



Short Communication

Treatment of Cutaneous Traumatic Wounds in the Emergency Room

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Abstract

To define the epidemiological characteristics of patients during follow-up after initial care of a traumatic skin wound in the emergency room and to correlate this with literature data. Across sectional prospective observational study. Patients with traumatic wounds treated in the emergency room were given 2 questionnaires: a questionnaire regarding factors that influence the healing process and a second questionnaire, given between 7 and 10 days later, about the care of the site, degree of healing and signs of infection. From the initial sample of 47 patients only 25 patients completed and returned to the second evaluation. Half of patients had not completed high school. Most common wounds were related to sharp objects (68%). One in every three injuries involved the hand; and of these, 92% were work related. The scalp was affected in 23% and the face in 21% of cases. Twenty percent of patients had returned with signs of infection, compared to the literature showing a rate of 3.5%. Eighty percent of patients with wound infection denied any related health conditions. This population showed a low level of education, which may be a factor in poor understanding and care of the wound. The most common location of the wound was the head (scalp and face) followed by the upper extremities (especially hands). Considering the epidemiology and mechanisms of trauma frequently experienced in our environment, prevention can be cost-effective and decrease morbidity. Follow up is a potential source of bias since patients may be motivated to attend this service based on how they perceive abnormal wound healing. This work shows the importance of many factors related to traumatic wound care but it is essential that the investigation be expanded.

Introduction:

Intense injuries are characterized as an adjustment in tissue trustworthiness in any part of the body. They can be portrayed by size, profundity and anatomical structures included. Entering and obtuse Trauma can create injury to broad anatomical territories, straightforwardly, yet in addition by changing the nearby microcirculation. In the climate of the trauma center (ER), a fast administration of wounds, including legitimate careful strategy and productive debridement, contamination control furthermore, water system, is the way to accomplishment of wounds treatment. The executives of intense horrible injuries should

consider viewpoints identified with the patient and to the injury qualities. Nonetheless, general measures ought to consistently incorporate a decent debridement also, expulsion of unfamiliar bodies, and appropriate guess of wound edges. In expansion, every quiet with horrible injury may have various danger factors for helpless recuperating, including persistent infections furthermore, way of life factors that can change its stages. Weight, smoking, immunosuppression, atherosclerosis, diabetes, lack of healthy sustenance, liquor abuse and weakness among such factors. Thus, the total recuperation of anatomical, practical and tasteful of the patient relies upon the collaboration of a few components, not just related to treatment, yet additionally the foundational status of the patient. The greater part of the choices made in the underlying consideration corresponding to the planning of the wound and its conclusion have wide variety, in any event, thinking about a similar help.

The first questionnaire (ER part), listed factors that influenced the healing process and epidemiological issues. Also, wound type, location, extent, depth, loss of substance, the presence of foreign bodies, neurovascular status and fracture associated to the injury site, were considered.

The first questionnaire was applied by different volunteer students. All follow-up clinic evaluations were maiden by the same student under the supervision of two professors. From December 2011 to February 2012, both questionnaires were applied in random days, depending on students availability. 47 patients answered the first questionnaires, of whom only 25 returned to follow-up clinics (about 53%). Among the incoming calls from the emergency room, 44% were the result of accidents victims. Regarding the level of education, 57.4% of patients had not completed high school.

Conclusion:

This populace showed a low degree of training, which might be a factor in helpless agreement and care of wound. The most well-known area of the injury was the head (blend of scalp and face) followed by the furthest points (particularly the hand). Considering the study of disease transmission and instruments of injury oftentimes experienced in our current circumstance, avoidance can be savvy and reduction horribleness. A fifth of patients who got back to the follow up help gave a few indications of wound contamination. The follow up is an expected wellspring of predisposition as patients might be propelled to go to this administration dependent on how they see unusual injury mending. This study shows the significance of numerous variables identified with traumatic stress.

Keywords: Traumatic wound; Suture, Infection; Work related Accident