

# Skin wounds

(January 2017)

---

## Rationale

Physicians must be able to deal with skin and subcutaneous wounds which occur commonly.

## Causal Conditions

(list not exhaustive)

- Lacerations
- Puncture wounds (e.g., bites, needle sticks)
- Crush injuries
- Other (e.g., avulsions, abrasions)

## Key Objectives

Given a patient with a skin wound, the candidate will diagnose the cause, severity and complications, and initiate an appropriate management plan. In particular, prior to wound closure, the candidate will look for evidence of injuries involving important underlying structures and search for foreign bodies within the wound and evidence of contamination, as well as consider tetanus immunization.

## Enabling Objectives

Given a patient with a skin wound, the candidate will

- list and interpret critical clinical findings, including
  - a. determination of the mechanism of injury, the nature and severity of the skin wound, the time elapsed since injury, and symptoms suggesting wound infection based on the history and the physical examination;
  - b. signs and symptoms suggestive of underlying injury to tendon, nerve or blood vessel;

- c. risk of transmissible infection (e.g., HIV, rabies) from a bite;
- d. tetanus immunization status;
- list and interpret critical investigations, including
  - a. wound culture, if required;
  - b. appropriate diagnostic imaging of underlying structures, if necessary (e.g., foreign material, bones);
- construct an effective initial management plan, including
  - a. determine the need for primary versus delayed closure;
  - b. determine whether the patient requires specialized care;
  - c. provide appropriate medical and surgical care of superficial wounds;
  - d. determine the need for antibiotic or immunization prophylaxis;
  - e. provide appropriate management in case of a puncture wound (e.g., needlestick, animal bite), including mandatory reporting.