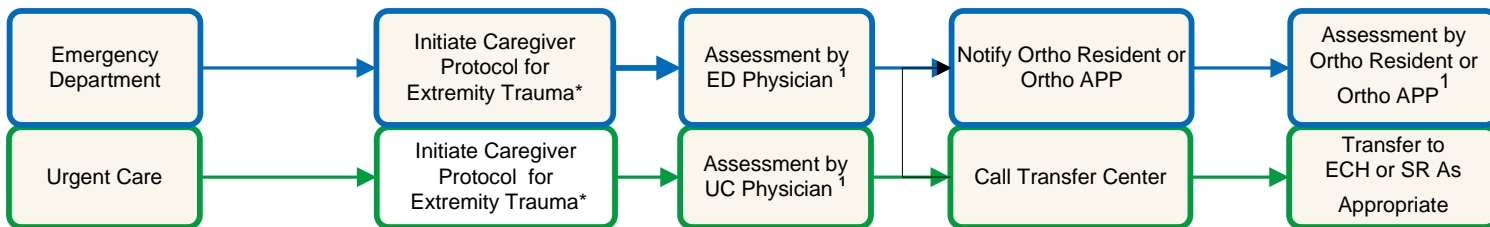


# Management Of An Isolated Supracondylar Humerus Fracture Outpatient

Original 10.1.2013  
Updated 5.19.2022



### Caregiver Initiated Protocol

- Apply Ice To Affected Area If Injury Is Less Than 24 Hours Old.
- Elevate Affected Limb
- Place Affected Limb In Position Of Comfort And Immobilize Appropriately.
- Manage Pain Per Policy Caregiver Protocol
- X-Ray Per Caregiver Initiated Protocol

Additional X-Ray Views Per Physician Order

### 1 Assessment Of Fractures

- Remove All Dressings & Visualize Area
- Assess For Displacement
- Neuro Vascular Status (PNV)
- Soft Tissue Swelling
- Soft Tissue Envelope

Prompt Evaluation Should Occur As Indicated By Patient Condition

### 2 Indicators For Emergent Surgical Intervention

- Soft Tissue Envelope Disruption
- Divascular Hand

### Neuro Vascular Checks

- Capillary Refill In Hand/Fingers And Intact Radial Ulnar Pulse
- Normal Sensation And Motor Function In Median, Radial, And Ulnar Nerve Distribution (see Motor Function Pictures)

### 3 Discharge Criteria

- Neuro Vascular Status Intact
- Soft Tissue Swelling Not Impeding NV Status
- Comfortable On Oral Pain Medications

### Vascular Consult

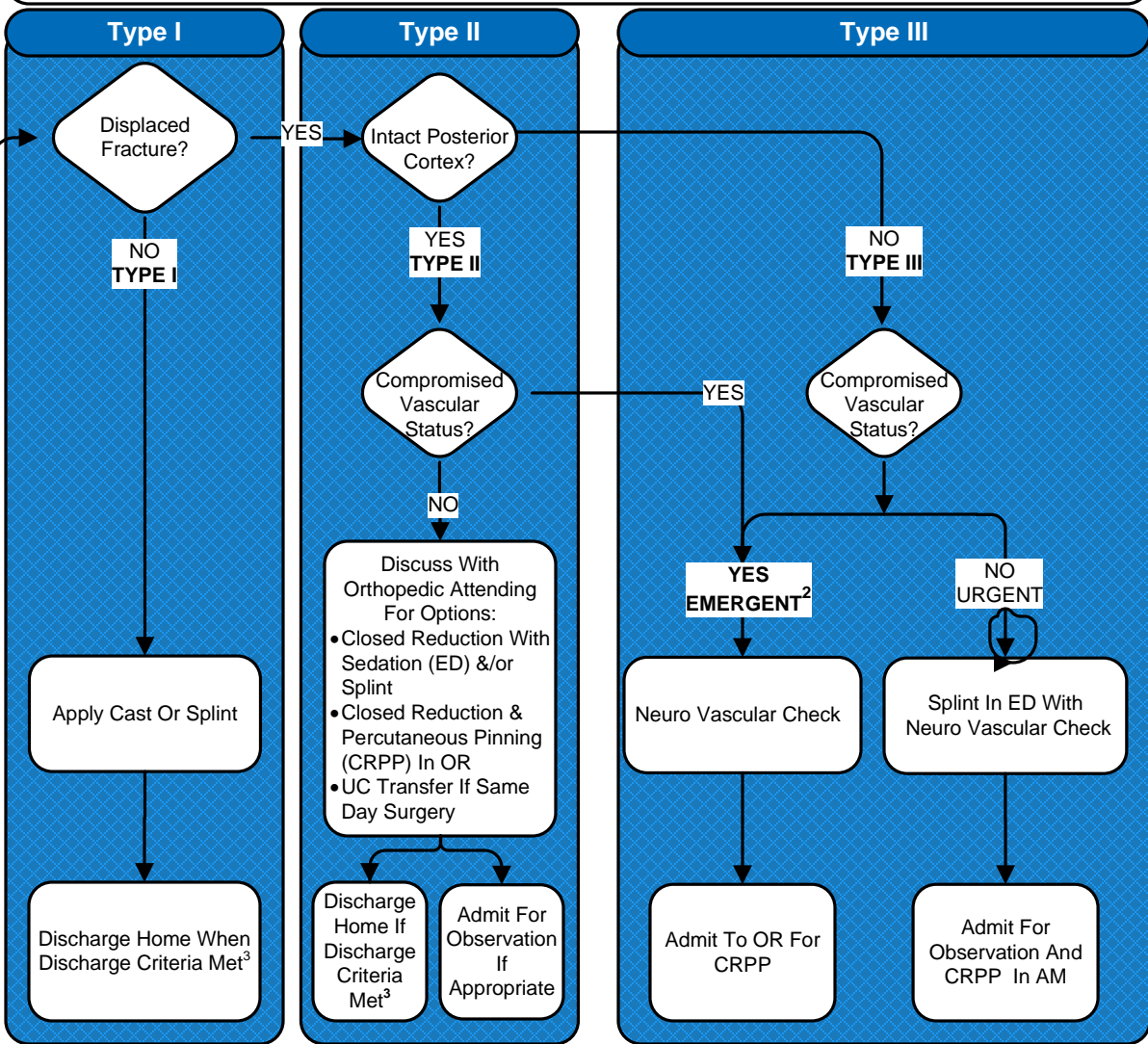
If The Patient Is At SR And The Ortho Attending Determines There Is A Need For A Vascular Consult:

