DO NOT FORGET · THE SHORT CHECKLIST

Incision and drainage of a skin abscess

Draining a simple skin or subcutaneous abscess under local anaesthesia, with ultrasound when needed, and recognising the sites and situations that need a specialist or antibiotics.

EM Orbit

Patient reference	Date	Time	Completed by

The 12 steps that must not be missed

- [ ] **BEFORE**
  Do not incise a pulsatile swelling or a lesion with a visible vessel until a vascular lesion has been excluded.
  Look for colour Doppler flow on ultrasound.

- [ ] **BEFORE**
  Check for features that call for a specialist: perianal or perirectal site, breast, hand flexor sheath, face, neck, groin or axilla near vessels, genital area.

- [ ] **BEFORE**
  Assess for systemic illness (fever, tachycardia, hypotension, raised lactate) and for features of necrotising infection, such as pain out of proportion, rapid spread, skin changes, crepitus or systemic collapse.

- [ ] **BEFORE**
  Calculate the maximum local anaesthetic dose: lidocaine 1% plain 3 mg/kg; 7 mg/kg with adrenaline.

- [ ] **BEFORE**
  Avoid adrenaline-containing preparations at end-artery sites such as digits, ear, nose tip and penis.

- [ ] **DURING**
  Aspirate before injecting, and stop if blood is aspirated; reposition.

- [ ] **DURING**
  Do not close the wound primarily; leave it open to drain.

- [ ] **DURING**
  If bleeding, apply pressure; if brisk or pulsatile bleeding occurs, stop and call for senior or surgical help.

- [ ] **DURING**
  If packing is used, leave a tail outside the wound and note it in the record; do not pack tightly.

- [ ] **AFTER**
  Arrange admission and IV antibiotics for sepsis, spreading infection, or immunocompromise with a deep abscess.

- [ ] **AFTER**
  Refer perianal and perirectal abscesses to the surgical team; do not drain them in the ED.

- [ ] **AFTER**
  Refer hand infections with flexor sheath signs (Kanavel signs) to the hand or orthopaedic team urgently.