



## Objectives: Lacerations

1. When managing a laceration, identify those that are more complicated and may require special skills for repair (e.g. a third degree perineal tear, lip or eyelid lacerations involving the margin, arterial lacerations).
2. When managing a laceration, look for complications (e.g. flexor tendon laceration, open fractures, bites to hands or face, neurovascular injury, foreign bodies), require more than simple suturing.
3. Given a deep or contaminated laceration, thoroughly clean with copious irrigation and debride when appropriate, before closing.
4. Identify wounds at high risk of infection (e.g. puncture wounds, some bites, some contaminated wounds), and do not close them.
5. When repairing lacerations in children, ensure appropriate analgesia (e.g. topical anaesthesia) and/or sedation (e.g. procedural sedation).
6. When repairing a laceration, allow for and take adequate time to use techniques that will achieve good cosmetic results (e.g. layer closure, revision if necessary, use of regional rather than local anesthesia).
7. In treating a patient with a laceration:
  - a. Ask about immunization status for tetanus
  - b. Immunize the patient appropriate.

\*\* Mapped to the CFPC's 105 priority topics: #58-Lacerations