HAND INJURIES

1. IDENTIFICATION
   Does the patient have a serious hand injury?
   When and how did the injury occur?

2. EVALUATION

   PHYSICAL EXAMINATION - SPECIFIC
   1. Evaluate open wounds for skin loss and exposed deep structures.
   2. Identify fluctuant or pulsatile soft tissue swelling.
   3. Evaluate circulation — Are the hand and fingers pale or blue? Can Doppler pulses be detected?
   4. Evaluate sensation — Can the patient detect light touch?
   5. Evaluate range of motion — Can the patient actively move wrist, fingers, and thumb? Is motion painful?
   6. Inspect the skeleton — Are there obvious fractures or dislocations?

   X-RAY
   1. Fractures/dislocation?
   2. Foreign body?

   PHYSICAL EXAMINATION — GENERAL
   1. Does the patient have other injuries?
   2. Does the patient have known medical problems and/or allergies?

   GENERAL CARE
   1. Does the patient need tetanus prophylaxis?
   2. Does the patient need antibiotics?

3. TRANSFERS
   Call 1-855-863-9595 or 706-830-7511 to discuss transfer.

   DRESS THE WOUND
   1. Apply moist gauze to the wound and wrap in dry, sterile gauze.
   2. Apply a splint to maintain the wrist in 30 degree extension with the fingers and thumb in comfortable extension. Secure splint with a sterile gauze or bias wrap.
   3. Do not place I.V. lines in the injured extremity or apply compressive dressings. Do not attempt local anesthetic blocks.

   IF FINGERS OR HAND ARE COMPLETELY AMPUTATED:
   1. Wrap the part in moist gauze.
   2. Place part and gauze in a sealed bag or container and place the container on top of ice in a separate container.
   3. X-ray the part.

EXAMPLE OF REPLANTATION

INITIAL INJURY

POST REPLANTATION

HEALED

CORRECT SPLINTING POSITION

45° - 70°

30°

ENSURE PROPER PLACEMENT AND ANGLE OF SPLINT PRIOR TO TRANSFER

FOR PATIENT REFERRALS: 855.863.9595 burncenters.com