

# Children's Hospital and Health System Patient Care Protocol

This Protocol applies to the following entity(s):

Children's Hospital of Wisconsin – Milwaukee EDTC

## **PROTOCOL TITLE:**

**Extremity Trauma X- ray**

## **PURPOSE/SCOPE:**

Promote comfort and pain relief and expedite x-rays for patients with extremity or clavicle trauma.

## **EXCLUSIONS/LIMITATIONS/RESTRICTIONS:**

1. Compromised neurovascular status
2. Decreased tissue perfusion

<b><u>CRITERIA / SITUATION</u></b>	<b><u>ORDER</u></b>
<ul style="list-style-type: none"><li>• Traumatized extremity distal to knee/elbow or clavicle</li><li>• Meets one or more of the following:<ul style="list-style-type: none"><li>○ Pain</li><li>○ Swelling</li><li>○ Deformity</li><li>○ Decreased Range of Motion (ROM)</li></ul></li><li>• Age 2 years or older</li></ul>	<ol style="list-style-type: none"><li>1. Elevate extremity on pillow</li><li>2. Place cold pack on painful area</li><li>3. Consult physician if necessary for severe pain</li><li>4. Enter Protocol initiation EDTC Extremity trauma</li><li>5. Enter Stat routine x-ray of affected part: clavicle, forearm or hand, tibia, ankle or foot. (do not order wrist x-rays)<ul style="list-style-type: none"><li>○ <b>If elbow injury, consult MD for correct orders such as: Elbow/Forearm view</b></li></ul>Make NPO</li></ol>

## **DOCUMENTATION:**

Document the description of the injury, treatment to injury, NPO status and imaging studies per protocol in the electronic health record. Document medication administration on the MAR in the electronic health record.

## **REFERENCES:**

Ludwig and Fleisher; Textbook of Pediatric Emergency Medicine, Orthopedic Trauma.

**PATIENT CARE PROTOCOL APPROVAL**

**Protocol: Extremity Trauma**

**This protocol is intended for use in the following clinical areas:**

- 1) EDTC
- 2)
- 3)
- 4)

<b>Interdisciplinary Team Member Name</b>	<b>Discipline</b>
Jane Mathews	Pediatric nurse
Marlene Melzer Lange	Emergency Medicine physician

**Process Owner (Mary Geoghan)**

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Responsible Physician (insert name here)**

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Approved by:**

Hospital Sanctioned Committee/Council                      Date of Approval: June 12, 2013  
EDTC Clinical Practice Council/Emergency Medicine

Medical Executive Committee (if applicable)      Date of Approval: \_\_\_\_\_