

Self Harm Care Guide v. 2.0

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This generalised information is a limited summary of diagnosis, treatment, and/or medication information. It is not meant to be comprehensive and should be used as a tool to help the user understand and/or assess potential diagnostic and treatment options. It does NOT include all information about conditions, treatments, medications, side effects, or risks that may apply to a specific patient. It is not intended to be medical advice or a substitute for the medical advice, diagnosis, or treatment of a health care provider based on the health care provider's examination and assessment of a patient's specific and unique circumstances. Patients must speak with a health care provider for complete information about their health, medical questions, and treatment options, including any risks or benefits regarding use of any treatment. This information does not endorse any treatments or medications as safe, effective, or approved for treating a specific patient. If you have any questions, comments, or concerns about this document, please contact the author at lav@lavender.earth. For questions about your health, contact your physician, advanced-practise provider (such as a nurse practitioner or a physician assistant/associate), or your pharmacist. In an emergency, call your local emergency service immediately.

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Tool Management

Tool management is a critical step to prevent infections.

- Never use a tool if you don't know where it came from or what it touched. Using a tool that you find on the ground can put you at risk of serious infections.
- If you used a tool of which you are unsure about its origins, **attend the local A&E (Hospital Emergency Department) immediately.**
- Dispose of tools after 3-5 uses, if you haven't used it in a while, or if there is rust on it.
- If you used a tool that has rust on it, **attend the local A&E immediately** due to the risk of tetanus.
- Disinfect before and after each use. Use 70% isopropyl alcohol to sterilise blades appropriately. Allow the tools to air-dry.
- Use sterile, single-use tools if possible.
- Be up-to-date on your immunizations, especially your tetanus/Tdap vaccines.
- Store your tools in a clean location, away from moisture. This will reduce bacterial growth on your tools.
 - An example of this could be a clean container.
- When you are disposing of your tools, throw them away in a sharps container or other puncture-resistant container like a milk jug or a pill bottle
 - This is to avoid injuries to sanitization workers.

