

Adult Both Bone Forearm Fractures

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EMERGENCY DEPARTMENT MANAGEMENT

- Determine if the fracture is open or closed with circumferential inspection of the forearm.
 - If a wound is present, the fracture is considered open.
 - If a fracture is open, initiate antibiotics and apply a sterile dressing.
 - Administer appropriate tetanus prophylaxis.
- Determine the baseline neurovascular status of the forearm.
- Particular attention should be paid to the status of the radial nerve, particularly in the presence of a dislocated radial head.
- The extremity should be realigned and either a long-arm splint or a sugar-tong splint is applied to maintain general alignment, provide comfort, and protect the soft tissues.
- If the patient has an open fracture, arrangements for admission to the hospital and surgical intervention in an acute fashion should be made.
- If the patient has a closed fracture, surgical intervention is planned in a delayed fashion and the patient is to be discharged. Education of the patient regarding development of acute carpal tunnel syndrome and compartment syndrome needs to occur prior to discharge.
- Oxycodone and Tylenol (acetaminophen) should be adequate analgesia for patients awaiting surgery.

Adjunctive Studies

- Anteroposterior and lateral x-ray of the forearm that includes the wrist and the elbow are the minimally required radiographs to determine the extent of injury.
- Careful attention should be paid to the carpal bones and radial head.
- In rare instances, additional views of the wrist and elbow may be required to determine the presence of other injuries.