

# FRACTURES

Level II  
(No Level I)

Skill Level: RN

Definition: Broken bone. Types: greenstick, transverse, spiral, oblique, comminuted, impacted, stellate, linear, depressed, open (or compound).

<p><b>Subjective:</b></p> <ul style="list-style-type: none"><li>• Obtain brief history of mechanism of injury and time of occurrence. The patient may describe the type of pain and location.</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 or nerve impairment), no obvious deformity.</li><li>○ <b>Serious fractures: compound, obvious deformity, loss of vascular or neurologic function, or associated with laceration.</b></li></ul></li></ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"><li>• Evaluate circulation, motor and sensory</li><li>• Are pulses <b>DISTAL</b> to the injury intact, impeded, or absent?</li><li>• Innervation <b>DISTAL</b> to injury - present/absent?</li><li>• Describe swelling.</li><li>• Describe Ecchymosis</li><li>• Deformity?</li><li>• Examine joint above and below area of concern.</li><li>• Crepitation?</li></ul>	<p><b>Plan:</b></p> <p>At nurses discretion may use any of the below:</p> <ul style="list-style-type: none"><li>• Suspected/simple fracture:<ul style="list-style-type: none"><li>○ Rest</li><li>○ Ice</li><li>○ Elevation of extremity.</li><li>○ Immobilize the involved part, including the joint above and below the fracture. If lower extremity, provide crutches.</li><li>○ X-ray first opportunity (if motor sensory and circulation intact).</li><li>○ Instruct patient to use meds available on the housing unit to treat pain (handout). Avoid Aspirin.</li><li>○ If available meds not effective, may use Ketoprofen 75 mg TID for 5 days instead. (Always second line)</li><li>○ Call practitioner for additional orders and follow-up instructions.</li></ul></li></ul>

## Fractures - Level II

	<p><b>Plan (Cont.):</b></p> <ul style="list-style-type: none"><li>• Serious Fracture:<ul style="list-style-type: none"><li>○ Evaluate ABC's.</li><li>○ Obtain vital signs.</li><li>○ Apply sterile dressing if necessary.</li><li>○ Splint and immobilize as is!!</li><li>○ Transfer to Emergency Room.</li><li>○ Notify Practitioner.</li></ul></li><li>• Finger Fracture<ul style="list-style-type: none"><li>○ Splint, continuously, IN POSITION OF RESTING FLEXION (grab grapefruit position).</li><li>○ See Practitioner next working day.</li></ul></li></ul>
--	---

### Nursing Education:

1. Serious fractures require prompt attention and resolution. Always refer patient to onsite medical provider, or appropriate off-site emergency care ASAP.
2. Some fractures, are not apparent on initial X-rays even when clearly present. If patient has ongoing pain, refer to a medical provider.
3. Do not apply traction to a compound (open) fracture. Simply bandage the wound and refer for emergency services.
4. Avoid splint pressure over the ulnar nerve (elbow), radial nerve (mid humerus), peroneal nerve (head of the fibula).
5. Keep patient NPO if a serious fracture is suspected.

### Patient Teaching:

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

### **APPROVED:**

\_\_\_\_\_  
Health Services Manager

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Steve Sherman  
\_\_\_\_\_  
Medical Director

4/9/09  
\_\_\_\_\_  
Date

Effective Date May 2009

Revised: Feb 2009