

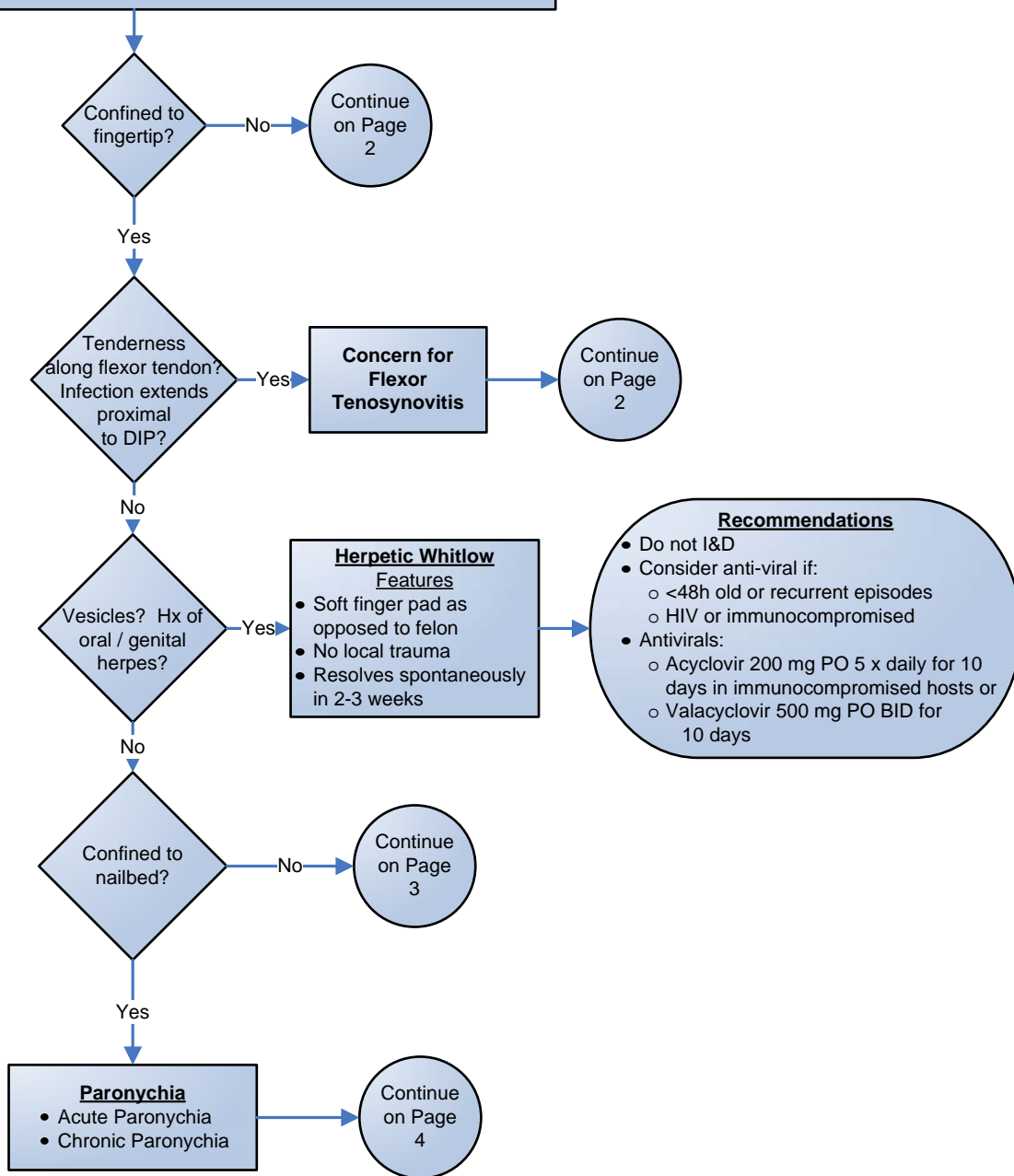
EmergencyKT: Hand Infection

History

- Circumstances surrounding infection/injury
- Time since injury, time since infection and progression of symptoms
- Hand dominance / occupation
- History of DM, HIV, immunosuppression, IVDA, MRSA infection, HSV1/HSV2, nail biting, finger sucking, etc.
- Systemic symptoms (fever, n/v, rashes, swelling)