- Notify The ED Trauma Physician And The Covering Orthopedic Attending For ECH
- Transfer The Patient To ECH

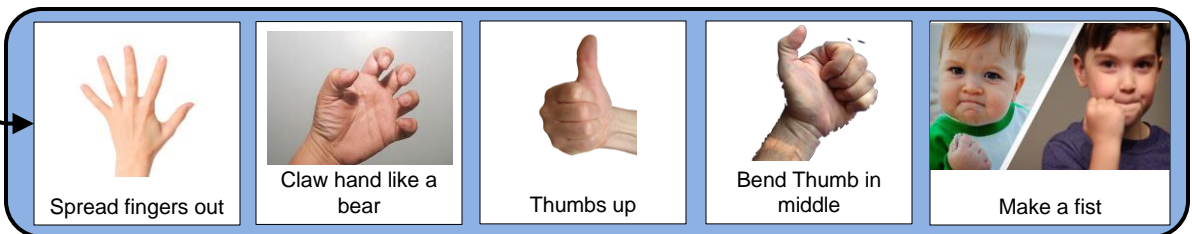
All Communication Should Be Orthopedic Attending To Orthopedic Attending

## Supracondylar Humerus Fracture Types

**Type I:** Non-Displaced Fracture & NO Vascular Compromise  
**Type II:** Displaced With Intact Posterior Cortex – Call Transfer Center  
**Type III:** Displaced With Disrupted Posterior Cortex- Call Transfer Center And Transport To SR Or ECH ED



FOR NAT SUSPECTED CASES, PLACE CHILD ADVOCACY MEDICAL ORDER AFTER PATIENT IS ADMITTED TO FLOOR



Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2022 Children's Healthcare Of Atlanta, Inc.