Depth of Wounds

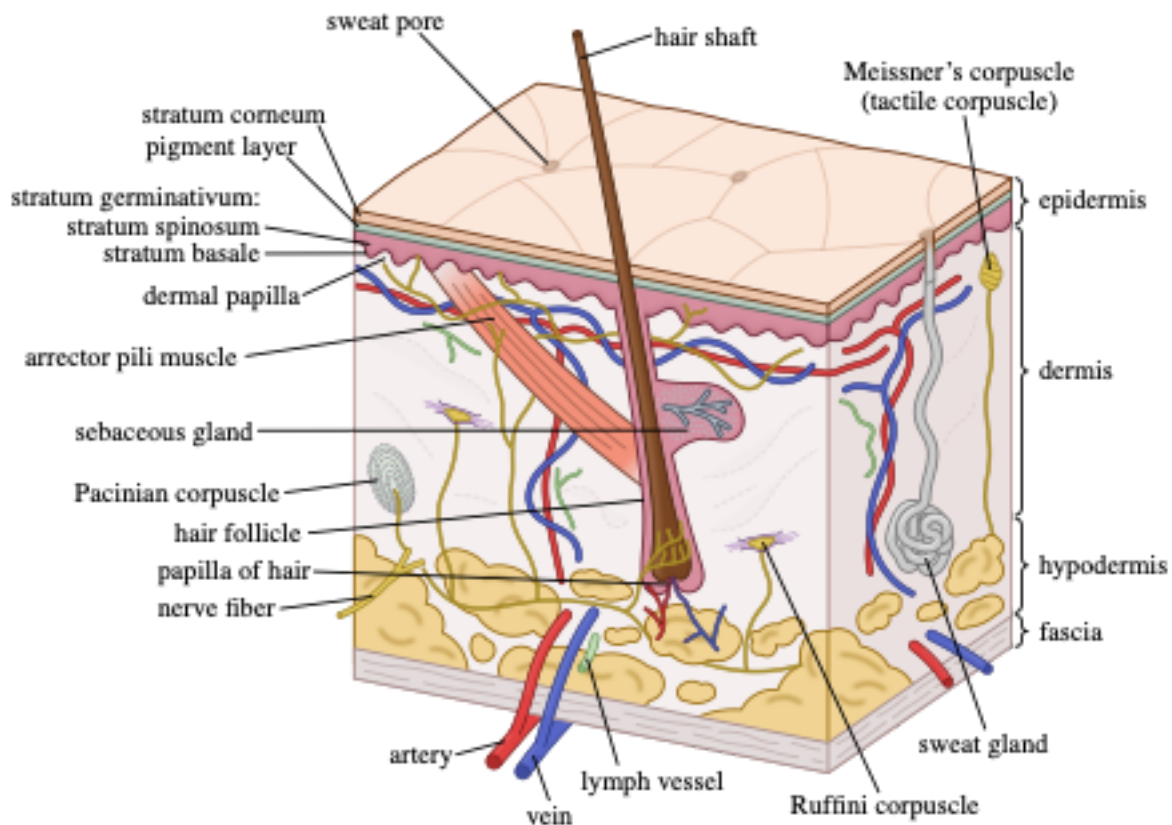


Figure 1 - Components and Layers of the Human Skin

The skin is composed of several layers, including the epidermis (otherwise referred to as “epis”), the dermis (otherwise referred to as “styro” or “styrofoam”), the hypodermis (otherwise referred to as subcutaneous tissue or “beans”) and the fascia (otherwise referred to as “laffy taffy”). (Figure 1)

Underneath the skin are the muscles, which is directly below the fascia, and the bones, which are enclosed by muscles.

The Epidermis

The epidermis is the first layer of the human skin. When injured, the separation of skin is generally not seen. Damage to the epidermis may or may not bleed, depending on whether you hit a capillary.

The Dermis

The dermis is the second layer of the human skin. When injured, separation of the skin is commonly seen. Damage to the dermis will generally bleed. If you hit the dermis, you will be able to see the white layer of skin for a few seconds before blood fills the wound. When you hit the dermis, you are putting yourself at a higher risk of infections.

The Hypodermis

The hypodermis, or the subcutaneous layer, is a layer of skin which is primarily composed of fat and contains a network of blood vessels and nerve fibres. Located directly beneath the debris, cuts to this layer will gape wide open and expose yellow cells or “bubbles” of fat (these bubbles can appear flat or protrude outwards). Cuts to the hypodermis tend to bleed faster due to the larger number of capillaries in that layer. **Wounds of this layer of skin require urgent (within 6 hours) medical attention.**

The Fascia

The fascia will appear to be a thin white layer of skin located directly beneath the hypodermis. **Wounds of this layer of skin require emergency (within 1-3 hours) medical attention.**

The Muscle

The muscle is located beneath the last layer of skin (the fascia). It has a reddish-brown colour to it and injury to it carries significant risks. **Wounds of this layer require acute emergency (call an ambulance) medical attention.**

Things you may hit

There are many things located beneath the epidermis which you may hit. Many of these require emergency medical attention.

The Veins

The veins collect oxygen-deprived blood and return them to your heart. They are thin, and flow in a pressurised stream. **If you sever a vein, immediately put pressure on the affected area. If blood continues to flow after several minutes, call an ambulance.**

The Arterioles

The arterioles are the blood vessels that connect your arteries to your capillaries. If you hit an arteriole, it will squirt or pulse blood and the pressure will pulsate with your heartbeat. **If you hit an arteriole, immediately put pressure on the affected area. If blood continues to flow after several minutes or if the bleeding is heavy, call an ambulance.**

The Arteries

The arteries are major blood vessels that carry oxygen-rich blood from your heart to your cells. If you hit an artery, it will bleed or squirt blood rapidly and it will not stop with direct pressure. The blood will be bright red. **Immediately apply direct pressure and call an ambulance. Severed arteries can be fatal in less than five minutes. Vascular surgery may be required.**

Nerves

The nerves transmit information from your brain to the rest of your body. When you hit a nerve, you will feel large amounts of pain (commonly described as “burning, hot, electric, or shooting”), along with a loss of sensation, feeling like there are pins on the affected area or weakness to the affected area. **Mild nerve damage may heal on its own, however, major nerve damage requires immediate (within 1-3 hours) emergency medical attention and surgery.**

General First Aid

Taking care of your wounds appropriately is critical to avoid infections and other consequences of injuries.

Minor cuts

Minor cuts are defined as wounds that do not appear to be bleeding excessively, and the wound only extends to the epidermis or the dermis.

Put pressure on the wound to stop the bleeding.

Minor wounds can be cleaned by irrigating it with sterile normal saline (preferred) or washing it under running water. Do NOT use other products like alcohol, iodine, or hydrogen peroxide.

After cleaning the wound, apply a layer of antibiotic cream if available (such as Polymyxin B and Bacitracin, brand names Polysporin) and dress it appropriately such as using new, sterile bandages or dressings. If blood soaks through a bandage, add a new bandage overtop.

Moderate wounds

Moderate wounds are defined as wounds to the hypodermis, or the fascia that does NOT result in life-threatening bleeding (see below).

