

Reassess neurovascular status.

Apply traction if circulatory compromise is present.

Elevate the injured limb if possible.

Apply cold to the injured area.

Call emergency medical services or transport to medical facility.

While remaining calm and speaking in a quiet voice, the nurse can ask the parents and older child to describe what happened. The child may arrive with the limb supported in some manner; if not, careful support or immobilization may be provided to the affected site. In the event that the limb is supported or immobilized, it may be best not to touch the child but to ask him or her to point to the painful area and to wiggle the fingers or toes. By this time the child may feel relatively safe and will allow someone to gently touch the area just enough to feel the pulses and test for sensation. A child's anxiety is greatly influenced by previous experiences with injury and with health personnel. However, he or she needs to be told what will happen and what to do to help. The affected limb need not be palpated, and it should not be moved unless properly splinted. If the child is at home or if the practitioner is not present to examine the child, some type of splint is applied carefully for transport to the medical facility. Parental anxiety may be heightened by the child's pain reaction and fear and possibly by other events surrounding the accident. It is important to communicate to the parent that the child will receive the necessary care, including pain management.

Nursing Alert

Compartment syndrome is a serious complication that results from compression of nerves, blood vessels, and muscle inside a closed space. This injury may be devastating, resulting in tissue death, and thus requires emergency treatment (fasciotomy). The six Ps of ischemia from a vascular, soft-tissue, nerve, or bone injury should be included in an assessment of any injury: