**Basic Suturing and Wound Management**

*Please print, complete and hand in this quiz at the start of the Basic Suturing and Wound Management seminar*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Functional assessment of nerves, tendons, muscles and blood supply adjacent to a wound:
   1. must be performed in the initial assessment management of all wounds
   2. is best reserved for after instillation of local anaesthesia
   3. is the nurse's responsibility
   4. is unlikely to be of use
2. Epinephrine:
   1. is an important component in all local anaesthetics
   2. should be used in all wounds to reduce blood flow
   3. is rarely necessary and should be reserved for use by more experienced physicians
   4. is used to counteract vagal tone in the patient and thereby reduce the risk of fainting
3. Lidocaine:
   1. is not toxic at any concentration
   2. is safe in small amounts (< 3mg/kg) when infiltrated into tissues
   3. should only be used to treat cardiac arrhythmias
   4. has the advantage of not causing discomfort when injected locally
4. Cutting needles:
   1. are useful in skin closure
   2. are used for sharp dissection
   3. are used in closure of deep tissues
   4. do not require a needle driver
5. Non-absorbable sutures:
   1. should not be used in the Emergency Department
   2. should be removed by the patient after 3 or 4 days
   3. are similar to Steri-stripsï¿½
   4. need to be removed at a later date
6. Dirty wounds (contaminated with saliva, feces or dirt):
   1. require a tetanus booster if greater than 10 years since last booster
   2. require a tetanus booster if greater than 15 years since last booster
   3. do not require a tetanus booster if primary immunization has been adequate
   4. require a tetanus booster if greater than 5 years since last booster
7. "Allergy" to tetanus toxoid:
   1. is common and often fatal
   2. precludes any treatment for prophylaxis against tetanus
   3. is rare, but if true, then passive immunity with tetanus immune globulin (T.I.G.) should be provided, as well as follow up
   4. is characterized by local pan and erythema only
8. Dressings should:
   1. be left in place as long as they are clean and dry
   2. only be removed at the time of suture removal
   3. be changed twice daily
   4. be changed at 48 hours, or sooner if they are wet or grossly contaminated
9. Dressing material:
   1. must be sterile
   2. should be clean and non-adherent
   3. should be clean and adherent
   4. should be completely waterproof
10. Patients experiencing pain, redness and swelling in the days following suturing should:
    1. soak the wound in warm water
    2. soak the wound in warm water containing salt
    3. return to the Emergency Department, as they likely have an infected wound
    4. do nothing, as this is expected
11. Facial sutures:
12. should be removed in 4-5 days and replaced with Steri-strips
13. should be removed in 14 days
14. should be removed in 7-10 days
15. do not require removal as they are absorbable