligible skin tension. Excellent for pediatric or non-compliant presentations.

EQUIPMENT & STAFF

- Cleansing & Dressing Pack
- Sterile Gauze Compresses
- Adhesive Ampoule
- *Clinical Assistant recommended*

CLINICAL PROCEDURE

- **Dry Thoroughly:** Ensure wound surroundings are moisture-free to prevent premature polymerization.
- **Apposition:** Manually adapt skin margins securely with forceps/ fingers.
- **Application:** Express glue sparingly across the external

Adhesive Skin-Strips

E.g., Steri-Strips™ / Leukostrip™

INDICATIONS

Low-tension cuts or lacerations on structurally flat planes. Frequently utilized as an adjunct following early structural suture removals.

EQUIPMENT & STAFF

- Cleansing & Dressing Pack
- Appropriate Width Skin-Strips
- Sterile Gauze
- **Tincture of Benzoin is omitted due to risk of tissue toxicity**

CLINICAL PROCEDURE

- **Dry Skin:** Moisture inhibits cross-linking and skin adhesion.
- **Anchor:** Secure the strip to one side of the wound boundary first.
- **Tension & Close:** Pull across perpendicularly, aligning skin lines precisely without creating deep inversion or skin gaps.

Surgical Suture

Stitches (Qualified Clinicians Only)

INDICATIONS

Complex or deeper structural injuries, gaping wound borders, areas subject to motion or high tension, or anatomical irregularities.

EQUIPMENT & STAFF

- Sterile Suture Pack & Instruments
- Local Anesthetic (e.g., Lidocaine ***1\%***)
- Syringe and Hypodermic Needles
- Suture Material (Non-absorbable 4-0 to 6-0 depending on location)

CLINICAL PROCEDURE

- **Anesthesia:** Infiltrate margins locally with anesthetic solution; verify loss of nociception prior to handling.
- **Material Match:** Select appropriate tensile metric gauges (e.g., fine 6-0 monofilament for

edges. Do not insert into the internal wound bed.

- **Set Time:** Hold approximation for 30–60 seconds until firm.

POST-CARE & ADVICE

- **Dry Window:** Keep completely dry for first 48 hours. Afterwards, gentle washing is permitted; do not scrub or submerge.
- **Dressing:** Leave exposed or apply light non-adherent protective dressing if preferred.
- **Removal:** Adhesive sloughs naturally within 5–14 days.

- **Spacing:** Leave small uniform intervals between strips to enable micro-drainage.

POST-CARE & ADVICE

- **Dry Window:** Keep fully dry for minimum 48–72 hours to prevent premature lifting.
- **No Self-Removal:** Strips must remain undisturbed. They will curl off naturally or require extraction by a Practice Nurse.
- **Warning:** Never pull strips off forcibly.

facial tissue; heavier 4-0 for extremities).

- **Closure:** Place simple interrupted or mattress sutures ensuring perfect eversion of epidermal margins.

POST-CARE & ADVICE

- **Dry Window:** Strict dry coverage for 48 hours. Change dressings if they become wet or heavily soiled.
- **Structured Removal:** Schedule removal by a qualified Practitioner. Timeline: Face 3–5 days; Scalp/Torso 7–10 days; Limbs/Joints 10–14 days.
- **Documentation:** Provide a formal GP discharge letter.

4. MANDATORY RED FLAGS & PATIENT SAFETY NETTING

Instruct the patient to immediately seek medical re-evaluation if they experience any of the following: **Infection Markers:** Erythema spreading progressively beyond the margins, localized warmth, localized throbbing pain, localized swelling, or purulent exudate discharge. **Mechanical Compromise:** Immediate dehiscence (gapping or splitting open) of the wound bed, or uncontrolled secondary hemorrhage.

Clinical Corrections Map (from original Cochrane template):

1. *Patient Self-Removal Prohibited:* Advising patients to pull off their own skin-strips is eliminated due to risks of wound dehiscence and infection.
2. *Tincture of Benzoin Discontinued:* Eradicated from modern standard protocols due to localized contact dermatitis, pain on broken skin, and chemical tissue toxicity risks.
3. *Modern Dressing Protocols:* Wound cleansing changed from outdated unmetered "cleansing packs" to modern sterile saline/potable water pressure irrigations, with explicit 48-hour moisture restrictions aligned with NICE/NMC standards.