Strains, Sprains, Minor Trauma of Extremity - Level II

Strains, Sprains, Minor Trauma of Extremity

**Skill Level:** RN

**Definition:** Pain involving muscle, tendon, joint, ligament, or soft tissue from excessive use, weight or force.

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**Mild/Severe**

**Subjective:**
- Extremity pain with use or at rest.
- Pain may be focal or radiating.
- There may be focal numbness.
- Usually there will be a recent trauma.
- Sometimes a chronic condition that is now increasingly painful.

**Objective:**
- Exam may show focal tenderness, swelling, ecchymosis, or decrease in range of motion.
- Movement of affected area frequently is limited due to pain.
- Color, circulatory, and motor function distal to injury is intact.
- There may be mild focal numbness.
- Swelling commonly present.
- No redness or heat.
- Normal bone/joint alignment without deformity.
- Muscle tightness may be present.

**Assessment:** "Alteration in Comfort"
- Pain complaint related to recent trauma
- Impaired physical mobility related to musculoskeletal impairment/recent trauma

**Plan:**
- At nursing discretion may use any of the below:
  - After checking for allergies to medications may suggest:
    - Ibuprofen 200mg 1-2 QID pm from unit.
    - Tylenol or ASA 2 QID pm from unit if intolerant to ibuprofen [See below.]
- Provide Level I treatment plan plus:
  - **Obvious deformity, abnormal alignment or altered distal circulation requires immediate physician call and referral. Consider hospital transport.**
  - If necessary, may splint affected area. Suggest crutches, cane, knee immobilizer, wheelchair etc. pm
  - If available meds not effective, may use Naprosyn 500 mg BID pm for pain for 5 days (Always second line)
  - **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.**
  - If pain seems severe, contact provider for additional orders.
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- Sports/Work restrictions as indicated short term.
- Educational/stretch handout if available.
- Instruct patient to return if not better and consider provider visit.

Nursing Education:

1. Absent or diminished peripheral pulse distal to the injury requires immediate physician attention.

2. Frequently the complaint of pain is worse a few days after the initial trauma.

3. Fractures of the wrist may be missed. Refer patients with unexplained pain of the wrist to the provider.

4. Sometimes there may be muscle tightness. This is different from muscle spasm which is a sudden, sometimes violent involuntary and abnormal muscular contraction.

5. 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

APPROVED:

Medical Services Manager ___________________________ Date __________________

Chief Medical Officer _______________________________ Date __________________

Medical Director ___________________________ 2/24/2015

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