

Keep Calm and School Nurse On - Medic Tips on Common School-Related Injuries

Requirements for Successful Completion:

The registered nurse in the school setting should self-report knowledge gain regarding the latest treatments for common traumatic pediatric injuries, such as heavy bleeding, eye trauma, and respiratory distress.

To receive contact hours for this continuing education activity, the participant must attend the entire activity and complete and submit the evaluation form.

Once successful completion has been verified, a “Certificate of Successful Completion” will be awarded for .75 contact hours.

Conflicts of Interest:

The activity’s Nurse Planner has determined that no one who has the ability to control the content of this CNE activity – planning committee members and presenters/authors/content reviewers – has a conflict of interest.

Approval Statement:

The University of Texas at Austin School of Nursing is an approved provider of continuing nursing education by the Texas Nurses Association - Approver, an accredited approver with distinction by the American Nurses Credentialing Center




KEEP CALM AND SCHOOL NURSE ON

Medic Tips on Common School
Related Injuries

TOPICS WE WILL COVER TODAY

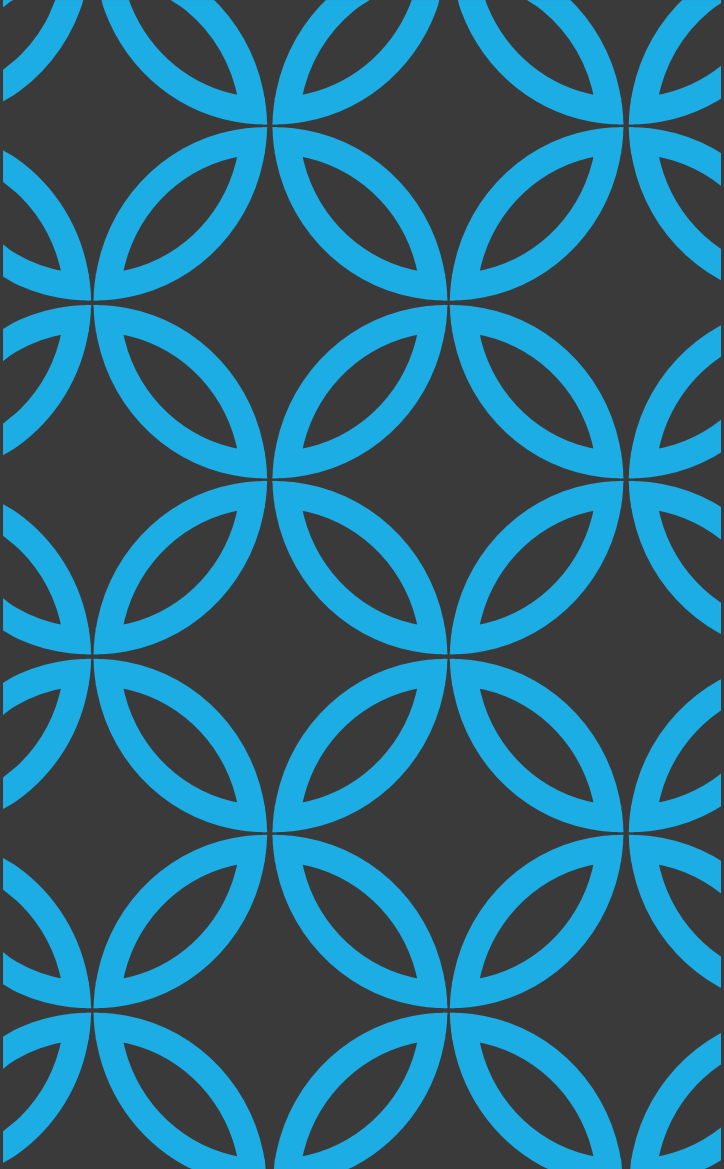
- Splinting of fractures and dislocations
- Bandaging & Bleeding Control
- Concussion/Assessing TBI
- Burns
- Allergic Reactions/Bites & Stings
- Eye Injuries
- Respiratory Emergencies



A photograph of a football player lying on the field, appearing to be in pain or injured. The player is wearing a white jersey with a star on the helmet. The image is overlaid with a blue tint. A vertical blue line is positioned to the right of the text.

**THAT'S NOT
SUPPOSED TO
BEND THAT WAY!**

Fracture and Dislocation Stabilization



I THINK ITS BROKEN! NOW WHAT?

- Attempt to find pulse in extremity
- Is the fracture open or closed?
- Type of fracture does not change field treatment. Goal is to reduce pain and further injury by stabilization.
- Assess PMS and circulation on injured extremity
- Most can be stabilized in an “as is” position
- use slings/triangular bandages and splints for comfort and stabilization
- No longer use backboards

NURSE



EMS



BANDAGING AND BLEEDING CONTROL

- Practice good BSI precautions
- Direct pressure over wound
- elevate extremity if possible
- keep patient warm/covered
- consider elevating legs if heavy blood loss
- make note of injury size and depth or EMS may remove bandage to assess wound



CAT TOURNIQUET

- *Heavy casualties in early years of Iraq war due to uncontrolled bleeding
- *Dramatic decrease in battlefield deaths with more liberal application of tourniquets
- *Place proximal to injury site, never over a joint, write time on tourniquet
- *Add second tourniquet if initial one did not stop all bleeding
- *Note time of application for EMS



HEMOSTATIC GAUZE

*Use hemostatic gauze when possible

* pack wound with gauze starting at wet side first

*once wound is packed, apply direct pressure over site: consider tourniquet use if still profuse bleeding

