




	<p>Royal Perth Hospital Nurse Practitioner – Emergency Services <b>CLINICAL PRACTICE PROTOCOL</b> <b>Injury - Shoulder</b></p>	
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<b>Scope</b>		<b>Outcomes</b>
<b>Nurse Practitioner</b>	Isolated single shoulder injury, pain, swelling or deformity	Identify patients suitable for NP CPG
<b>Medical Practitioner +/- Nurse Practitioner</b>	<ul style="list-style-type: none"> <li>• Compound # / obvious fracture dislocation/ dislocation</li> <li>• Neurovascular compromise</li> <li>• Multiple injuries</li> <li>• Altered conscious state including effects of drugs / alcohol</li> <li>• History consistent with collapse</li> </ul>	Identify patients not suitable for NP CPG and redirect to usual ED care +/- NP in team.
<b>Initial assessment and Interventions</b>		<b>Outcomes</b>
<b>Primary Survey</b>	<ul style="list-style-type: none"> <li>• Airway</li> <li>• Breathing</li> <li>• Circulation</li> </ul>	Abnormal primary survey identified → exit CPG
<b>History</b>	<ul style="list-style-type: none"> <li>• MIST Mechanism, injuries sustained, signs-vitals, treatment- given pre hospital management- time</li> <li>• Range of movement / Ability to weight bear</li> <li>• Deformity</li> <li>• Past medical history / medications</li> <li>• Allergies / immunisations</li> <li>• Last food / fluids</li> <li>• Compensable status - MVIT / WC / DVA / Private Insurance</li> </ul>	Identify patients not suitable for NPC CPG → exit CPG
<b>Focused clinical assessment</b>	<ul style="list-style-type: none"> <li>• Shoulder assessment <sup>(1)</sup></li> <li>• Open wound see Open wound CPG</li> </ul>	Determine method of closure and additional management required
<b>Neurovascular Assessment</b>	<ul style="list-style-type: none"> <li>• Colour</li> <li>• Warmth</li> <li>• Movement</li> <li>• Sensation</li> <li>• Capillary refill</li> <li>• Peripheral pulses</li> </ul>	If neurovascular compromise patient not suitable for NP → exit CPG
<b>Pain Assessment</b>	Pain scale	Determine need for and type of analgesia
<b>Analgesia / First Aid Management</b>	<ul style="list-style-type: none"> <li>• First aid               <ul style="list-style-type: none"> <li>- rest</li> <li>- ice / immobilisation</li> </ul> </li> </ul> Administration of analgesia (see medications))	Reduction / relief of pain. Minimise or prevention of complications
<b>Working diagnosis and Investigations</b>		<b>Outcomes</b>
<b>Imaging ± clinical features</b>	<ul style="list-style-type: none"> <li>• No imaging required if               <ul style="list-style-type: none"> <li>○ patient has full ROM</li> <li>○ no bony tenderness</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Plain films of shoulder <sup>(2)</sup> <ul style="list-style-type: none"> <li>○ A/P</li> <li>○ Axial lateral</li> <li>○ Apical Oblique</li> </ul> </li> <li>• CT for Complex fractures</li> <li>• US for soft tissue injuries Suspected significant rotator cuff tears <sup>(3)</sup></li> </ul>	Identify specific injury and determine patient management
<b>Pathology</b>	Not routinely indicated	Ongoing assessment of need for intravenous access
<b>Interpretation of results (diagnostic features) and management decisions</b>		<b>Outcomes</b>
<b>Imaging and Clinical Features</b>		
No fracture seen	<ul style="list-style-type: none"> <li>○ NP with view to discharge</li> <li>○ patient education / health promotion</li> <li>○ follow-up appointment with LMO if required</li> </ul>	Patient discharged
<b>Scapular Injuries</b> <sup>(4)</sup>  <b>Displaced #</b> <sup>3</sup>	<ul style="list-style-type: none"> <li>• ED R/V with view to discharge</li> <li>• Patient education / health promotion</li> <li>• Broad arm sling and Fracture clinic appointment 1/52</li> <li>• Broad arm sling and referral to orthopaedic unit for ongoing management</li> </ul>	Patient discharged  Assessment by orthopaedic unit
<b>Acromioclavicular joint injuries</b> <sup>(5)</sup>	<ul style="list-style-type: none"> <li>• NP R/V with view to discharge</li> <li>• If there is no gross instability, treat using a broad arm sling under clothing for 4-6 weeks <ul style="list-style-type: none"> <li>- Referral to fracture clinic for ongoing management</li> </ul> </li> <li>• If joint is unstable referral to orthopaedic unit may require surgical intervention</li> <li>• Patient education / health promotion</li> </ul>	
<b>Anterior and posterior dislocation of the shoulder</b>	<ul style="list-style-type: none"> <li>• Refer to CPG injury – shoulder dislocation</li> </ul>	→ Exit CPG
<b>Fractures of the proximal humerus</b> <sup>(6)</sup>  <b>Displaced # and High risk Patients</b>	<ul style="list-style-type: none"> <li>• NP R/V with view to discharge</li> <li>• Patient education / health promotion</li> <li>• Follow-up appointment with Fracture Clinic 2/52</li> <li>• Collar &amp; Cuff sling</li> <li>• Immediate orthopaedic referral</li> </ul>	Patient discharged  Assessment by orthopaedic unit
<b>Rupture of the rotator cuff</b> <sup>(5,7)</sup>	<ul style="list-style-type: none"> <li>• NP R/V with view to discharge</li> <li>• Patient education / health promotion</li> <li>• Analgesia including NSAIDS with caution <sup>(3)</sup> if not contra-indicated <sup>(7)</sup></li> </ul> <p>Refer to Orthopaedic unit for advice ± management</p> <ul style="list-style-type: none"> <li>- &lt; 60 years of age</li> <li>- Full thickness tear</li> <li>- Patients employ requires shoulder use <sup>(7)</sup></li> </ul>	Patient discharged  Assessment by orthopaedic Unit.

