Compartment Syndrome Education Sheet

I. Your child has an injury that can be associated with a condition known as compartment syndrome. This is a situation that occurs if there is so much swelling that it cuts off the circulation to the arm or leg.

II. Instructions

Here are the things you need to look for at home.

1. Your child’s pain is not responding to the narcotic pain medicine we prescribed at discharge
2. The child has extreme pain when you lift the fingers or toes up
3. The nail beds should be pink. When you squeeze them they turn white but the pink color should come back in 3-5 seconds.
4. The fingers or toes should not be numb and the child should be able to wiggle them
5. The hand or foot should not be cool to the touch

III. IF THESE OCCUR YOU NEED TO RETURN TO THE EMERGENCY ROOM IMMEDIATELY.

I have been shown how to test for the 5 things listed above. My questions have been answered. I understand these instructions.

__________________________________________________________________________

Parent or guardian

__________________________________________________________________________

Witness

Date ________________   Time___________________
Do Not Use Abbreviations: Stemmed Names & Short Forms

<table>
<thead>
<tr>
<th>U</th>
<th>IU</th>
<th>Trailing zero (X.0 mg)</th>
<th>Lack of leading zero (.X mg)</th>
<th>Q.D., QD, q.d., or qd</th>
<th>Q.O.D., QOD, q.o.d., or qod</th>
<th>Do not use drug names MS, MS04 or MgS04</th>
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ORDERS: Another brand of generically equivalent product may be used according to the hospital’s formulary policy and procedures unless noted “medically necessary,” as per policy.

- □ Admit to Inpatient Status
- □ Admit to Outpatient in a bed
- □ Admit to SDC (Same Day Case)
- □ ICU
- □ BMTU
- □ Stroke Unit
- □ Intermediate Care
- □ Med Surg
- □ Other

Diagnosis:

Fax admitting form to:
- OUMC & Women's Logistics Center (405) 271-7069
- TCH Access Center (405) 271-7047
- Edmond Admitting (405) 844-5792

Supracondylar Fracture Admission Orders-Pediatrics

1. Expected Length of Stay: ____________________________________________________
2. Admission Service: ________________________________________________________
3. Type: □ Urgent □ Elective
4. Attending Physician: ___________________________ Pager: ______________________
5. Resident/PA: ___________________________ Pager: ______________________
6. Diagnosis/Procedure: ______________________________________________________
7. Place on Pediatric Supracondylar Fracture Clinical Pathway □ Yes
8. Special Notes/Needs for Procedure: _________________________________________
9. Allergies: ________________________________________________________________
10. □ Latex Precautions
11. □ NPO
12. □ Notify House Officer of arrival
13. Precautions: □ Standard
Follow the sequences below in order as appropriate

14 ☑ Vital Signs every _____4____ hours.
15 ☑ Keep affected extremity elevated
16 ☑ Neurovascular checks every 2 hours to ☐ Right Upper Extremity ☐ Left Upper Extremity
17 ☑ Continuous Pulse Oximetry monitoring. Place monitor on fractured extremity.
18 ☑ Oxygen therapy to maintain sats ≥ 92%
19 ☑ Normal Saline 1-3 ml for IV flush every 8 hours or with usage
20 ☑ Heparin 100 units/ml, 1-3ml for CVC flush daily or with usage

21 ☑ LABS
  ☑ none unless otherwise ordered

Medications:

23. Analgesics
  ☑ Morphine (0.1mg/kg)x ______kg=______mg IV every 2 hours as needed for pain
    Notify physician for uncontrolled or increasing pain

  ☐ NS 1000ml to run at________ml per hour
  ☐ D5 1/2NS 1000ml to run at___________ml per hour
  ☐ Lactated Ringers 1000ml to run at___________ml per hour

21: Additional Admin Order

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________                            ____________
Physician's Signature                Date and Time

Telephone or verbal order:

☐ YES ☐ NO
Read Back and Clarified
__________________________
(nurse's name, date, & time)

__________________________                            ____________
Physician Signature:                Date                  Time

__________________________
Physician Printed Name:
Supracondylar Fracture Discharge Orders-Pediatrics

1. Attending Physician: ___________________________ Pager: ___________________________
2. Primary Care Physician: ______________________ Phone: __________ Pager: __________ Fax: __________
3. Diagnosis/Procedure: ______________________________
5. If affected extremity is swaddled to torso maintain until clinic visit.
6. □ Discharge Patient to Home
7. Follow up with orthopedic surgeon as specified on discharge orders within 5-10 days of discharge.
8. Patient may return to school in __________ days
9. Patient may resume activity within __________ days
10. Medications:
    □ Tylenol with Codeine #3 1 tablet by mouth every 4-6 hours as needed for pain.
    □ Tylenol with Codeine #3 2 tablets by mouth every 4-6 hours as needed for pain.
    □ Tylenol with Codeine Elixir ______cc by mouth every 4-6 hours as needed for pain.
    □ Norco 5/325 1 tablet by mouth every 4-6 hours as needed for pain.
    □ Norco 5/325 2 tablets by mouth every 4-6 hours as needed for pain
    □ Hycet Elixir ______cc by mouth every 4-6 hours as needed for pain.
    □ Tylenol per protocol as needed for temperature >38.3 (monitor administration if Norco/Hycet is ordered)
    □ Ondansetron 4mg po every 8 hours as needed for nausea and vomiting.
11. Call 405-271-4876 or return to The Children’s Hospital Emergency Department if pain does not respond to pain medication or for pain that increases when your child stretches or bends the affected area, pain gets worse even after rest and taking medicine, your child’s elbow, arm or fingers are numb, your child’s skin is swollen or pale.

25: Additional Admin Order

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<th>Physician’s Signature</th>
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<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>☐ YES ☐ NO Read Back and Clarified</td>
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(nurse’s name, date, & time)

Physician Printed Name: ________________________________