

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

Level I

Skill Level: LPN, RN

Definition: Minor forceful stretch or contusion of the supportive ligaments, tendons, or muscles of the spine and paraspinal structures. There is reasonable expectation the problem will resolve in a short time (approximately one week) if patient adheres to treatment.

<p>Subjective:</p> <ul style="list-style-type: none">• Patient complains of localized neck or back pain with a specific movement but not at rest.• Pain with little or no radiation down upper or lower extremity.• No bowel or bladder problems associated with injury.• No complaint of sensory or motor dysfunction of upper or lower extremity.• 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">• Patient range of motion may be slightly limited in the injured area.• Pain worse with movement and better at rest.• No evidence of infection, such as; redness or heat.• Muscle tightness may be present.• Splinting or using other accessory muscles to accomplish a task is common.• No deformity.• Color, motor function, and sensation distal to injury are intact.	<p>Plan: Patient education and self-care items for this protocol include:</p> <ul style="list-style-type: none">• After checking for allergies to medications may suggest:<ul style="list-style-type: none">--Ibuprofen 200mg 1-2 QID prn from unit.--Tylenol or ASA 2 QID prn from unit if intolerant to Ibuprofen.• <u>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.</u>• Comfort items from canteen: muscle rub <p>At nursing discretion <u>may</u> use any of the following:</p> <ul style="list-style-type: none">• Ice for the first 24 hours then heat prn.• Back or neck care instruction sheet.

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	<ul style="list-style-type: none">• Instruct patient to return if not resolved in one week.• Consider work and/or sports restriction.• If available meds not effective, may use Naprosyn 500 mg BID prn for pain for 5 days. (Always second line)• Consider level II protocol.
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Nursing Education:

1. Any bowel or bladder problems, incontinence or urinary retention associated with an acute back injury requires immediate attention of a medical provider.
2. Mechanism of injury will dictate assessment and management of patient. Falls from height, for example, would usually require x-rays to rule out a fracture. If there is no direct trauma, an x-ray is usually not needed immediately.
3. Medical problems such as Gall Bladder Disease, Kidney Stones, Pancreatitis, and Aortic Aneurysm may present with an initial complaint of back pain. Consider further evaluation such as abdominal exam, urinalysis, etc.
4. New changes in circulatory or neurological function require prompt attention by a provider.
5. Frequently the complaints of pain are worse a few days after the initial trauma.
6. Sometimes there may be muscle tightness. This is different from muscle spasm which is a sudden, sometimes violent involuntary and abnormal muscular contraction.
7. Establish consistency (or lack of consistency) between mechanism of injury, objective findings, and pain complaints if possible. Look for objective indicators of pain such as elevated blood pressure, tachycardia, sweating, and consistency in movement patterns
8. 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

Steve Sherman MD.

2/24/2015

Medical Director

Date

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