Immediately put pressure on the wound to stop the bleeding. Irrigate the wound using sterile normal saline. **Attend the A&E within 3-6 hours.** If you are unable, use steri-strips. In the meantime, dress the wound to keep it clean. **If the bleeding cannot be stopped, call an ambulance and attend the local A&E immediately.**

Severe wounds

Severe wounds are defined as wounds to the muscle or deeper that **does not meet the criteria for life-threatening bleeding.**

Immediately put pressure on the wound to stop the bleeding. Irrigate the wound using normal saline and dress the wound to keep it clean. **Attend hospital immediately.**

Life-threatening Bleeding

Life-threatening bleeding is defined as heavy bleeding that cannot be controlled within ten minutes, or if you feel cold, dizzy, or if you look pale. **Call an ambulance immediately and apply direct pressure.**

If you feel cold, dizzy, or if you look pale, you are likely going into hemorrhagic shock.

Apply direct pressure to the wound. If one bandage gets soaked with blood, apply another one on top of the existing bandage. **If such direct pressure is not sufficient to control the bleeding, consider using a tourniquet.**

Overdose

If you possibly overdosed on any medication or substance (more than prescribed or maximum dosage indicated on the label), call poison control immediately.

Using steri-strips to close wounds (Adapted from Steri-Strips Monogram)
ONLY USE STERI-STRIPS AS A LAST RESORT IF YOU CANNOT ACCESS MEDICAL CARE

Contraindications

1. Steri-Strip skin closures are contraindicated where adhesion cannot be obtained. Potential causes of inadequate adhesion are presence of exudate, skin oils, moisture, or hair.
2. Use of Steri-Strip skin closures on infected wounds is contraindicated.
3. Steri-Strip skin closures are contraindicated for use in high tension wounds which cannot be easily approximated with fingers or forceps.

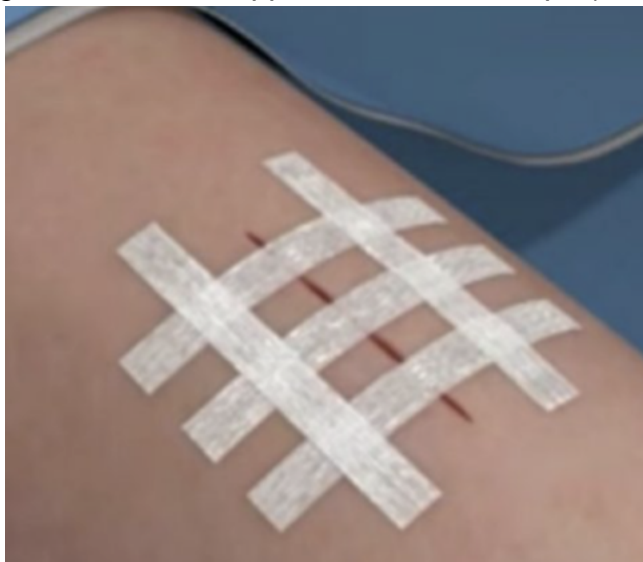
Instructions

1. Clean and dry skin.
2. Open package. Remove card and card end tab.
3. Grasp end of strip and lift strip straight upward from card.
4. Section larger wounds to distribute tension. Space strips approximately $\frac{1}{8}$ inch (3 mm) apart. (Figure 2)
5. Additional closures may be applied parallel to the wound and approximately $\frac{1}{2}$ inch (12 mm) from closure ends. This may reduce shear force beneath the strip ends. (Figure 3)



Figure 2 - Application of Steri-Strips (Above)

Figure 3 - Parallel application of steri-strips (Below)



Infections

Infections are the result of germs entering the body, causing a reaction.

Identifying an infection

Signs of an infection include:

- Pus or other types of opaque drainage
- Abnormal foul odour
- Increasing temperature
- Excessive pain
- Abnormal redness or streaks
 - You can use a pen to draw a circle around the redness and see if the redness is growing.

Signs of Sepsis

Signs of Sepsis include:

- Fever or hypothermia
- Tachycardia
- Tachypnea
- Lightheadedness

If you are experiencing these symptoms proceed to your local emergency department immediately.

Treatment

If a wound is infected, irrigate it thoroughly using saline. **The safest thing to do when you notice an infection is to speak with a healthcare professional**, who may prescribe you oral antibiotics as a precaution or treatment. If left untreated, an infection can develop into life-threatening sepsis.

Alternatives to products listed

Some individuals may not have access to some of the products listed in this article. In those cases, the following can be used in lieu of said product. They are listed below in order of preference.

70% Isopropyl Alcohol

- 70%+ Isopropyl Alcohol
- Water
- Saline

Saline

- Water
- Non-sterile saline

Gauze and dressings

- Paper towel
- Cut up t-shirt

Steri-strips

- Butterfly bandages
- Tape

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