* Do not pack wounds in torso and abdomen

B-CON KITS



BURN CARE

- Stop the burning process (remove clothing or jewelry in affected area, run under cold water)
- cover patient with blanket/burn sheet/ keep warm
- if burn area is small, dress loosely with moist, sterile dressing
- Alert EMS with description of how much area is burning and if airway is possibly involved



Superficial
(first degree)
burn



Partial thickness
(second degree)
burn



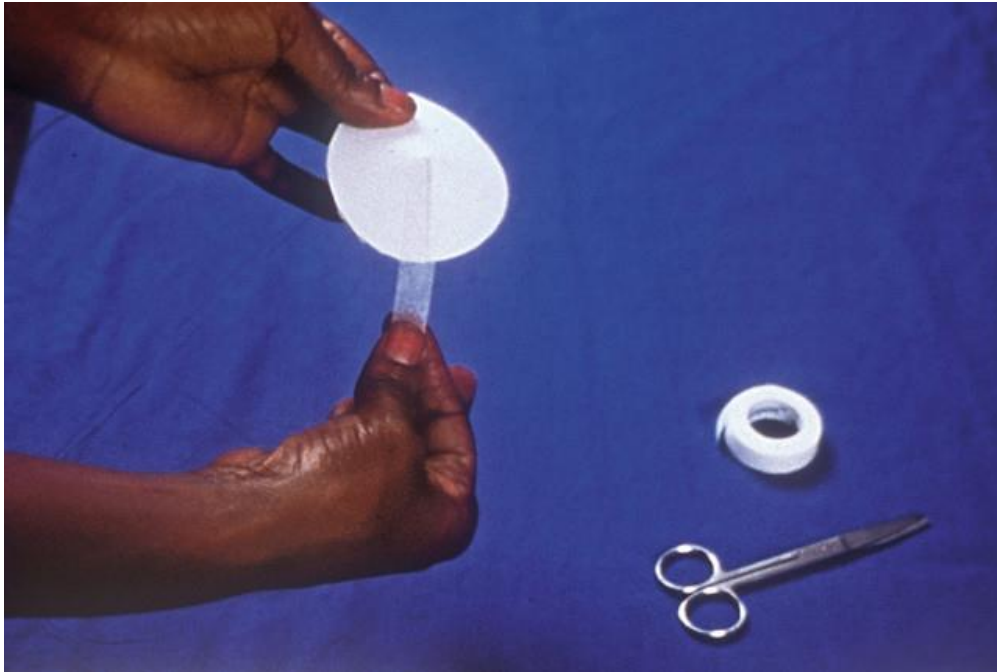
Full thickness
(third degree)
burn



A close-up photograph of a person's eyes, looking slightly to the right. They are wearing dark sunglasses. The image is heavily overlaid with a semi-transparent blue color. A thin, vertical white line is positioned to the left of the sunglasses. The text 'EYE INJURIES' is written in white, bold, uppercase letters across the middle of the image.

EYE INJURIES

RIGID EYE SHIELD



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While globe involvement is rare in facial trauma, it has to still be considered when treating eye injuries.

Whether it's an eyelid laceration, corneal abrasion or hematoma to entire orbit, eye shield should be applied over bony orbit around eye. Cover both eyes for penetrating trauma.

This keeps excess pressure off the globe itself so as to not cause further harm by pushing intraocular contents through injury

BITES, STINGS & ALLERGIC REACTIONS

- Most often local swelling, redness and pain (ice pack to site for pain reduction)
- May lead to allergic reaction in minutes
- Remove stinger ASAP, can use credit card or school ID badge
- S/S of Allergic Rxn:
 - hives (urticaria)
 - lip/tongue swelling
 - hoarseness/stridor
 - wheezing/SOB
 - hypotension/syncope/shock
 - vomiting/diarrhea
- Anaphylaxis: involvement of two or more body systems
- *** Epi Pen*** & Benadryl- alert 911



TRAUMATIC BRAIN INJURIES

*Most common cause at school are falls and sports

*TBI is the most common cause of pedi death

- Baseline mentation (GCS) after incident and reassess often
- S/S: AMS, vomiting is common (projectile is not!), Bradycardia, abnormal breathing patters, sluggish or non-reactive pupil


* With falls, head hits object/ground, brain slams into skull causing contusions, concussion or bleeding.** consider neck injury as well if significant MOI**



STRANGULATION

- *drawstrings on hoodies and loose clothing can entangle or catch on play equipment
- *Remove child from equipment/cut strings
- * Lay flat on ground, assess ABCs , rescue breaths/CPR if necessary





**PEDIATRIC
RESPIRATORY
ILLNESSES**

ASSESSMENT

- * Work of breathing (retractions, nasal flaring, tripod)
- * skin color
- * fever
- * lung/airway sounds
- * pulse oximeter
- * mentation
- * lethargy
- keep child calm, position of comfort

WHAT COULD IT BE?

-Wheezing is clinical hallmark of lower airway obstruction of any cause.

-Three main causes: Bronchiolitis(RSV), Asthma, Foreign body aspiration

* Do they have a history of asthma?

- Use inhaler if possible, contact parents-ask if they want EMS called if pt with mild to moderate symptoms
- Treat with blow by oxygen or via mask if needed
- Does child have neb treatments available?

Other differentials include:

-Croup: barking, seal-like cough, upper airway stridor, fever

-Epiglottitis: pain on swallowing, drooling, may have stridor

-Pneumonia: fever, gradual onset of symptoms, possible productive cough

CALL EMS IMMEDIATELY IF:

Call 911 immediately if:

- * child is altered
- * exhausted
- * unable to recline
- * Interrupted speech
- * Retractions
- * decreased air movement

THAT'S ALL FOLKS! HAVE A GREAT SCHOOL YEAR!

