

STRAINS, SPRAINS, MINOR TRAUMA OF EXTREMITY

Level II

Skill Level: RN

Definition: Injury involving muscle tendon, joint, ligament, or soft tissue from excessive use, weight or force. Injury may be a simple stretching, to microscopic tearing of fibers, to complete tear.

MODERATE	
<p>Subjective:</p> <ul style="list-style-type: none"> • Patient complains of musculoskeletal extremity with use or at rest. • Pain may be focal or radiating. • There may 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
<p>Objective:</p> <ul style="list-style-type: none"> • Exam may show focal tenderness, swelling, ecchymosis, or decrease in range of motion. • Color, circulatory, and motor function distal to injury is intact. • There may be mild focal numbness. • Minimal joint swelling. (Swelling is apparent only on close inspection.) • No redness or heat. • Normal bone/joint alignment. • Muscle tightness may be present. 	<p>Plan:</p> <ul style="list-style-type: none"> • Provide Level I treatment plan plus: At nursing discretion may use any of the below: • May use immobilization devices prn for comfort. • Abnormal alignment or altered distal circulation or sensation requires immediate physician referral. • 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.) • Sports/Work restrictions/medical idle/lay-in prn. • Educational/stretch handout if available. • Instruct patient to return if not resolved in 1 week. Consider provider visit if not improving.

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SEVERE	
<p>Subjective:</p> <ul style="list-style-type: none"> • "I heard something pop (or crack). • "I can't function with the pain • Prior history of similar injury. 	<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
<p>Objective:</p> <ul style="list-style-type: none"> • Patient appears to be in distress. • Swelling, ecchymosis, hematoma obvious from a distance. • May note dysfunction, and decreased Range of Motion of injured area. • Motor function and sensation distal to injury may be impaired. • May note bony/extremity mal-alignment. • Diminished pulse distal to the injury. • There may be some joint instability. 	<p>Plan:</p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"> • Moderate treatment plan plus: • Splint affected area. Crutches, cane, knee immobilizer, etc. prn. • Consider Fracture protocol. • X-ray first opportunity. (This is not an emergency assuming motor, sensory and circulation are intact.) • If pain seems severe, may contact provider for additional orders. • If obvious deformity, abnormal alignment or altered distal circulation or sensation, patient will usually require transport to an emergency facility. Contact medical provider if uncertain.

Nursing Education:

1. Absent or diminished peripheral pulse distal to the injury requires immediate physician attention.
2. Frequently the complaint of pain is worse a few days after the initial trauma.
3. Fractures of the wrist may be missed. Refer patients with unexplained pain of the wrist to the provider.
4. Ligament ruptures do not retract and do not require immediate intervention.
5. Sometimes there may be muscle tightness. This is different from muscle spasm which is a sudden, sometimes violent involuntary and abnormal muscular contraction.

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- 6. Establish consistency (or lack of consistency) between mechanism of injury, objective findings, and pain complaints if possible.
- 7. 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

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Medical Director

7/28/09

Date

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