

**SKELETAL INJURY**

(example – Fractures / Dislocations)

**Subjective Data:**

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Onset: \_\_\_\_\_ Location: \_\_\_\_\_ Mechanism of injury: \_\_\_\_\_

**Type of pain:**

<input type="checkbox"/> Dull	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Constant	<input type="checkbox"/> Throbbing	<input type="checkbox"/> Achy	<input type="checkbox"/> Sharp	<input type="checkbox"/> Pressure
<input type="checkbox"/> Numbness	<input type="checkbox"/> Tingling	<input type="checkbox"/> Pain	Pain scale: (0-10) _____			

**Objective Data:** (clinically indicated VA)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_

<b>Pulses</b> (distal to injury)	<b>Skin temp</b> (distal to injury)	<b>Appearance of injury</b>	<b>Range of Motion</b>	<b>Appearance</b>
<input type="checkbox"/> Present	<input type="checkbox"/> Normal	<input type="checkbox"/> Deformity	<input type="checkbox"/> Full	<input type="checkbox"/> No distress
<input type="checkbox"/> Absent	<input type="checkbox"/> Warm	<input type="checkbox"/> Discoloration	<input type="checkbox"/> Slightly decreased	<input type="checkbox"/> Mild distress
	<input type="checkbox"/> Cool	<input type="checkbox"/> Edema	<input type="checkbox"/> Greatly decreased	<input type="checkbox"/> Moderate distress
		<input type="checkbox"/> Open wound		<input type="checkbox"/> Severe distress

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

**Orthopedic Emergency: Immediate Emergency Care without Delay**

- If suspected fracture of the cervical spine, evaluate respiratory function continuously, call 911, do not attempt to move offender
- Impaired circulation, shock, hemorrhage, open fracture, loss of consciousness

**Refer to Medical Provider If:**

- Obvious deformity, loss of sensation
- Mechanism of injury suggesting hidden trauma
- Numbness/severe pain, absent distal pulses
- Takes anticoagulants, over age 50

**Notify Medical Provider For:**

- X-rays, tetanus booster
- Emergency department notification time: \_\_\_\_\_ Transport time: \_\_\_\_\_

**Medical Provider Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Assessment:**

- Alteration in comfort related to injury.

**Plan: Nursing Intervention Routine: (No traction should be applied to a compound fracture)** (check all that apply)

- Check in assessment only for medical providers visit.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation.
- Immobilize affected limb prior to moving
- Elevate affected limb
- Apply ice
- Cover open wound with sterile dressing
- Splint joint above and below injury
- Sling for upper extremity
- Ice to closed injury site
- Crutches (if indicated)
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days
- OR**
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days
- Medical lay-in / restrictions
- Education/Intervention: Instructed on RICE (rest, ice, compression bandage, elevate part), follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

DOC #