Managing Finger Tip Injuries in an Emergency Setting

Background

- •Fingertip injuries are most common type of injuries presenting to paediatric emergency departments (Irish Association of Plastic Surgeons, 2013);
- •Crush injuries are the most common type of fingertip injury, with fingers getting caught in doors, windows or hinges (Al-Anazi, 2013; Al-Qadhi et al., 2011);
- •162 children attended The Children's University Hospital, Temple Street with fingertip injuries in 2014;
- •15 children a week in Ireland need medical treatment for fingertip injuries (Irish Association of Plastic Surgeons, 2013);
- •Frequency of injury is highest among children less then 5 years old (Al-Anazi, 2013; Al-Qadhi, et al., 2011).

Aim

To provide information on managing fingertip injuries in an emergency setting to parents.

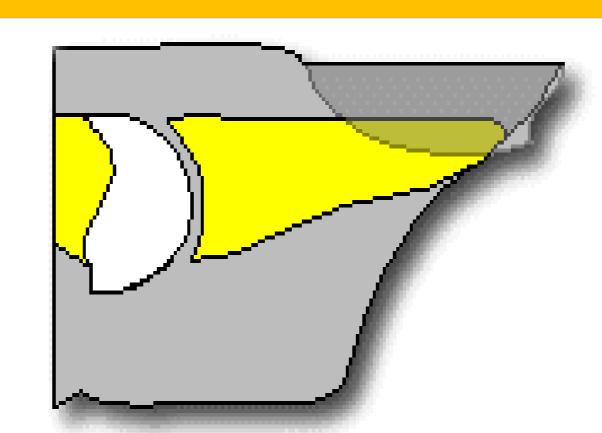
Prevention of finger tip injuries in the home:

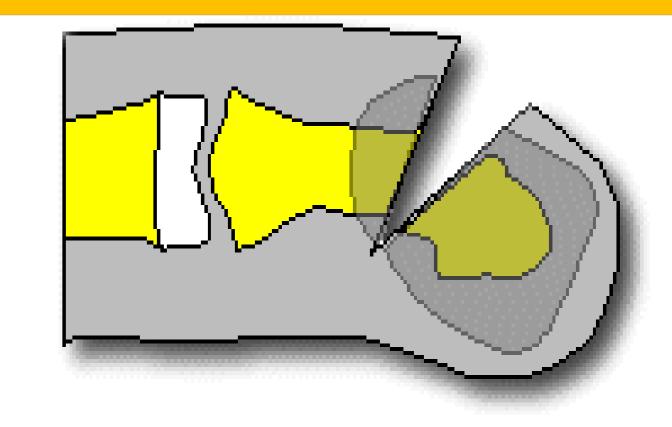
- ✓ Child proofing doors important in all houses with young children;
- ✓ Use of design modifications such as finger guards for doors can help avoid fingers being injured by closing door (Al-Anazi, 2013);
- ✓ Children should be supervised adequately.

What to do if your child suffers a fingertip amputation at home

- Immediately wrap the amputated finger in a wet cloth;
- Place finger in a plastic bag;
- Place bag into a container of ice;
- Wrap wound in a sterile dressing or clean towel;
- Reassure child and try to keep child and yourself calm;
- Bring child to an Accident and Emergency Dept. as soon as possible (Irish Association Of Plastic Surgeons, 2013).





