

**STRAINS, SPRAINS, MINOR TRAUMA OF
BACK, NECK & TRUNK**

Level II

Skill Level: RN

Definition: Contusion, strain, over-stretching or tearing of the supportive ligaments, tendons, muscles, or disk fibers of the spinous and paraspinous area which may be chronic, acute or recurrent and is causing the patient some mild to moderate difficulty with work or activities of daily living.

<p>Subjective:</p> <ul style="list-style-type: none">• Patient complains of musculoskeletal neck or back pain with use but not at rest.• Pain may be focal or radiating.• There can be focal numbness.• No bowel or bladder problems associated with injury.• Usually there will be a recent trauma.• Sometimes a chronic condition that is made worse with or without a new episode of trauma.	<p>Assessment: "Alteration in Comfort"</p> <ul style="list-style-type: none">• Pain complaint related to recent trauma• Impaired physical mobility related to musculoskeletal impairment/recent trauma
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<p>Objective:</p> <ul style="list-style-type: none">• Obvious signs of discomfort, dysfunction, or abnormal stance when walking, sitting, bending or moving about.• Palpate and note any tenderness, muscle tightness, and/or obvious spasm localized to a specific spinous/paraspinous region.• Decreased range of motion may be present.• Muscle tightness may be present.• Findings of neurological impairment may be present, including decreased motor strength or tone.• Focal numbness or tingling may be present.	<p>Plan:</p> <ul style="list-style-type: none">• Provide Level I treatment plan plus: <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• Sports/Work restrictions/medical idle/lay-in prn. Re-evaluate daily. Start flexibility exercises after 48 hours.• Have patient use meds available on the housing unit to treat pain (handout).• If available meds are not effective, may use Naproxen 500 mg BID x 5 days prn instead. (Always second line.)• Ice for the first 24 hours then heat.• Back or neck care instruction sheet.• Instruct patient to return if not resolved in one (1) week.• Consider provider visit if not improving.
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	<p>Plan continued:</p> <ul style="list-style-type: none"> • If pain seems severe, may contact provider for additional orders. Schedule provider appointment. • Call medical provider if new objective findings of neurological impairment. • NEW LOSS OF BOWEL/ BLADDER CONTROL in the setting of a back injury is a SURGICAL EMERGENCY. Consider transport to an emergency facility.
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Nursing Education:

1. Any bowel or bladder problems associated with back or neck injury requires immediate attention of a medical provider.
2. Absent or diminished peripheral pulse distal to the injury requires immediate physician attention.
3. Frequently the complaints of pain are worse a few days after the initial trauma.
4. Sometimes there may be muscle tightness. This is different from muscle spasm which is a sudden, sometimes violent involuntary and abnormal muscular contraction.
5. Establish consistency (or lack of consistency) between mechanism of injury, objective findings, and pain complaints if possible.
6. Contusions: unbroken skin with pain, swelling and bruising need time to heal. Use ice/heat and over the counter pain meds. Does not require physician referral unless symptoms of neurological or circulatory impairment.


APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date



Medical Director

7/28/09

Date

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