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<b>Supraspinatus tendonitis</b> <sup>(8)</sup>	<ul style="list-style-type: none"> <li>• NP R/V with view to discharge</li> <li>• patient education / health promotion</li> <li>• analgesia and rest</li> </ul>	Patient discharged
<b>Subacromial bursitis</b> <sup>(9)</sup>	<ul style="list-style-type: none"> <li>• NP R/V with view to discharge</li> <li>• patient education / health promotion</li> <li>• Analgesia and NSAIDS if not contra-indicated<sup>(9)</sup></li> </ul>	
<b>Associated Care</b>	<ul style="list-style-type: none"> <li>• Consider ECG for patients who require surgical intervention</li> <li>• Consider IV fluids for patients who require fasting for surgical intervention</li> <li>• TED stockings and maintain pressure area care</li> </ul>	
<b>Acute Referral</b>	<ul style="list-style-type: none"> <li>• Referral to <ul style="list-style-type: none"> <li>+/- physiotherapy</li> <li>+/- care coordination</li> <li>+/- interpreter</li> <li>+/- Allied health etc</li> </ul> </li> </ul>	
<b>Patient Discharge Education</b>		<b>Outcomes</b>
<b>When to return</b>	<ul style="list-style-type: none"> <li>• Verbal instructions from NP</li> <li>• ED written patient information</li> </ul>	Patient understands treatment and follows up and is discharged safely.
<b>Follow up appointments</b>	<ul style="list-style-type: none"> <li>• Verbal instructions from NP</li> <li>• Written instructions for LMO/Fracture clinic (if applicable) <ul style="list-style-type: none"> <li>○ OPD appointment book (if applicable)</li> </ul> </li> </ul>	
<b>Medication instructions</b>	<ul style="list-style-type: none"> <li>• Verbal instructions from NP</li> <li>• Contact ED Pharmacist to provide medication education for patient when available. Written information as per the Hospital Pharmacy on medications dispensed</li> </ul>	
<b>POP care</b>	<ul style="list-style-type: none"> <li>• Verbal instructions from ED NP</li> <li>• Appointment for Plaster check 24 hrs with LMO</li> <li>• ED written patient information</li> </ul>	
<b>Letters</b>	<ul style="list-style-type: none"> <li>• Local medical officer letter</li> </ul>	
<b>Certificates</b>	<ul style="list-style-type: none"> <li>• Absence from work certificate</li> <li>• Certificate of attendance</li> </ul>	
<b>Medication</b>		<b>Outcomes</b>
All medication will be stored, labelled and dispensed in accordance with hospital policy and relevant legislation <sup>(10)</sup> According to Ambulatory Pain Management Guidelines		
<b>Analgesia</b>	See separate Analgesia Clinical Protocol	Patients given analgesia appropriate to allergies, current medications and past medical history Analgesia requirements determined by ongoing assessment of pain and adequate analgesia provided Patients with excessive pain or pain unrelieved by analgesia need review by EP

<b>Intravenous fluids S4</b>	<p><b>Adults: 0.9% Sodium Chloride Intravenous fluid:</b> 5-10ml flush of Intravenous cannulae 6/24 or Infusion at 8-12hrly titrated to patients requirements</p> <p><b>Children:</b> Calculate fluid requirements based on weight - see Appendices Maintenance fluids for well children. Consider need for additional fluids based on child's presentation and discuss with EP</p>	
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**Clinical audit evaluation strategies**

<b>Unexpected representation</b>	Emergency Department attendance register and ED NP clinical log	
<b>Missed problem</b>	Emergency Department X-ray review	
<b>Process</b>	NP clinical audit	

**References**

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**Author(s) & Endorsement**

(This Guideline has been developed in collaboration with the Collaborative Committee for the Development of Emergency Nurse Practitioner Guidelines)

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<p><b>Key to terms</b></p>	<p><b>Appendices</b></p>
<p><b>ED NPC-</b> Emergency Department Nurse Practitioner Candidate <b>EP-</b> Emergency Physician <b>PS-</b> Pain Score <b>S1-S4-</b> Schedule of the drug administration act <b>LMO-</b> Local Medical Officer <b>OP-</b> Outpatients <b>CPG-</b> Clinical Practice Guideline <b>WC-</b> Work cover <b>TAC-</b> Transport Accident Commission <b>DVA-</b> Department of Veteran Affairs</p>	<p>Pain scale Maintenance Fluids for Well Children with Normal Hydration</p>
<p><b>Date written:</b> March 2006 <b>Reviewed:</b> N/A</p>	<p><b>Review date:</b> March 2008</p>

**Maintenance Fluids for Well Children with Normal Hydration <sup>(13)</sup>**

Patients Weight	mls/day	mls/hour
3 – 10 kg	100 x wt	4 x wt
10 –20 kg	1000 plus 50 x (wt - 10)	40 plus 2 x (wt-10)
> 20 kg	1500 plus 20 x (wt – 20)	60 plus 1 x (wt – 20)

100mls/hour (2500mls/day) is the normal maximum amount

Recommended fluid to be infused as maintenance for well children with normal hydration is 0.45% NaCl with 5% Glucose ± 20 mmol KCL/litre depending on requirement