



Crumlin | Temple Street | Tallaght | Connolly

**GUIDELINES FOR NURSING STAFF WORKING IN THE PLASTICS SURGERY DRESSING AND TRAUMA CLINIC**

<b>Area of use:</b>	All of organisation <input checked="" type="checkbox"/>	CHI at Connolly <input type="checkbox"/>	CHI at Crumlin <input type="checkbox"/>
	CHI at Herberton <input type="checkbox"/>	CHI at Tallaght <input type="checkbox"/>	CHI at Temple Street <input type="checkbox"/>
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## 1.0 Introduction

This document provides guidelines for nursing staff in the Plastics Surgery Dressing Service. The Plastics Surgery Dressing Service consists of 2 clinics. The Plastic Surgery Trauma Clinic and the Plastic Surgery Dressing Clinic. The Plastic Surgery Trauma Clinic operates 7 days a week from 7.30am – 9.30am and the Plastic Surgery Dressing Clinic operates 5 days a week (excluding bank holidays) from 7.30am – 12.30pm. Appointments outside of these hours can be arranged if necessary, by liaising directly with the Nursing staff who run this service.

## 2.0 Applicable to

All Nursing Staff who are employees (full-time, part-time and fixed term employees) of Children's Health Ireland at Crumlin should follow this guideline.

## 3.0 Objectives of the Guidelines

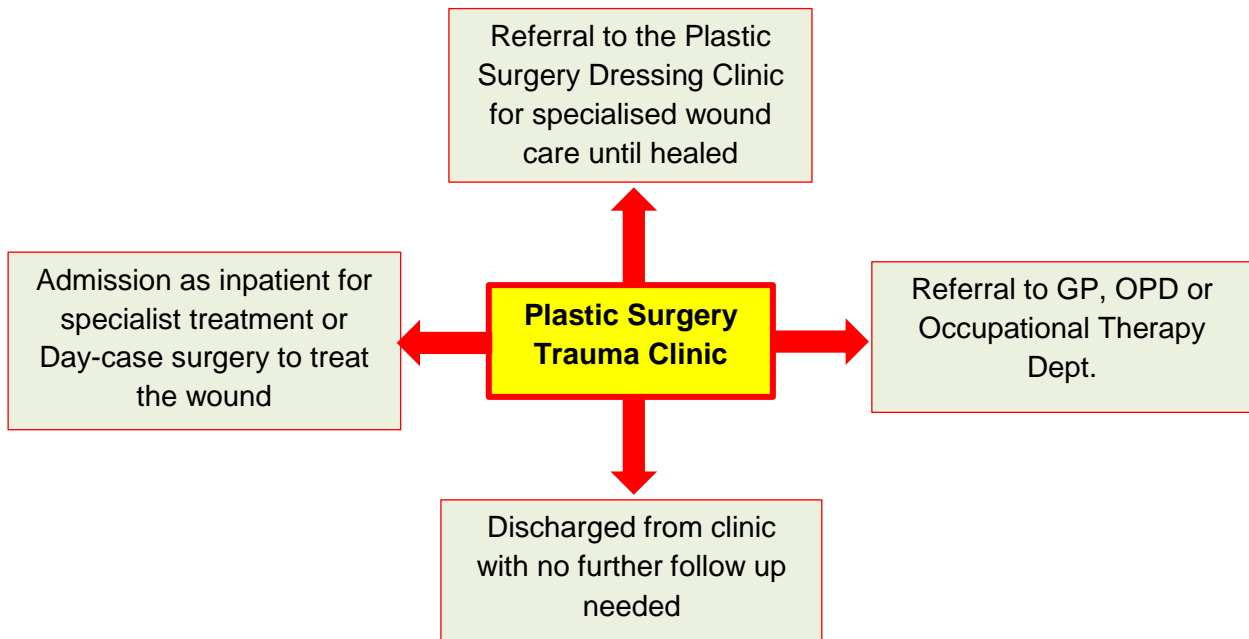
The guidelines explain the patient pathway from referral into the Plastics Surgery Clinic to discharge from the Plastics Surgery Clinic. Nursing staff can refer to these guidelines to support decisions made when creating a patient treatment Careplan.

