



Medical Directive

Title: Intermittent Suture/Staple Removal

Number: HFHT 06

Activation Date: March 1, 2010

Review due by: March 1, 2011

Sponsoring/Contact Person(s)
(name, position, contact particulars):

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| Order and/or Delegated Procedure: | Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Title: |
| 1. Assessment for, and removal of, sutures or staples by Registered Nurses or Registered Practical Nurses. | | |
| Recipient Patients: | Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Title: |
| 1. All active patients of HFHT physicians, identified on the attached Authorizer Approval Form (Appendix 2), who require assessment for and removal of sutures or staples by Registered Nurses or Registered Practical Nurses. | | |
| Authorized Implementers: | Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 1 Implementer Approval Form | |
| 1. Hamilton FHT Registered Nurses (RN) * 2. Hamilton FHT Registered Practical Nurses (RPN) * * The implementing RN/RPN must receive orientation from the authorizing physician, with regards to the task. The RN/RPN and authorizing physician must sign the attached 'Authorizer Approval Form' after successful completion of the orientation. Following review of this directive, the attached 'Implementer Approval Form' must be signed by the RN/RPN indicating acceptance of this medical directive. | | |
| Indications: | Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Title: |
| 1. Verbal consent received from the patient for the implementing RN/RPN to assess and remove the sutures or staples. 2. Patient has no visible signs of infection, including: redness, swelling, purulent drainage around incision, and/or fever. 3. Incision edges are well approximated. 4. Timing of suture/staple removal is consistent with orders from implementing physician. | | |

Contraindications:

1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive.
2. Patient presents with **signs of infection**, including: redness, swelling, or purulent draining around incision sight, and/or fever.
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice.
3. Incision edges are not well approximated.
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice.

Consent:

Appendix Attached: Yes No

Title:

1. Patients of Hamilton FHT Family Physicians.
2. RN/RPN obtains verbal patient consent prior to the implementation of care.

Guidelines for Implementing the Order / Procedure:

Appendix Attached: Yes No

Title:

1. For assessment and treatment of Patients who meet the **Indications** described above:
 - The RN/RPN completes an appropriate assessment of the incision site, in addition to collecting the appropriate health history.*
 - The RN/RPN documents the assessment in the EMR as per the documentation guidelines below.
 - Due to the risk of infection, Universal Precautions should be implemented.*
 - The intermittent sutures/staples are removed according to nursing practice standards. Removal of sutures/staples is a basic nursing skill.*
 - Patient response is documented by the RN/RPN according to standard documentation practices.*

* Potter, P.A. & Perry, A.G. (2006). *Fundamentals of Nursing*. St. Louis: Mosby.

Documentation and Communication:

Appendix Attached: Yes No

Title:

1. Documentation in the patient's medical record needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient.
2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice. *

* Potter, P.A. & Perry, A.G. (2006). *Fundamentals of Nursing*. St. Louis: Mosby.

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| Review and Quality Monitoring Guidelines: | Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Title: |
| <ol style="list-style-type: none"> 1. Annual routine renewal will occur on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing physician and a minimum of one implementing RN/RPN. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns and immediately undertake a review of the directive by the authorizing physician and a minimum of one implementing RN/RPN. 3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a minimum of one implementing RN/RPN. | | |
| Administrative Approvals (as applicable): | Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Title: |
| Not Applicable | | |
| Approving Physician(s)/Authorizer(s): | Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Title: |
| Title: Appendix 2 Authorizer Approval Form | | |
| <ol style="list-style-type: none"> 1. Hamilton FHT Family Physician 'Authorizer Approval Form'/ Signatures attached. | | |