# Management Of An Isolated Supracondylar Humerus Fracture



Original 10.1.2013  
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	Type I: Non-Displaced Fracture & NO Vascular Compromise	Type II: Displaced With Intact Posterior Cortex	Type III: Displaced With Disrupted Posterior Cortex	Type III: Displaced With Disrupted Posterior Cortex With Concern For Vascular Status
Treatment	<ul style="list-style-type: none"> <li>•ED Cast Placement</li> <li>•Splint Management</li> <li>•Pain Management</li> <li>•Provide Sling</li> </ul>	<ul style="list-style-type: none"> <li>•Consider Closed Reduction With Sedation</li> <li>•Splint In ED/UC</li> <li>•Check NV Status</li> <li>•Pain Management</li> <li>•Provide Sling</li> </ul>	<ul style="list-style-type: none"> <li>•Provide Sling</li> <li>•Pain Management</li> </ul>	<ul style="list-style-type: none"> <li>•Assess Vascular Status</li> <li>•Stabilize For Pain Management</li> <li>•Apply Splint</li> </ul>
First Disposition From ED/UC	Home	<ul style="list-style-type: none"> <li>•ED/UC- Home If Appropriate</li> <li>•Discharge Home For CRPP</li> <li>•If Same Day Surgery UC Transfer To Hospital</li> </ul>	<ul style="list-style-type: none"> <li>•Admit For Closed Reduction &amp; Percutaneous Pinning (CRPP)</li> </ul>	<ul style="list-style-type: none"> <li>• Admit For CRPP For Emergent Surgery</li> </ul>
Surgical & Post Op Care	None	<ul style="list-style-type: none"> <li>•Initiate CRPP Order Set</li> <li>•Pre-Op Check List</li> <li>Monitor Post Op: NV Status, Pain Management, Soft Tissue Swelling</li> </ul>	<ul style="list-style-type: none"> <li>•Initiate CRPP Order Set</li> <li>•Pre-Op Check List</li> <li>•Monitor Post Op: NV Status, Pain Management, Soft Tissue Swelling</li> <li>•Elevate Extremity With Ice</li> </ul>	<ul style="list-style-type: none"> <li>•Initiate CRPP Order Set</li> <li>•Preop Check List</li> <li>•Pain Management</li> <li>•Monitor Post Op: NV Status, Pain Management, Soft Tissue Swelling</li> <li>•Elevate Extremity With Ice</li> </ul>
Discharge Criteria	<ul style="list-style-type: none"> <li>•Neurovascular Status Intact</li> <li>•Pain Controlled With Oral Pain Medication</li> <li>•ED Case Management Referral Ordered</li> </ul>	<ul style="list-style-type: none"> <li>•NeuroVascular Status Intact</li> <li>•Soft Tissue Swelling Not Impeding NV Status</li> <li>•Comfortable On Oral Pain Medications</li> <li>•ED Case Management Referral Ordered</li> </ul>	<ul style="list-style-type: none"> <li>•Neurovascular Status Intact</li> <li>•Soft Tissue Swelling Not Impeding NV Status</li> <li>•Comfortable On Oral Pain Medications</li> </ul>	<ul style="list-style-type: none"> <li>•Neurovascular Status Intact</li> <li>•Soft Tissue Swelling Not Impeding NV Status</li> <li>•Comfortable On Oral Pain Medications</li> </ul>
Education	<ul style="list-style-type: none"> <li>•Importance Of Follow-Up With Orthopedic Physician</li> <li>•Cast Care</li> <li>•Fracture Care</li> <li>•Medication Administration</li> <li>•Splint Teaching Sheet</li> </ul>	<ul style="list-style-type: none"> <li>•Importance Of Follow-Up With Orthopedic Physician</li> <li>•Cast Care</li> <li>•Fracture Care</li> <li>•Medication Administration</li> <li>•Compartment Syndrome</li> </ul>	<ul style="list-style-type: none"> <li>•Importance Of Follow-Up With Orthopedic Physician</li> <li>•Cast Care</li> <li>•Fracture Care</li> <li>•Medication Administration</li> <li>•Compartment Syndrome</li> </ul>	<ul style="list-style-type: none"> <li>•Importance Of Follow-Up With Orthopedic Physician</li> <li>•Cast Care</li> <li>•Fracture Care</li> <li>•Medication Administration</li> <li>•Compartment Syndrome</li> </ul>
Discharge Instructions Follow-Up	<ul style="list-style-type: none"> <li>•Follow-Up With Ortho In 5-7 Days</li> <li>•Provide Pediatric Orthopedic Surgeon Resource List (Blue Sheet)</li> <li>•Pain Management – Provide Prescription On Discharge</li> <li>•ED Case Management As Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>•Follow-Up In 5-7 Days After Injury With Ortho Surgeon Or Per Ortho Surgeon</li> <li>•Provide Pediatric Orthopedic Surgeon Resource List If Appropriate</li> <li>•Pain Management</li> <li>•ED Case Management</li> </ul>	<ul style="list-style-type: none"> <li>•Follow-Up Per Orthopedic Surgeon</li> <li>•Pain Management</li> </ul>	<ul style="list-style-type: none"> <li>•Follow-Up Per Orthopedic Surgeon</li> <li>•Pain Management</li> </ul>



## MOTOR ASSESSMENT



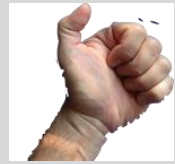
“Spread your fingers like a flower”  
Assesses radial & ulnar nerves



Claw your hands like a bear”  
Assesses radial nerve



Thumbs up like you’re cool”  
Assesses radial nerve



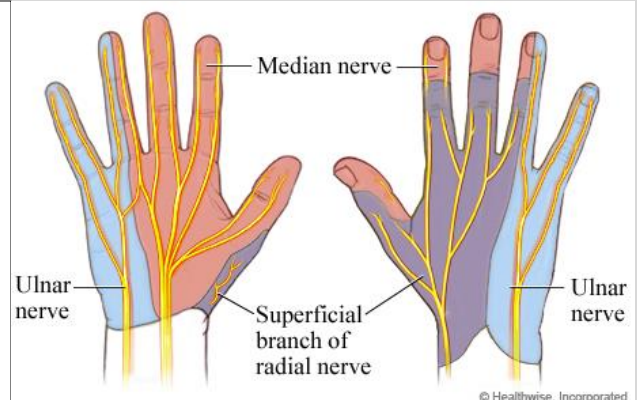
“Then bend it in the middle”  
Assesses anterior interosseous branch of median nerve



“Make a fist”  
Assesses median nerve

## SENSATION ASSESSMENT

- \* Assess ability to feel light touch
- \* Grade as normal or decreased
- \* Assess sensation to index finger (median nerve), pinky finger (ulnar nerve) and mid hand between thumb and index finger (radial nerve)



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