

ED Medical Directive # 12
Extremity X-ray – Initial Assessment and Management

ACTION

Purpose

To eliminate and/or reduce any delay in the management of patient care and to ensure standardization of therapy to patients presenting with an acute injury to an extremity and meet the specific indications below

Description of Procedure

Staff implementing the medical directive will obtain and document consent in accordance with the *Health Care Consent Act*

Clinical Criteria
Inclusion Criteria

- Patients age 18 years and over registered in the Emergency Department who have received an acute injury to an extremity
- Specific indications and criteria listed in Medical Directive Orders

Exclusion Criteria

- Patient is hemodynamically unstable
- Patient or substitute decision maker declines or there is lack of informed consent
- Signs or symptoms of neurovascular compromise in the affected limb, physician to be contacted immediately
- Open fractures will be assessed by the emergency physician directly
- **Known or suspected pregnancy – MD to order**
- Patient is intoxicated or has other distracting injuries and is unable to follow direction, maintain motor control or is uncooperative

Authorized To

Emergency Department Nurses who have met the following criteria may initiate medical directives:

- Successfully completed Medical Directive Education Module(s)
- Successfully completed the Emergency Department Medical Directive Quiz

Medical Directive Orders

- ☒ Complete and document baseline assessment including vital signs, pain, neurological, vascular and orthopaedic status
- ☒ Obtain history of allergies and current medications
- ☒ Remove any constricting jewelry or clothing
- ☒ Order x-ray based on assessment findings

Assessment Findings	Order
Pain in the midfoot zone and <u>one or more</u> of the following findings: <ul style="list-style-type: none"> • Bone tenderness at the base of the 5th metatarsal • Bone tenderness at the navicular • Inability to bear weight both immediately after injury and in the emergency department 	Foot 2-3 V x-ray

 Initiation of Medical
 Directive:

ID

PRINTED NAME

YYYY-MM-DD HH:MM

SIGNATURE

Approved

DATE

AUTHORIZING PHYSICIAN

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Assessment Findings Continued...	Order
Pain in the malleolar zone and one or more of the following findings: <ul style="list-style-type: none"> Bone tenderness at the posterior edge or tip of the lateral malleolus Bone tenderness at the posterior edge or tip of the medial malleolus Inability to bear weight both immediately and in the emergency department Upon palpation of the entire distal 6 cm of the fibula and tibia to assess the malleolar zone 	Ankle 4+ V x-ray
Knee injury and one or more of the following findings: <ul style="list-style-type: none"> Isolated tenderness of the patella Tenderness at the head of the fibula Inability to flex 90 degrees Inability to bear weight both immediately after injury and in the emergency department (4 steps; unable to transfer weight twice onto each lower limb regardless of limping) 	Knee 3-4 V x-ray
Deformity and/or swelling in the lower leg area	Tibia/Fibula 2 V x-ray
Deformity and/or swelling in the hand area, and impaired range of motion, and localized bony tenderness	Hand 2-3 V x-ray
Isolated finger injury distal to the MCP joint	Finger(s) 3-4 V x-ray
Pain at the anatomic "snuff box" or Pain at the axial compression of the thumb	Wrist 4+ V with comment 'Scaphoid'
Deformity and swelling in the wrist area, and impaired range of motion, and localized bony tenderness	Wrist 4+ V x-ray
Deformity and swelling in the forearm area, and localized bony tenderness	Forearm 2 V x-ray
Deformity and/or swelling in the elbow area, and impaired range of motion, and localized bony tenderness	Elbow 3-4 V x-ray
Deformity and/or swelling, bruising, impaired range of motion and bony tenderness	Humerus 2 V x-ray

Documentation

ER nurse will document the following on the ER patient record:

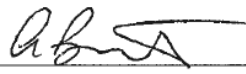
- Initiation of Medical Directive including date and time
- Name and number of the directive
- Name and signature of the implementer, including credentials
- Name of the physician/authorizer responsible for the directive and patient
- Assessment and completion of interventions on the Emergency Record

Monitoring and Evaluation

***These orders do not require a prescribing practitioner signature ***

 This Medical Directive has been approved by MAC **2022-NOV-01** and complies with the Medical Directive: Creation and Approval Policy and Procedure 2020

Medical Directive Authorization Form

Authorizing Physician(s)	Name and Designation	Signature	Date
Chief of Department	A Barnett ER chief		Nov 18, 2022
Chief of Department			

 Initiation of Medical
 Directive:

ID

PRINTED NAME

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SIGNATURE

Approved

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AUTHORIZING PHYSICIAN