

PARENTAL
INFORMATION

Skin injuries





Skin injuries

General:

Contused lacerated wounds (CLWs) are frequent among children. They can result from sharp objects, contusion or avulsion. The goal of wound care is to clean, disinfect and close the arising wound as best as possible, thereby retaining the structure and function of the affected skin area as well as underlying structures and to avoid infections.

But almost any wound leaves behind a scar (with the exception of very superficial wounds / abrasions. Many factors, which are not influenced or hardly influenced by medical wound care, play a role in this connection. But if the wound is gaping, large, dirty or underlying structures are injured, it is necessary to have the wound taken care of by a doctor.

Infection:

Bacteria are naturally on the skin. With injuries these bacteria can penetrate the wound and cause an infection. Wounds which come into contact with animal or human saliva or are

very dirty are particularly vulnerable to infection. These wounds should always be cleaned very thoroughly. A wound infection which ordinarily occurs a few days after the accident can arise despite disinfection. Signs of infection are local redness, pain and/or swelling in the area of the wound. In any case, pus can also leak from the wound.

Vaccinations:

Tetanus bacteria exist everywhere, enter through wounds in the body and can cause tetanus, which can frequently be fatal among non-vaccinated or insufficiently vaccinated people. That is why it is important that after occurrence of a wound the vaccine protection is controlled and a booster vaccination is undertaken in any case (within 24 hours). Patients who are not vaccinated or incompletely vaccinated (less than 4 tetanus vaccinations) against tetanus or have received their last tetanus vaccination over 5 years ago should be vaccinated again.

Abrasions:

These injuries are only superficial and it is enough to disinfect the site and put on an adhesive bandage in any case.

Contused lacerated wounds (CLWs):

CLWs should be taken care of by a doctor if they...

- ... are longer than 1-2 cm.
- ... are deep and/or gape severely (wound edges are several millimetres apart from each other).
- ... are dirty (dirt, pebbles etc.).
- ... are facial.

Otherwise disinfection (e.g. with Merfen®, Betadine®, Octenisept®) as well as putting on an adhesive bandage or applying Steri-strips™ (sterile skin closure strips) is enough.

Follow-up treatment:

If medical wound care was undertaken with your child, inform the doctor in charge about the further procedure. The wound should generally not become wet in the first days. With adhered wounds, the Steri-strips™ may only be removed after 5-7 days and the bandage should not become wet in this period. With sutured or stapled wounds, the sutures or staples are removed after 5-14 days (depending on wound localisation). Wounds which have been sutured with absorbable sutures are an exception.

Remove sutures on: _____

Wound control on: _____

No bathing/showering/getting the bandage wet until: _____

It must be heeded that the resulting scar is consistently protected against direct sunlight (via sun protection cream, clothing) during the course of at least 6 months.



When should you go to a doctor with a wound?

- If the wound has occurred due to an animal or human bite.
- If the wound gapes severely, is deep, is dirty.
- If the wound is in the face.
- If the child no longer has any vaccine protection against tetanus (previously no vaccinations or less than 4 tetanus vaccinations, or the last booster vaccination dates back over 5 years).
- If a redness / swelling appears in the area of the wound after a few days and the child develops pain and / or fever in any case.
- If the child still indicates pain in the area of the wound after the accident.
- If you are worried about your child for any other reason.

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