

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
SUTURE/STAPLE REMOVAL

MSRM 140117.01.12.7
(R-4/19)

ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE HEALTH CARE PROVIDER FOR SIGNATURE.

Subjective Data:

Allergies: _____

Chief complaint: _____

Suture Removal Materials:	Staple Removal Materials:
1. Suture removal kit 2. Sterile saline, gauze for cleaning if appropriate 3. Clean and Sterile gloves 4. Adhesive strips or butterfly adhesive tape 5. Dressing/tape	1. Staple removal kit 2. Sterile saline, gauze for cleaning if appropriate 3. Clean and Sterile gloves 4. Adhesive strips or butterfly adhesive tape 5. Dressing/tape

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Incision location: _____

Character of incision:	<input type="checkbox"/> Clean	<input type="checkbox"/> Dry	<input type="checkbox"/> Crusty	<input type="checkbox"/> Redness	<input type="checkbox"/> Swelling
	<input type="checkbox"/> Edges well approximated	<input type="checkbox"/> Edges not well approximated			
	Drainage: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe _____				

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

- Incision is split open.
- Incision that edges do not approximate easily with adhesive strips/butterfly adhesive strips.
- Signs and symptoms of infection. (red, warm, swollen, or leaking pus)
- Numbness around wound.

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Provided privacy and explained procedure to inmate.
- Hands washed with soap and water.
- Suture removal kit Staple removal kit placed for easy access and prepared on sterile field.
- Using clean technique, dressing removed and discarded in biohazard container.
- Incision assessed to determine edges of the wound are well-approximated and healing has occurred.
- No signs/symptoms of infection noted.
- Gloves removed, disposed, and hands rewashed.
- Using sterile technique incision cleansed with: saline soaked gauze pad betadine swabs alcohol swabs
- Sutures staples removed without difficulty and placed on square gauze for disposal.
Number of sutures removed: _____ Number of staples removed: _____
- Adhesive strips applied. Butterfly tape adhesive strips applied.
- Dressing applied.
- Inmate tolerated procedure well.
- Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

DOC #