

# **HOSPITAL**

## **DEPARTMENTAL POLICY**

### **TITLE: TRAUMA: ESCHAROTOMY**

**Date Adopted: 05/02**

**Date Revised: 5/15**

**Supersedes:**

**Date Reviewed: 5/15**

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#### **DISTRIBUTION:**

Nursing

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#### **STAFF LEVEL:**

RN, GN, LVN, GVN

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#### **PROCEDURE:**

##### Indication

1. Patients with a full thickness, circumferential burn.
2. Performed if patient loses pulse in extremity or develops pallor or pain. May be done on chest if respiratory distress develops from inability of chest to expand.

##### Equipment

- Scalpel or bovie (for electrocautery)

##### Procedure **(DIAGRAM TO FOLLOW)**

1. Pain meds and/or sedation may be given prior to procedure.
2. Physician makes a vertical incision along the affected limb or chest through the eschar until viable tissue is reached, allowing for expansion of the chest or limb with the return of circulation and/or ease of breathing.

##### Nursing Assessment

1. Check pulses distal to incision to determine blood flow.
2. Assess patient's respiratory status (rate, depth, and oxygenation).

##### Complications

1. Most common is bleeding so electrocautery may be performed.
2. Infection from open wounds.

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**REFERENCES:**

American Association of Critical Care Nurses, *AACN Procedure Manual for Critical Care*, 2010, Sixth Edition, W.B. Saunders Company, Philadelphia, Pennsylvania.

American College of Surgeons, *Advanced Trauma Life Support*, 2014, Seventh Edition, Chicago, Illinois.

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**SIGNATURES:**

Originating department / committee \_\_\_\_\_

Signature \_\_\_\_\_

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