

## 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.

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Parent or guardian

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Witness

Date \_\_\_\_\_ Time \_\_\_\_\_

Effective Date MM/YY

Do Not Use Abbreviations: Stemmed Names & Short Forms						
U	IU	Trailing zero (X.0 mg)	Lack of leading zero (.X mg)	Q.D., QD, q.d., or qd	Q.O.D., QOD, q.o.d., or qod	Do not use drug names MS, MS04 or MgS04
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.						

<input type="checkbox"/> Admit to Inpatient Status <input type="checkbox"/> Admit to Outpatient in a bed <input type="checkbox"/> Admit to SDC (Same Day Case) <input type="checkbox"/> ICU <input type="checkbox"/> BMTU <input type="checkbox"/> Stroke Unit <input type="checkbox"/> Intermediate Care <input type="checkbox"/> Med Surg <input type="checkbox"/> 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  $\geq$  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:  <input type="checkbox"/> YES <input type="checkbox"/> NO Read Back and Clarified  _____ (nurse's name, date, & time)	Physician Signature: _____ Date _____ Time _____  Physician Printed Name: _____
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Effective Date MM/YY

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## Supracondylar Fracture Discharge Orders-Pediatrics

1. Attending Physician: \_\_\_\_\_ Pager: \_\_\_\_\_
2. Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_ Pager: \_\_\_\_\_ Fax \_\_\_\_\_
3. Diagnosis/Procedure: \_\_\_\_\_
4. Keep cast/ace wrap clean, dry, and intact. Maintain in sling. Keep elevated at home.
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

\_\_\_\_\_  
Physician's Signature      Date and Time

<b>Telephone or verbal order:</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Read Back and Clarified</b> _____ <b>(nurse's name, date, &amp; time)</b>	 _____ Physician Signature:                      Date                      Time  Physician Printed Name: _____
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