

Wound Care

Follow-up Care

If your wound was closed with sutures (stitches), staples, Steri-Strips or skin adhesive, **DO NOT** remove the materials yourself, unless otherwise directed. Removing could lead to serious infection, scarring or reopening of the wound.

Bandage Care:

Change the dressing/bandage _____ times per _____.
Follow the Guidelines for Wound Care below.

Follow up in _____ days for:

Wound check Suture removal Staple removal

Steri-Strips: Should remain in place 5- 7 days and kept dry. If they get wet, they may loosen and the wound has a potential to re-open. Trim the edges as needed.

Skin Adhesives: Remain in place for 5 – 10 days and will peel off on its own. Do not use any kind of ointments or rub/pick at the wound as the adhesive could loosen too soon, opening the wound.

Signs of Infection:

- ❖ Redness or red streaks
- ❖ Swelling
- ❖ Pus drainage
- ❖ Warmth in the area of the wound
- ❖ Fever
- ❖ Increase in pain or tenderness
- ❖ Foul odor coming from the wound.

Guidelines for Wound Care

1. **Wash your hands, then wash with area with soap and water.** Avoid Hydrogen Peroxide or Iodine containing products. Avoid direct stream of water or submerging the wound in water. If needed, use a plastic bag to protect the area and keep it dry. Pat the wound dry. Avoid rubbing the wound.
2. **Inspect the wound for signs of infection (above).**
3. **Apply a thin layer of antibacterial ointment or Petroleum Vaseline after each cleaning.** Caution with use of Neosporin and other antibacterial agents due to allergy or sensitivity. It is no longer recommended that wounds be “left open to dry” or scab. This slows down healing. Avoid getting this region too wet. If the surrounding skin/tissue is white and wrinkled, it is too wet.
4. **Keep the wound covered with a clean bandage.** If the bandage gets wet or dirty, remove it and replace with a clean bandage.
5. **Elevate the wound** to help alleviate pain and minimize swelling.
6. **Watch for bleeding.** If bleeding occurs, elevate and apply pressure over the sterile bandage with your hand. If persistent, return to UHS or the local ER.
7. **Watch for loss of sensation/function.** Occasionally a patient will discover there is a loss of function or sensation after repair. Report any changes in strength, movement or sensation to your provider.
8. **For pain,** use **Acetaminophen** (Tylenol) and/or **Ibuprofen** (Motrin, Advil) per bottle instructions.
9. Be sure your **Tetanus vaccination** is up to date. Tetanus is a serious bacterial infection that occurs in wounds almost exclusively in people who have never been immunized. Boosters are recommended every 10 years.
10. **All wounds heal with scars.** Many factors influence how large or visible a scar will become. Expect changes in texture and color while healing. Avoid tanning and apply sunscreen (SPF 30 or higher) to healing scars for the next six months. Scars improve in appearance over 6 months – 1 year.

Burn Considerations

Causes of Burns: There are many ways one may get burnt: fire, hot liquids/steam, hot metal, glass or other objects, electrical currents, radiation therapy, sunlight, tanning beds, chemicals, etc.

Classification of Burns: Based on depth and size of a burn.

- **1st degree** – Minor, superficial burn. Affects the outer layer of skin called the epidermis. Redness, swelling and pain are common symptoms. First degree burns heal within several days to a week. Sunburn is a classic example.
- **2nd degree** – Partial thickness burn. Affects the outer layer of skin (epidermis) and the second layer of skin called the dermis. Common symptoms include red, white or splotchy skin, pain and swelling. The wound often looks wet or moist. Blisters may develop. Pain can be severe. Deeper second degree burns can scar.
- **3rd degree** – Full thickness burn. Affects the epidermis, dermis and the fat layer beneath the skin. Skin color may appear as a charred black or white discoloration. May look waxy or leathery. Nerve damage and numbness may result.

Treatment:

1. **Cooling:** Use **room-temperature or cool tap water** to provide some pain relief and limit tissue injury. This can be applied until the pain diminishes but should be limited to **5 minutes** at a time. Cool towels/gauze and be applied for as long as 30 minutes at a time. **Avoid use of ice or icy water** which could increase pain and depth of the burn.
2. **Cleaning:** All burns should be cleaned. You should follow the **“Guidelines for Wound Care”** above. It is important to avoid skin disinfectants (such as Iodine) which inhibit healing. If you have blisters, clearing the ruptured tissue is important to help reduce the risk of infection. This can be done by your clinician. Rupturing an intact blister is controversial.
3. **Infection:** All wound should be monitored closely for infection. Refer to the **“Signs of Infection”** box above. **Superficial burns do NOT require topical antibiotics**, rather only moisturizing agents. Oral antibiotics are NOT indicated for minor burns. Topical antibiotics can be applied to partial or full-thickness burns.
4. **Bandaging/dressing:** Superficial burns do not require a dressing. Partial and Full-thickness burns are generally dressed. Cleanse and check for infection, as above. Apply topical antibiotic if necessary. Use non-adherent products such as Adaptic or Xeroform over the burn. These items can be purchased over-the-counter. Non-adherent products can be covered with dry gauze or elastic gauze (such as Kerlix). Of note, each finger or toe should be wrapped separately for exercise purposes.
5. **Exercise:** Burn parts will heal in the position you keep them. It is easier to exercise now and keep motion than to stretch out healed skin later. All fingers should be wrapped separately so that they can be exercised. It is better to exercise five to ten minutes four times a day compared to 30 minutes once a day.
6. **Itching:** During the healing process, itching is very common and often triggered by environmental extremes such as temperature, physical activity and stress. Antihistamines (such as Claritin, Zyrtec, Allegra or Benadryl) can be used to help control the itch. Loose, soft cotton clothing over the burn is also helpful.
7. **Tetanus immunization** should be provided, if necessary. Boosters are recommended every 10 years.

In an emergency go to Mount Nittany Medical Center or call 911 for an ambulance.

Test Results and Advice Nurse

Send secure message to advice nurse via the UHS website or call 814-863-4463.

Appointments

Appointments can be made online via the UHS website, by phone 814-863-0774, or in person. If you are unable to keep your appointment, please call or go online to cancel. Otherwise you will be charged for the visit.

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