



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Emergency Room		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Simple Wound Suturing		
<b>Applies To:</b>	All Emergency Room Staff		
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## 1. PURPOSE:

- 1.1 To prevent wound infection.
- 1.2 To promote optimal wound healing.
- 1.3 Minimize further tissue damage and excessive scar formation.

## 2. DEFINITIONS:

- 2.1 **Wound Suturing** – aseptic technique of closing a wound by bringing the edges as close together as possible to reduce the formation of scar tissue while minimizing trauma, tension and controlling bleeding.

## 3. POLICY:

- 3.1 Strict aseptic technique should be followed.
- 3.2 Suturing is the primary responsibility of the physician.
- 3.3 Patient's rights should be respected.
- 3.4 Thorough assessment as to the cause of wound, duration of time after the injury, nature of the cutting object, wound location and type of wound.
- 3.5 Obtain consent for the procedure if procedure sedation analgesia (PSA) is required.
- 3.6 Local anesthesia is required to ease the patient compliance.

## 4. PROCEDURE:

- 4.1 Preparatory phase:
  - 4.1.1 Verify if consent is signed prior to procedure.
  - 4.1.2 Explain the procedure to the patients or relative.
  - 4.1.3 Provide privacy, keep patient in comfortable position, and then check vital signs.
  - 4.1.4 Prepare all equipment/ supplies.
  - 4.1.5 Wear mask and disposable gown, wash hands, wear gloves.
  - 4.1.6 Expose the area to be sutured and put blue sheet under.
  - 4.1.7 Focus the light to the area to be sutured.
  - 4.1.8 Clean the wound with normal saline followed by antiseptic solution.
  - 4.1.9 Prepare the local anesthetic to be given.
  - 4.1.10 The dose of Lidocaine should not exceed more than therapeutic dose.
- 4.2 Performance phase:
  - 4.2.1 Wash hands and wear gloves.
  - 4.2.2 Hand over the prepared local anesthetic to the physician.
  - 4.2.3 Assist the physician in suturing and anticipate his needs.
  - 4.2.4 After suturing, cleanse the suture area and apply dressing as required.
  - 4.2.5 Remove gloves and wash hands.

- 4.3 Post-performance phase:
  - 4.3.1 Assist the patient to dress up and get up.
  - 4.3.2 Inquire from the physician for any instruction (e.g. prescription, follow up dressing, appointment and etc.)
  - 4.3.3 Administer Injection Tetanus Toxoid, if ordered.
  - 4.3.4 Discard soiled dressing in covered appropriate container.
  - 4.3.5 Clean and send equipment for sterilization.
  - 4.3.6 Remove gloves and wash hands.
  - 4.3.7 Document the procedure in the surgical logbook
- 4.4 Special considerations:
  - 4.4.1 If wound is more than 12 hours, suturing should not be done.
  - 4.4.2 If wound site is on the eyebrow, it should not be shaved.
  - 4.4.3 Immobilize the small child completely to avoid any movement that would endanger him/her or interfere with sterile technique.
  - 4.4.4 Consider sedation in uncooperative or agitated patients.
  - 4.4.5 For scalp simple wound there is no need for shaving hair instead use sterile cream to visualize the field.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Sterile/ disposable gloves
- 5.2 Sterile suture set
- 5.3 Punctured towel sterile
- 5.4 Sutures (depending on the wound)
- 5.5 Antiseptic solution
- 5.6 Normal Saline
- 5.7 Local Anesthetic
- 5.8 Sterile syringes and needles
- 5.9 Dressing
- 5.10 Plaster
- 5.11 Kidney basin
- 5.12 Blue sheet
- 5.13 Razor disposable apron
- 5.14 Sharp container
- 5.15 Yellow bag

## 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

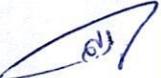
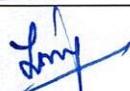
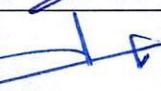
## 7. APPENDICES:

N/A

## 8. REFERENCES:

- 8.1 Kingdom of Saudi Arabia Ministry of Health Baish General Hospital, 2018

**9. APPROVALS:**

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