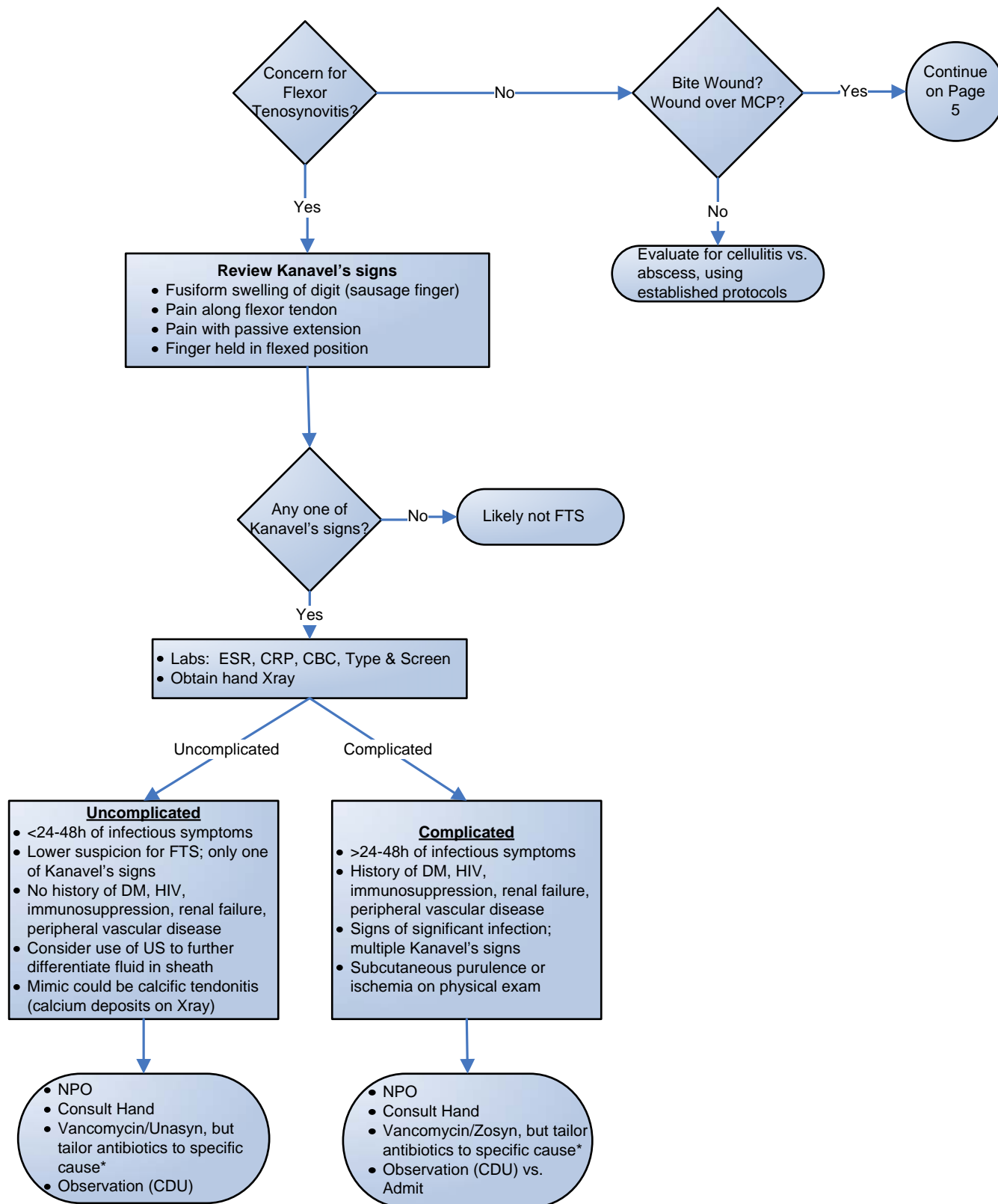
Physical Exam

- Evaluate hand position at rest
- Evaluate skin for swelling, erythema, lymphangitis, open wounds, wound over MCP
- Evaluate digits for full ROM, DIP, PIP for evaluation of FDS & FDP
- Evaluate neurological function, including sensation to median, radial, ulnar nerves.
- Evaluate for motor function of median (thumb opposition), ulnar (finger abduction) and radial (wrist extension / finger extension)

