OKLAHOMA DEPARTMENT OF CORRECTIONS
MSRM 140117.01.0
R-4/19
NURSING PRACTICE PROTOCOLS
SUTURE/STAPLE REMOVAL

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:

2. Sterile saline, gauze for cleaning if appropriate  2. Sterile saline, gauze for cleaning if appropriate
3. Clean and Sterile gloves  3. Clean and Sterile gloves
4. Adhesive strips or butterfly adhesive tape  4. Adhesive strips or butterfly adhesive tape
5. Dressing/tape  5. Dressing/tape

Objective Data:  (clinically indicated VS)

BP_______________ Pulse_______________ Resp. _______________ Temp. _______________ Wt.________________

Incision location: __________________________________________________________________

Character of incision:  q Clean  q Dry  q Crusty  q Redness  q Swelling
q Edges well approximated  q Edges not well approximated
Drainage:  q Yes  q 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.

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

Health Care Provider: ____________  Time Notified: _____  Orders Received for Treatment:  q Yes  q 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)

q Provided privacy and explained procedure to inmate.
q Hands washed with soap and water.
q Suture removal kit  q Staple removal kit placed for easy access and prepared on sterile field.
q Using clean technique, dressing removed and discarded in biohazard container.
q Incision assessed to determine edges of the wound are well-approximated and healing has occurred.
q No signs/symptoms of infection noted.
q Gloves removed, disposed, and hands rewashed.
q Using sterile technique incision cleansed with:  q saline soaked gauze pad  q betadine swabs  q alcohol swabs
q Sutures  q staples removed without difficulty and placed on square gauze for disposal.

Number of sutures removed: __________________     Number of staples removed: _____________

q Adhesive strips applied.  q Butterfly tape adhesive strips applied.
q Dressing applied.
q Inmate tolerated procedure well.
q 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 #