




## Finger and toe injuries

### Queensland Ambulance Service

#### Exclusion from transport to General Practice

-  Compound fracture (skin broken over deformity)
-  Neurovascular compromise (no sensation or warmth in finger or toe)
-  Complete inability to mobilise independently

#### Management


- Analgesia as required
- Immobilisation of finger or toe.

### General Practice



#### Assessment

1. Continually assess the neurovascular status of affected finger or toe
2. Imaging as required.

#### Management of fractures

-  Fractures involving >30 per cent of intra-articular surface must be referred to **SCHHS Fracture Clinic**.

#### Thumb:

- Bennets Fracture (base of the first metacarpal bone which extends into the CMC joint)
  -  Direct admission to **Emergency Department**
- Angulated proximal phalanx fracture
  -  Direct admission to **Emergency Department**.

#### Finger - distal phalanges:

- Consider appropriate analgesia +/- NSAID
- Splint
- Review with usual G.P. in 1 week.



### **Finger - middle and proximal phalanges:**

- Consider appropriate analgesia +/- NSAID
- Reduce under haematoma block or digital block
- Splint
- Review post-splinting X-ray
- **Refer to Community Fracture Clinic if no escalation triggers are evident.**

### **Finger - mallet:**

- Consider appropriate analgesia +/- NSAID
- Mallet splint
- Review post-splinting X-ray
- **Refer to Community Fracture Clinic.**

### **Finger - 5<sup>th</sup> metacarpal:**

- Consider appropriate analgesia +/- NSAID
- Check for angulation and rotation:
  - $<70^\circ$  with no clinical rotation:
    - Attempt reduction and alignment correction under haematoma or ulnar block
    - Apply POSI cast
    - Review post-cast X-ray
    - **Refer to Community Fracture Clinic**
    -  **If unsuccessful, direct admission to Emergency Department.**
  - $>70^\circ$  with clinical rotation:
    - Attempt reduction and alignment under haematoma or ulnar block
    - Apply POSI cast
    - Review post-cast X-ray
    - **Refer to Community Fracture Clinic**
    -  **If unsuccessful in correcting rotation, direct admission to Emergency Department.**

### **Toe - 1<sup>st</sup>:**

- Distal phalanx (undisplaced and extra-articular):
  - Consider appropriate analgesia +/- NSAID
  - Crutches
- Proximal phalanx (undisplaced and extra-articular):
  - Below knee back slab with extension to cast to incorporate 1st toe
  - Review post-slab X-ray
    - If unsuccessful, call Orthopaedic Registrar (5470 6600)
    - If successful, review with usual G.P. in 1 week
  - Crutches, if required
- Non-reducible or intra-articular:
  - Call Orthopaedic Registrar (5470 6600).

### **Toe - 2<sup>nd</sup> to 5<sup>th</sup>:**

- Consider appropriate analgesia +/- NSAID
- Reduce under digital block
- Splint by buddy strapping
- Review post-reduction X-ray
- Review with usual G.P. in 1 week.

## Management of dislocations

### Proximal Inter-Phalangeal Joint:

- 🚩 Inability to extend finger post reduction of volar dislocation requires splinting in extension and referral to **SCHHS Fracture Clinic**
- 🚩 Inability to reduce dislocation is for direct admission to **Emergency Department**

- Dorsal dislocation:
  - Consider appropriate analgesia +/- NSAID
  - Reduce under digital block
  - Splint in 30 degrees flexion with early mobilisation
  - Review post-reduction X-ray
  - Review with usual G.P. in 1 week
- Volar dislocation:
  - Consider appropriate analgesia +/- NSAID
  - Reduce under digital block
  - Splint in extension with early mobilization
  - Review post-strapping X-ray
  - Review with usual G.P. in 1 week

## Management of tendon injuries

### Skiers Thumb:

- Consider appropriate analgesia +/- NSAID
- Immobilise in thumb spica cast
- Refer to **SCHHS Fracture Clinic**

### Central Slip Extensor Tendon Injury:

- Consider appropriate analgesia +/- NSAID
- PIP splinted in extension
- Discuss with orthopaedic registrar

### Colateral Ligament Injury:

- Consider appropriate analgesia +/- NSAID
- Splint by buddy strapping
- Review with usual G.P. in 1 week

### Jersey Finger (FDP Tendon Injury):

- Consider appropriate analgesia +/- NSAID
- Splint with DIPJ and PIPJ in 30 degrees flexion
- Discuss with orthopaedic registrar

### Volar Plate Injuries:

- Eaton Types I to IIIa (<40% involvement of articular surface and <30 degrees flexion):
  - Consider appropriate analgesia +/- NSAID
  - Immobilise with a progressive block splint
  - Refer to Physiotherapist
- Eaton Type IIIb (>40% involvement of articular surface and >30 degrees flexion):
  - Consider appropriate analgesia +/- NSAID
  - Immobilise with a progressive block splint
  - Refer to **SCHHS Fracture Clinic**

# Escalation triggers

## Refer to the Emergency Department

If the patient has any of the following, please call the Orthopaedic Registrar (5470 6600) prior to referral to the Emergency Department:

- Inability to maintain proper alignment of fracture
- Intra-articular involvement >30%
- Non-reducible fractures or dislocations
- All displaced or intra-articular thumb fractures
- Neurovascular deterioration
- Any other serious clinical concerns not already listed.

### Disclaimer:

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.



#### **Governance for Safety and Quality in Health Service Organisations - Standard 1**

Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.



#### **Service Delivery - Standard 11**

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.



#### **Provision of Care - Standard 12**

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.



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