## 4.0 Guidelines for the Plastics Surgery Dressing Service

### 4.1 Plastics Surgery Trauma Clinic

- Patients attending the Plastic Surgery Trauma Clinic must be accepted by a member of the Plastics Surgery team in CHI at Crumlin. They may be referred from any hospital in the country, GP service or other healthcare facility.
- The clinic does not offer a self-referral pathway for patients.
- We cater for non-acute traumatic injuries such as facial lacerations, dog bites, finger injuries/lacerations, tendon/nerve injuries or any other injury deemed appropriate by the Plastic Surgical team and who are suitable for management in an outpatient setting.
- We also treat Burn injuries which are predominantly <4% TBSA, dependent on mode of injury (in accordance with the Burns Policy), and once they are suitable for review using simple analgesics only.
- Any burn injury referred as >4% should be treated as per the Burns Policy and scald protocols. A decision must be made either to transfer the patient immediately to CHI Crumlin ED for review and possible admission, or to transfer the patient the following morning to Plastics Surgery Trauma Clinic.

Following assessment in the Plastics Surgery Trauma Clinic, the patients will follow one of the pathways below:



- See appendix 1 and 2 for information leaflets that should be administered by the referring hospital to prepare the patient for their first visit to the clinic.

#### 4.2 Nurse-led Plastics Surgery Dressing Clinic

- Patients under the care of the Plastics Surgery Team in CHI at Crumlin, who are suitable to be managed as outpatients, can be referred for treatment in the dressing clinic. The patient must tolerate their dressings being changed with over the counter analgesia (paracetamol and/or ibuprofen) and dressing change time not exceeding 30 minutes.
- Patients treated and under the care of a plastic surgery consultant in another hospital can be referred for treatment in the Plastics Surgery Dressing Clinic, if they are suitable for management in an outpatient setting (refer to above point) and if they have been accepted by the Plastics Surgery Team in CHI at Crumlin. They will need an initial review by the Plastics Surgery Team on their first visit to the clinic.
- Any patient being referred to the Plastics Surgery Dressing Clinic following a consult received from another team within CHI at Crumlin should have been reviewed and accepted by the Plastics Surgery Team in the hospital first. The Plastics consultant should be made aware of this prior to the patient attending the clinic. As soon as the treatment is completed in the dressing clinic the team should be made aware so the patient can be transferred back to the original team so appropriate follow-up can be arranged.
- A patient cannot be seen without medical documents relating to the injury being treated.
- The Nurse will assess the wound, create a treatment plan, select and apply an appropriate dressing. The Nurse will arrange follow up as needed depending on the dressing choice. See appendix 3.

- Plastics Surgery Team will be asked to review the patient if the nurse has any concerns.
- If occupational therapy input is required a consult should be sent by the Plastics Surgery Team on the day of surgery or prior to discharge so the occupational therapist is aware of the patient attending the dressing clinic. See Appendix 4.
- Patients are treated by the nurse at regular appointments until either fully healed or suitable for treatment in the community by GP or PHN. Some patients will need a follow up in the Plastic Surgery Outpatients clinic. Other patients will be discharged directly from the Plastics Dressing Clinic as per the nurse-led discharge guidelines. See appendix 6.
- Complex Patients are treated in the Dressing Clinic until fully healed and will need a follow up in the Plastics Outpatients Clinic as specified in their post-operative notes.

## 5.0 Plastics Surgery Patients

The Plastics injuries can be divided up into:

**Simple Skin and Soft Tissue Injuries** such as superficial lacerations to the finger, hand, arm and facial lacerations, and straightforward nail bed injuries including tuft fractures.

**Complex Soft Tissue Injuries** such as tendons, nerves or open fractures that require k-wiring, congenital reconstructive surgeries (syndactyly releases, ear reconstruction, digit transfers and tissue expanders). Complex Soft Tissue Injuries require specific post op instructions as per the Plastics Surgery Team and the OT guidelines. See Appendix 5.

## 6.0 Burns Patients

All the nursing care provided in the Plastics Surgery Dressing Clinic is dictated by the burns policy and protocols in place.

**Burn injuries can be divided up into:**

### 6.1 Superficial burns/scalds

- These are referred from the Plastic trauma clinic or ED to the Plastics Surgery Dressing Clinic following review by the Plastics Surgery Team. They are treated with an appropriate dressing selected by the nursing staff and follow-up appointments are arranged as needed depending on the dressing choice.
- An information leaflet on caring for the child with a burn dressing at home is given and explained to the parents/guardians.
- The nurse treats patients until either fully healed or suitable for treatment in the community by GP or PHN.
- These patients can be discharged once healed by day 21 post injury as per the nurse-led discharge and no further follow up is required.

