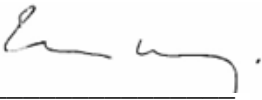





Medical Directive

Title:	Suture/Staple Removal	Assigned Number:	016
Activation Date:	July 1, 2011	Review due by:	December 2025
Approval Signature & Date			
Medical Director:		Date Reviewed:	Feb 23, 2024
Clinical Services Director:		Date Reviewed:	Feb 23, 2024
Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Title:		
Assessment for and removal of Sutures or Staples by Registered Nurses/ Registered Practical Nurse.			
Recipient Patients:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Title:		
All active patients of Thames Valley Family Health Team who require assessment for and removal of sutures or staples by Registered Nurses/ Registered Practical Nurse.			
Authorized Implementers:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Title:		
Thames Valley Family Health Team Registered Nurses, and Registered Practical Nurses (RN/RPN)* herein referred to as implementer.			
* The implementer must receive orientation from the Educator with regards to the task. The implementer must have completed orientation and educational requirements of the Suture and Staple Removal medical directive. The implementer 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. Verbal consent received from the patient/substitute decision maker for the implementer to assess and remove the sutures or staples. 2. Timing of suture/staple removal is consistent with orders from authorizing physician or medical documentation. 	
Contraindications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. No verbal consent from patient or substitute decision maker for the implementer 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. 	
<p>For patients with contraindications #2 and/or #3, the symptoms are reviewed and documented by the implementer. The implementer then books the patient for an urgent appointment with the physician and/or nurse practitioner and/or consults with the physician and/or nurse practitioner for further direction on patient care, in a timely manner as per usual practice.</p>	
Consent:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. Patients of Thames Valley Family Health Team. 2. The implementer obtains verbal patient consent prior to the implementation of care. 	
Guidelines for Implementing the Order/Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<p>For assessment and treatment of patients who meet the indications described above.</p>	
<ol style="list-style-type: none"> 1. The implementer completes an appropriate assessment of the incision site, in addition to collecting the appropriate health history. * 2. The implementer 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, including use of gloves, and addition of gown (Contact precautions) when concerns regarding infection present (e.g. MRSA) * 4. Patient response is documented by the implementer according to standard documentation practices. * 	
<p>* Potter, P.A. & Perry, A.G. (2022). Fundamentals of Nursing. North York: Elsevier Canada. * Potter, P.A. & Perry, A.G. (2023). Canadian Fundamentals of Nursing. North York: Elsevier Canada. * College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</p>	

Documentation and Communication:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 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. Documentation in the patient’s medical record needs to include type of equipment used for suture/staple removal (e.g. scissors, forceps, staple remover, etc.). date of sterilization, and sterilization load number. 3. Information regarding implementation of the procedure and the patient’s response should be documented in accordance with standard documentation practice. * <p>* Potter, P.A. & Perry, A.G. (2022). Fundamentals of Nursing. North York: Elsevier Canada. * Potter, P.A. & Perry, A.G. (2023). Canadian Fundamentals of Nursing. North York: Elsevier Canada. * College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines 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 disciplines, 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 TVFHT member of the implementing disciplines. 	
Approving Authorizer(s):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Authorizer Approval Form signed in HR Downloads by Medical Director.	