Thames Valley
Family Health Team

Medical Directive

Title:	**Suture/Staple Removal**	**Assigned Number:**	**016**
Activation Date:	**July 1, 2011**	**Review due by:**	**December 2023**

Approval Signature & Date

Medical Director: _____ Date Reviewed: January 13, 2022

Clinical Services Director: _____ Date Reviewed: January 13, 2022

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
Assessment for and removal of Sutures or Staples by Registered Nurses/ Registered Practical Nurse.	
Recipient Patients:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**
All active patients of Thames Valley Family Health Team physicians identified on the Authorizer Approval Form, who require assessment for and removal of sutures or staples by Registered Nurses/ Registered Practical Nurse.	
Authorized Implementers:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**
Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurses (RN/RPN) * ∗ The implementing RN/RPN must receive orientation from the Educator with regards to the task. The RN/RPN must sign the Implementer Performance Readiness Form electronically via HR Downloads after successful completion of the orientation (and quiz, if applicable) indicating acceptance of this medical directive.	

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Verbal consent received from the patient/substitute decision maker for the implementing RN/PRN to assess and remove the sutures or staples.
2. 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 or symptoms of infection**: redness, swelling, or purulent draining around incision site, significant pain that is out of proportion of reason for sutures/staple, and/or fever.
3. Incision edges are <u>not</u> well approximated.

For patients with contraindications # 2 and/or 3, 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 Thames Valley Family Health Team 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:**

For assessment and treatment of patients who meet the **indications** described above.

1. The RN/RPN completes an appropriate assessment of the incision site, in addition to collecting the appropriate health history. *
2. The RN/RPN documents the assessment in the EMR as per the documentation guidelines below.
3. The sutures/staples are removed according to nursing practice standards. Removal of sutures/staples is a basic nursing skill. Due to the risk of infection, Universal Precautions should be implemented. *
4. 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. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation*

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. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation*

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing discipline will be consulted.
2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing discipline, before necessary changes are made.
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 Medical Director and a minimum of one implementing RN/RPN.

Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Authorizer Approval Form