- Discharge advice leaflets are given to the parent/guardian and instructions to contact the clinic if any concerns arise (see appendix 8 and 10).

## 6.2 Superficial /Partial thickness Scalds/Burns <4%

- These are referred from the Plastic trauma clinic or ED to the dressing clinic following review by the Plastics Surgery Team.
- An appointment for these patients should be arranged in the Plastics Surgery Dressing Clinic by day 5 so the wound can be assessed for any conversion of depth of the burn.
- These are then treated with an appropriate dressing selected by the nursing staff, verbal education and leaflets are given to parents and follow up arranged as needed depending on the dressing choice.
- These patients can be discharged once healed by day 21 post injury as per the nurse-led discharge guidelines and require no further follow up. Discharge advice leaflets are given to the parent/guardian and instructions to contact the clinic if any concerns arise.

## 7.0 Scald Protocol

### **Burns treated under the CHI at Crumlin Aquacel Ag scald protocol (Change of Protocol - Initial change of dressing (COD) under General Anesthesia for Paediatric Scald Patients, 2019)**

- Following their discharge from the National Paediatric Burns Unit, any patients treated under the above guidelines should be seen in the Plastics Surgery Dressing Clinic on or before day 5 post their injury.
- The Nurse will review the dressing and if the Aquacel Ag has adhered to the wound, is dry to touch and there are no obvious signs of infection then it can be left on until it falls off (See appendix 11).
- If it has not adhered to the wound or any area of the wound is exposed a second application may be applied at this stage.
- At any subsequent dressing changes if the Aquacel Ag has not adhered and wound is still present at day 10-14 the nurse will request the Plastics Surgery Team to review and decide on a treatment plan going forward.
- When the Aquacel Ag lifts off and if the wound is healed within 21 days, the patient can be discharged as per the nurse-led discharge guidelines.
- If the burn takes longer than 21 days to heal they will need OT review for scar management (see appendix 4).

## 7.1 Split Skin Graft post burn injury

- The nursing staff review these wounds (Split skin graft & Donor site). *(See appendix 12)*
- At all first change of dressing post grafting or if the nurse has any concerns at subsequent dressing changes, the team will be contacted to review.
- Donor site dressings are normally left in situ until day 10 to allow maximum healing.
- An appropriate dressing is then selected and applied, follow-up arranged as needed depending on the dressing choice.
- Patients are then treated until fully healed. Follow up in the Plastics Surgery Outpatients Clinic is required for all patients post grafting and is requested by the nurse.
- Referral to the OT team for scar management is made and they will continue to see the patient if needed for follow-up also (see appendix 10).

### 7.5 Important points to note

- Regardless of the above classification any burn injury that the nursing staff have concerns about should be flagged with the Plastics Surgery Team (e.g. mode of injury, skin condition, delayed healing, signs of infections or any social issues).
- Burns that cover any joint on the body or restrict the patient's movement. These will need OT involvement from the onset to ensure best positioning is achieved while healing is taking place, this can be achieved through bulky dressings and splints.
- All burns, which take longer than 21 days to heal regardless of the type of treatment they received, will need an outpatient's follow-up with the Plastics Surgery Team in 3 months and should be linked in with the burns and plastics OT service.

### 8.0 Direct Discharge from the Nurse-Led Dressing Clinic Guidelines, 2019 *(See Appendix 6):*

**The following patients do not require routine follow-up appointments in the consultant led outpatient's clinics:**

- Simple lacerations including superficial finger, hand, arm and facial lacerations. This excludes any hand lacerations with concomitant nerve, tendon or underlying bony injury.
- Nail bed injuries including tuft fractures. Nail bed injuries that required k wiring or documented intra-articulated or growth plate injuries should receive a follow-up outpatient appointment.
- Scalds or burns less than 4% TBSA and healed within 2-3weeks. This excludes scalds or burns that required grafting or those that involve the hands, face or genitalia.

