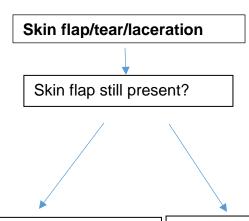


Skin trauma management

The plastics outreach Clinical Nurse Specialists (CNS) are a point of contact for patients, relatives, carers and other healthcare professionals.

Referral is via the trauma route: by sending the patient's referral photographs via TRIPS www.trips.nhs.uk/ or telephoning the patient details through to the QVH trauma coordinators via the QVH switchboard (01342 414000), who will then refer to a Plastic Outreach CNS in the first instance. If required a plastic consultant will be consulted.



1

Haematoma

Are you able to evacuate?

YES

Gently lift flap and wash with saline.

Please DO NOT operate or widely excise skin flap just because of nonviable tissue, only cut away skin flaps if there is frank infection.

- Dry and gently replace skin flap(s) into natural position onto wound bed - do not try and oppose edges with sutures/staples and dress using appropriate primary dressing: consider fashioning mepitel one strips instead of using steri strips.
- Dress with absorbent pad, soft ban and bandaging joint to joint.
- Regular dressings

NO

- Control bleeding, clean and redress with appropriate primary dressing: consider autolytic debridement dressings eg: Manuka honey to lift remaining haematoma, slough or necrotic tissue.
- Secondary dressings: absorbant pad, soft ban and crepe/k-lite bandaging joint to joint.
- Continue to assess wound and refer if concerned.

YES

- Incise haematoma longitudinally
- Lift skin flaps
- Release haematoma
- Washout
- Replace skin flaps

Please DO NOT operate or widely excise skin flap just because of non-viable tissue, only cut away skin flaps if there is frank infection.

- Dress skin flaps with appropriate primary dressing – inadine/ atrauman, absorbent pad, soft ban and bandaging joint to joint.
- Regular dressings and observe skin flap viability.

NO

- Debride as much coagulated haematoma/ necrotic tissue as possible.
- Redress with appropriate primary dressing: consider autolytic debridement dressings eg: Manuka honey to lift remaining haematoma, slough or necrotic tissue.
- Secondary dressings: absorbent pad, soft ban and crepe/k-lite bandaging joint to joint.