



A Kiss Won't Make It Better: Treating a cut or laceration involves several factors

Deciding how to treat an open wound might not be as cut and dried as one would think.

Washing a wound with soap and water, and then covering it with a dry dressing and bandage is still the typical protocol for treating a cut, but sometimes it can be difficult to assess the severity of a wound and know when to seek medical attention. Also, commonly used methods your grandmother or even your mother might have used to stop bleeding or clean a wound are now frowned upon, one expert said.

In the past, wounds were elevated to allow gravity to slow blood flow to an area, but according to Barb Caracci, director of emergency care programs and training for the National Safety Council, there is insufficient scientific evidence to support use of elevation to stop bleeding. In addition, some scientific evidence shows use of indirect pressure can cause harm, Caracci said.

Wounds vary from an abrasion and laceration to an incision or puncture, so it is important to consider several factors – including depth and location – when assessing how to treat a cut and monitor healing, Caracci said. Depending on the severity of the wound, rescuers should apply direct pressure with fingertips or the palm of their hands. Bleeding should stop within 10 minutes.

Another outdated practice is the use of hydrogen peroxide, isopropyl alcohol or iodine to clean a wound. Such solutions should never be used because they destroy cells, extend wound healing or could cause an allergic reaction, Caracci said.

Also, parents should break any habit of blowing on their child's wounds because doing so can introduce bacteria into the wound, she said.

Caring for a Wound

Before treating a cut, a rescuer always should wear medical exam gloves. If gloves are not available, simply use a plastic bag as a barrier between the hand and wound. This protects the rescuer from bloodborne pathogens. One also can use the victim's own hand to apply pressure to the wound if additional protection is not available.

Despite a wide selection of anti-bacterial soaps and solvents on the market, basic soap and water are still the best tools for cleaning a wound. If the cut is deep, irrigate it under clean running water for five minutes.

If large particles are in the wound, use a gauze pad or tweezers to remove them, then give the wound a chance to form a scab. Apply antibiotic ointment only for minor abrasions, not for large wounds.

When dressing large wounds, use sterile gauze squares; for burns, use nonstick pads. Secure the dressings with roller gauze or adhesive tape. Nonstick pads are best for burns, while bulky dressings are ideal for large wounds or to stabilize an object impaled in a wound, Caracci said.



Should I See a Doctor?

When assessing whether to go to the emergency room and deciding whether stitches are necessary, even some experts can have trouble, Caracci said. Seek medical attention when:

- Bleeding is not easily controlled
- The wound is deep or large, and muscle or bone is visible
- The wound is on the face
- The wound is a bite from an animal or human
- A foreign object or material is imbedded in the wound
- The cut is a puncture wound

If the wound shows any signs of infection, seek medical attention immediately. Symptoms include pus discharge, swelling and redness around the wound; fever; swollen lymph nodes; sensations of warmth; or red streaks leading from the wound toward the heart.

Expect to receive a tetanus immunization booster shot from your doctor within 72 hours of the injury if you haven't been vaccinated in the last 10 years. Tetanus bacteria can produce a powerful poisonous toxin that travels through the nervous system to the brain and spinal cord. The toxin can cause certain muscle groups to contract.

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