- If a patient meets the criteria for direct discharge but nursing staff/OT/PT have concerns regarding the injury or it is healing, an appointment may be booked with the rationale documented in the patient's notes.
- If there are urgent concerns regarding an injury, a member of the plastics surgery team should be contacted through switch and discussed

## 9.0 Appendices

<https://www.olchc.ie/children-family/parent-patient-information-leaflets/dressing-clinic-plastics-team-2021.pdf>

<https://www.olchc.ie/children-family/parent-patient-information-leaflets/plastics-dressing-clinic-2022.pdf>

WOUND TYPES AND DRESSING SELECTION	
Wound Type	Dressing
<b>Burns/ Scalds</b>	
Superficial	Silicone Dressing
Superficial/ Partial thickness	Silver Dressing
Partial thickness	Silver Dressing
Full thickness	Silver Dressing
Facial scald/ burn	Polysorb or Fucidin Ointment
<b>Traumatic Wounds</b>	
Superficial	Silicone Dressing
Sloughy	Alginogel
Infected Wounds	Anti-microbial Dressing/ Alginogel
Over-granulated wounds	Steroid Cream or Silver Nitrate
<b>Healed Wounds</b>	
Leave Exposed	Moisturise with Aveeno moisturising lotion

### Guidelines for referral to Occupational Therapy from Plastics Dressing and Trauma Clinic

- Occupational Therapist Contact Details; Bleep 8459 / 8460
- To make a referral to Occupational Therapy a blue card must be completed and submitted. It must contain the following details; name, address, DOB, HCRN, Consultant, date of Injury, mode of injury, date of surgery and date healed.
- Indications for referral to Occupational Therapy

#### Burns

- Burns that take longer than 2-3 weeks to heal
- Burns that have joint involvement where range of motion is restricted.
- Post-Split Skin Graft and post Full Thickness Skin Graft.

#### Plastics

- All tendon and Nerve Injuries
- Desensitisation

#### Fractures

- Fractures requiring Splinting/ Mobilisation

**Occupational Therapy Guidelines in relation to splint wearing times***(Unless stated otherwise by the consultant in the operation notes).*

Flexor Tendon Injuries			
Injury	Age	Treatment	Timeframe
All flexor tendon zone	0-7 years	Cast	4 weeks
All flexor tendon zones	7+ years	Dorsal Blocking Splint	6 weeks
Wrist Flexors	0-7 years	Cast	4 weeks
Wrist Flexors	7+ years	Dorsal Blocking Splint	4 weeks
Extensor Tendon Injuries			
Injury	Age	Treatment	Timeframe
Zone I & II	0-7 years	Cast	6 weeks
Zone I & II	7+ years	Splint	6 weeks
Zones III – VII	0-7 years	Cast	4 weeks
Zones III – VII	7+ years	Splint	4weeks

**Nerve Injuries**

- Digital Nerve 3 weeks immobilisation

**Direct Discharge from Nurse Led Dressing Clinic**

The following patients do not require routine follow-up appointments in consultant led outpatient clinic:

- **Simple lacerations** including superficial finger, hand, arm and facial lacerations. This excludes any hand lacerations with concomitant nerve, tendon or underlying bony injury.
- **Nail bed injuries** including tuft fractures. Nail bed injuries that required K wiring or documented intra-articular or growth plate injuries should receive a follow-up outpatient appointment.
- **Scalds or burns less than 4% TBSA and healed within 2-3 weeks.** This excludes scalds or burns that required grafting or those that involve the hands, face or genitalia.

If a patient meets the criteria for direct discharge but nursing staff/ OT/PT have concerns regarding the injury or it is healing, an appointment may be booked with the rationale documented in the patient's medical notes.

If there are urgent concerns regarding an injury, a member of the plastic surgery team should be contacted through switch and discussed

**10.0 References**

<https://www.olchc.ie/children-family/parent-patient-information-leaflets/dressing-clinic-discharged-child-with-wound-that-requires-further-dressing-2020.pdf>

<https://www.olchc.ie/children-family/parent-patient-information-leaflets/dressing-clinic-post-a-burn-or-scald-injury-2020.pdf>

<https://www.olchc.ie/children-family/parent-patient-information-leaflets/dressing-clinic-facial-burns-2021.pdf>



<https://www.olchc.ie/children-family/parent-patient-information-leaflets/dressing-clinic-scar-management-2019.pdf>

<https://www.olchc.ie/children-family/parent-patient-information-leaflets/dressing-clinic-aquacel-ag-parent-leaflet-2020.pdf>

<https://www.olchc.ie/children-family/parent-patient-information-leaflets/dressing-clinic-split-skin-graft-2020.pdf>

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## 9.0 Appendices