

**Fractures - Level II**

**FRACTURES**

Level II  
(No Level I)

**Skill Level:** RN

**Definition:** A break in the continuity of a bone.  Serious fractures include open fractures, fractures of large bones, obvious deformity, loss of vascular or neurologic function, or associated with laceration. These require prompt attention and resolution. For serious fractures, refer patient to onsite medical provider, or appropriate off-site emergency care ASAP

<p><b>Subjective:</b></p> <ul style="list-style-type: none"> <li>Obtain brief history of mechanism of injury location of pain and time of occurrence.-The patient will describe the type of pain location alleviating and exacerbating factors.</li> </ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Alteration in comfort: Fracture.             <ul style="list-style-type: none"> <li>Suspected/simple: No apparent circulation, tendon, or nerve impairment no obvious deformity.</li> </ul> </li> </ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>Not involving a large bone i.e. Hip or pelvis</li> <li>No Break in skin</li> <li>No gross deformity</li> <li>Intact neurovascular function distal to injury.</li> <li>Limited movement of affected joint.</li> <li>Usually point tenderness is present.</li> </ul>	<p><b>Plan:</b></p> <p><b>Suspected/simple fracture:</b></p> <ul style="list-style-type: none"> <li>Rest, Ice, Elevation of extremity.</li> <li><b>Immobilize the involved part.</b> For a suspected fracture, this is not optional. Include the joint above and below the fracture. If lower extremity, provide crutches.</li> <li>See Practitioner next working day.</li> <li>X-ray at the first opportunity if fracture is suspected.</li> </ul> <p><b>Serious Fractures:</b></p> <ul style="list-style-type: none"> <li><b>Prepare patient for emergency transport, care for wound, immobilize the fracture. Keep patient NPO. Consult with medical provider.</b></li> </ul> <p>After checking for allergies to medications, you may suggest and/or may use any of the following, at the nurse's discretion:</p> <ul style="list-style-type: none"> <li>Have patient use meds available on the housing unit to treat pain (handout).</li> <li>If available meds are not effective, may use Naproxen 500 mg BID x 5 days with food pm instead. (Always second line.)</li> <li><u><b>Naprosyn, Aspirin, and Ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain management.</b></u></li> <li>Call practitioner for additional orders.</li> </ul>

## Fractures - Level II

### Nursing Education:

1. **Serious fractures: include open fractures, fractures of large bones, obvious deformity, loss of vascular or neurologic function, or associated with laceration. require prompt attention and resolution.** Always refer patient to onsite medical provider, or appropriate off-site emergency care ASAP.
2. Do not apply traction to a compound (open) fracture. Simply bandage the wound and refer for emergency services.
3. Avoid splint pressure over the ulnar nerve (elbow), radial nerve (mid humerus), peroneal nerve (head of the fibula).
4. Keep patient NPO if a serious fracture is suspected.
5. **Padding and limiting motion will help to decrease a patients' pain.** Suggested techniques include:
  - a. fingers – aluminum finger splints
  - b. MCP and hand area – padding and loose ace wrap
  - c. wrist – "gutter" or "colles" splint
  - d. Shoulder or elbow – sling and swath
  - e. Knee – knee immobilizer
  - f. Ankle – air stirrup.
  - g. Foot – no ambulation.

### Patient Teaching:

1. Explain splint care; be alert for proper circulation, and to keep dry.
2. If applicable, teach crutch walking.
3. Instruct on elevation of extremity to decrease swelling and assist in circulation.

### APPROVED:

\_\_\_\_\_  
Medical Services Manager

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Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

*Steve Shelton MD.*

*2/24/2015*

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Medical Director

\_\_\_\_\_  
Date

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