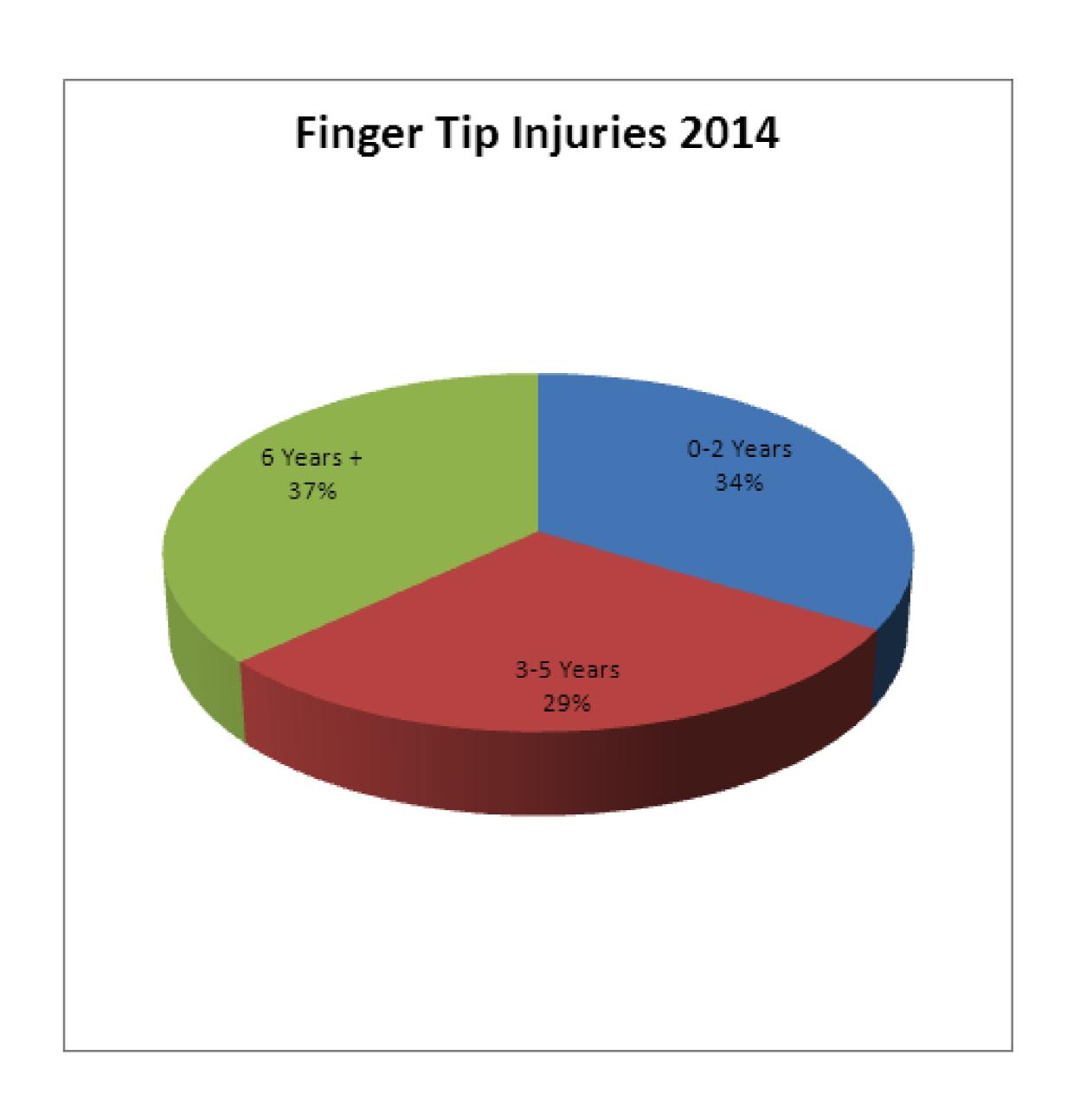


Full amputation

Partial amputation

Types of fingertip injuries

- Amputation involves complete removal of fingertip (Capstick and Giele, 2014);
- There may also be injury causing partial amputation, laceration, damage to nail bed or haematoma collection of blood (Capstick and Giele, 2014).



What to expect on arrival to the emergency dept.

- ✓ On arrival, wound will be assessed & necessary treatment carried out;
- ✓ Treatment will vary, depending on extent of injury;
- ✓ Goal of treatment is restoration of a painless, fully functioning finger (Lee, Mignemi and Crosby, 2013);
- ✓ Treatment will be conservative with wound cleansing & dressing, or surgical repair of lacerations and fractures (Capstick and Giele, 2014);
- ✓ Suturing may be used for simple lacerations, without undergoing surgery (Al-Anazi, 2013);
- ✓ X-rays will only be carried out on suspicion of bony injuries (Al-Anazi, 2013);
- ✓ Involvement of the plastics/orthopaedic teams may be necessary, depending on extent of injury;
- ✓ Pain relief will be given, as required (Al-Anazi, 2013);
- ✓ Antibiotic medication/ointments may be prescribed (Al-Anazi, 2013; Capstick and Giele, 2014).

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