# ORAL LACERATIONS

## Level II
(No Level I)

**Skill Level:** RN

**Definition:** A disruption in the integrity of the oral mucosa which may include the skin area outside the vermilion border (the junction of the pinkish-red area of the lips with the surrounding skin).

**Subjective:**
- “I was hit in the mouth.”
- “I’m bleeding.”
- “I have a cut in my mouth”

**Assessment:**
- An alteration in the oral mucosa and/or lip.
- An alteration in comfort.
- An alteration in nutrition.

**Objective:**
- Intraoral or extraoral laceration can have moderate to heavy bleeding.
- No facial laceration over one cm in length.
- No laceration past the vermilion border of the lip (onto the facial skin—see picture).
- No evidence of jaw or other facial fracture.
- No uncontrolled bleeding.
- Wound not caused by the bite of an animal or another person.

**Plan:**
If laceration is greater than one cm, call the Dental Clinic and send the patient immediately to the dentist if possible. Check other institutions, if possible, to see if a dentist is available for consultation. If no dentist available, refer to medical provider.

If no dentist is available, the patient will need to be sent for suturing if any of the following exist:
- Intraoral laceration on the attached gingiva greater than one cm in length.
- Any laceration if direct pressure will not stop bleeding within 15-30 minutes. (Can use teabag if available.)
- Laceration of the outside of the lip greater than one cm in length.
- Laceration of the lip that crosses the vermilion border (onto the facial skin—see picture).

- Mucosal lesions in the mouth, even when large or involving the inner surface of the lip will usually heal uneventfully without suturing as long as they do not involve any bony structures.
- Call the dentist or medical provider on call if you have questions about whether or not the patient needs to be sent out for suturing.

At nursing discretion may use any of the following:
- Control bleeding with gauze or a teabag if available.
- Gently clean the area.
- Suggest salt water rinses 3 times a day prn.
- After checking for allergies to medications may suggest:
  -- Ibuprofen 200mg 1-2 4 times a day prn from unit.
  -- Tylenol or ASA 2 4 times a day prn from unit if intolerant to Ibuprofen.
---If available meds not effective, may use Naprosyn 500 mg 2 times a day prn for pain for 5 days instead. (Always second line.) Naprosyn, aspirin, and ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patient to use acetaminophen (available in housing units) for minor pain management.

- May order soft diet.
- Consider tetanus status – refer to Tetanus Prophylaxis Protocol.
- Evaluate and treat any additional traumatized areas.
- Consider follow-up visit in 24-48 hours to monitor healing and possibility of infection.
Nursing Education:
1. Naprosyn is not recommended for minor pain management for pregnant patients, please instruct all pregnant patient to use Acetaminophen (available in housing units) for minor pain management.

APPROVED:

Medical Services Manager  
[Signature]  
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Dental Director  
[Signature]  
1/31/2018

Clinical Medical Director  
[Signature]  
1/31/2018

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