



PROCEDURE CHECKLIST

Wound assessment and suturing

Assessment, cleaning, local anaesthesia and closure of simple lacerations with interrupted sutures in the ED.



EM Orbit

Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Sterile suture pack: needle holder, toothed forceps, scissors, gauze, drape
- ☐ Sutures: non-absorbable monofilament (e.g. nylon or polypropylene) in the sizes listed below; absorbable for deep layers
- ☐ Lidocaine 1% or 2% (with or without adrenaline), 25 G and 21 G needles, syringe
- ☐ Sterile saline or drinking-quality tap water and a syringe or irrigation device
- ☐ Sterile gloves
- ☐ Dressing
- ☐ Good light
- ☐ Sharps bin

Before · Assessment

- ☐ Take the history: mechanism, time of injury, contamination, possible foreign body (glass), hand dominance and occupation, tetanus status, comorbidities and anticoagulants.
- ☐ **Examine distal neurovascular function and tendon function before giving local anaesthetic.**
Test each tendon against resistance; test two-point discrimination for digital nerves.
- ☐ Inspect the wound for depth, contamination, tissue loss, and exposed structures.
- ☐ Request a radiograph if a glass or metal foreign body is possible.
- ☐ Refer wounds with tendon, nerve, vascular or joint involvement, or complex facial wounds, to the appropriate specialist.
- ☐ Explain the procedure, risks (infection, scarring, dehiscence) and alternatives (glue, strips), and obtain consent.

Before · Anaesthesia

- ☐ Calculate the maximum safe local anaesthetic dose for the patient's weight.
- ☐ **Never exceed the maximum dose of local anaesthetic.**
Local anaesthetic toxicity: perioral tingling, tinnitus, confusion, seizures, arrhythmia.
- ☐ Infiltrate through the wound edges (not intact skin if the wound is clean), slowly, with a fine needle, aspirating before injection.
- ☐ Consider a regional (e.g. digital ring) block for fingers.
- ☐ Wait for anaesthesia to take effect and test before starting.

During · Cleaning and exploration

- ☐ Irrigate the wound thoroughly with saline or drinking-quality tap water under pressure.

- ☐ Explore the wound fully under good light and in a bloodless field, looking for foreign bodies and deep structure injury.
- ☐ Remove foreign material and debride devitalised tissue conservatively.

☐ **Do not close a wound over a retained foreign body or an unexplored deep space.**

- ☐ Prepare the skin and drape; put on sterile gloves.

During · Suturing — simple interrupted

- ☐ Choose the suture size for the site.
- ☐ Load the needle in the needle holder about two-thirds of the way from the tip.
- ☐ Enter the skin at 90 degrees, a few millimetres from the wound edge, and follow the curve of the needle.
- ☐ Exit the opposite side at the same distance from the edge and the same depth.
- ☐ Tie an instrument knot (a double throw then single throws, typically three to four throws) and lay the knot to one side of the wound.
- ☐ Tighten only enough to oppose the edges; over-tight sutures cause ischaemia and scarring.
- ☐ Start in the middle of the wound and bisect, or start at an obvious landmark (e.g. a skin crease, vermilion border).
- ☐ Space the sutures evenly, roughly the same distance apart as the bite from the edge.
- ☐ Consider deep absorbable sutures to close dead space or reduce tension in deep wounds.
- ☐ Use a vertical mattress suture where edge eversion is difficult.
- ☐ **Dispose of the needle immediately into the sharps bin; do not re-sheath needles by hand.**

After · Aftercare and documentation

- ☐ Clean the area and apply a dressing.
- ☐ Give tetanus prophylaxis according to the patient's immunisation history and the wound's tetanus risk.
- ☐ Consider antibiotics for bites, heavily contaminated wounds or high-risk patients per local protocol.
- ☐ Advise on wound care: keep dry for about 48 hours, watch for infection (redness, swelling, pus, fever, increasing pain), and when to return.
- ☐ Arrange suture removal at the right time for the site.
- ☐ Document mechanism, time, neurovascular and tendon examination, anaesthetic and dose, cleaning, findings on exploration, number and type of sutures, tetanus status and follow-up.



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-wound-suturing · red rows are the steps that must not be missed