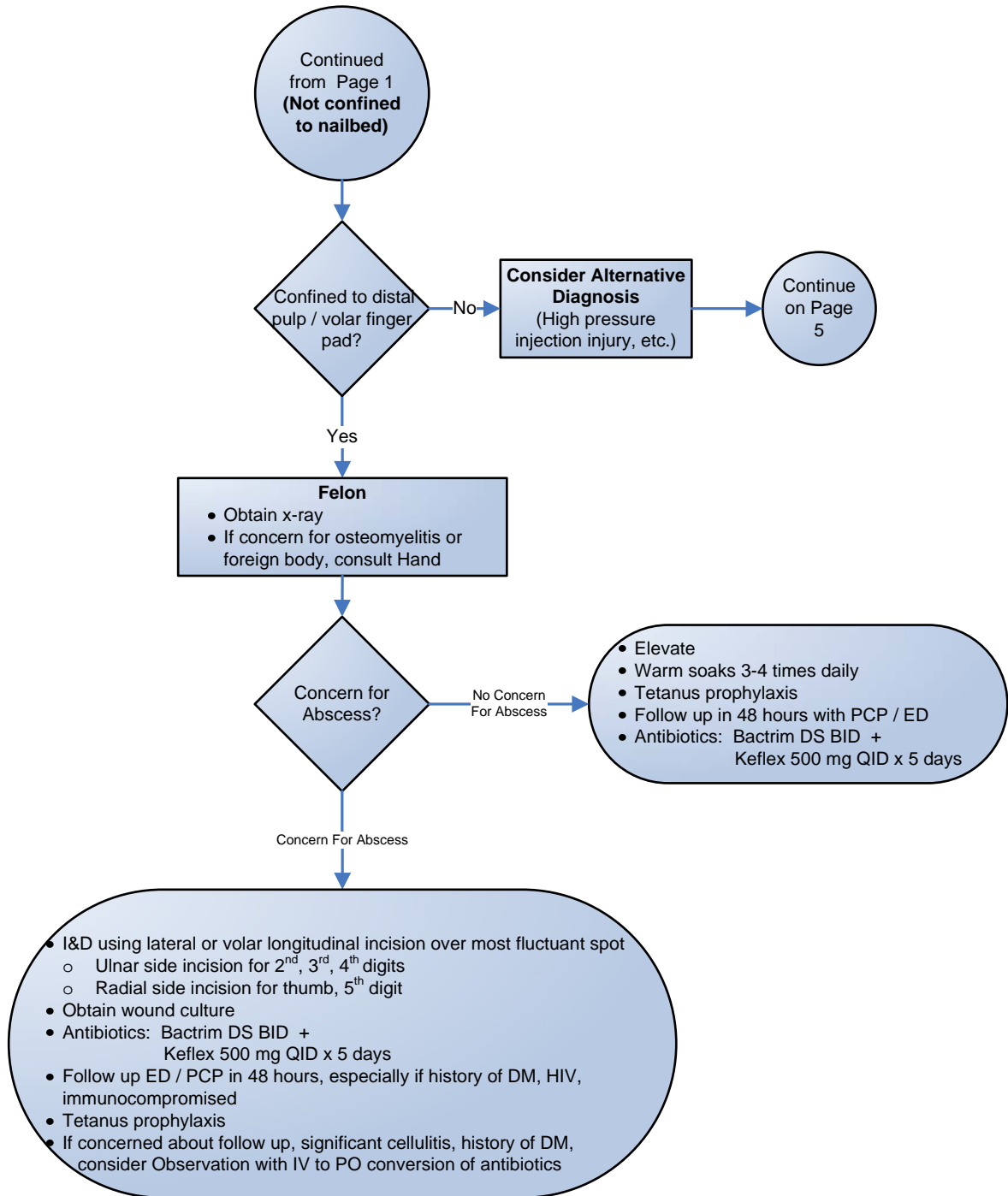


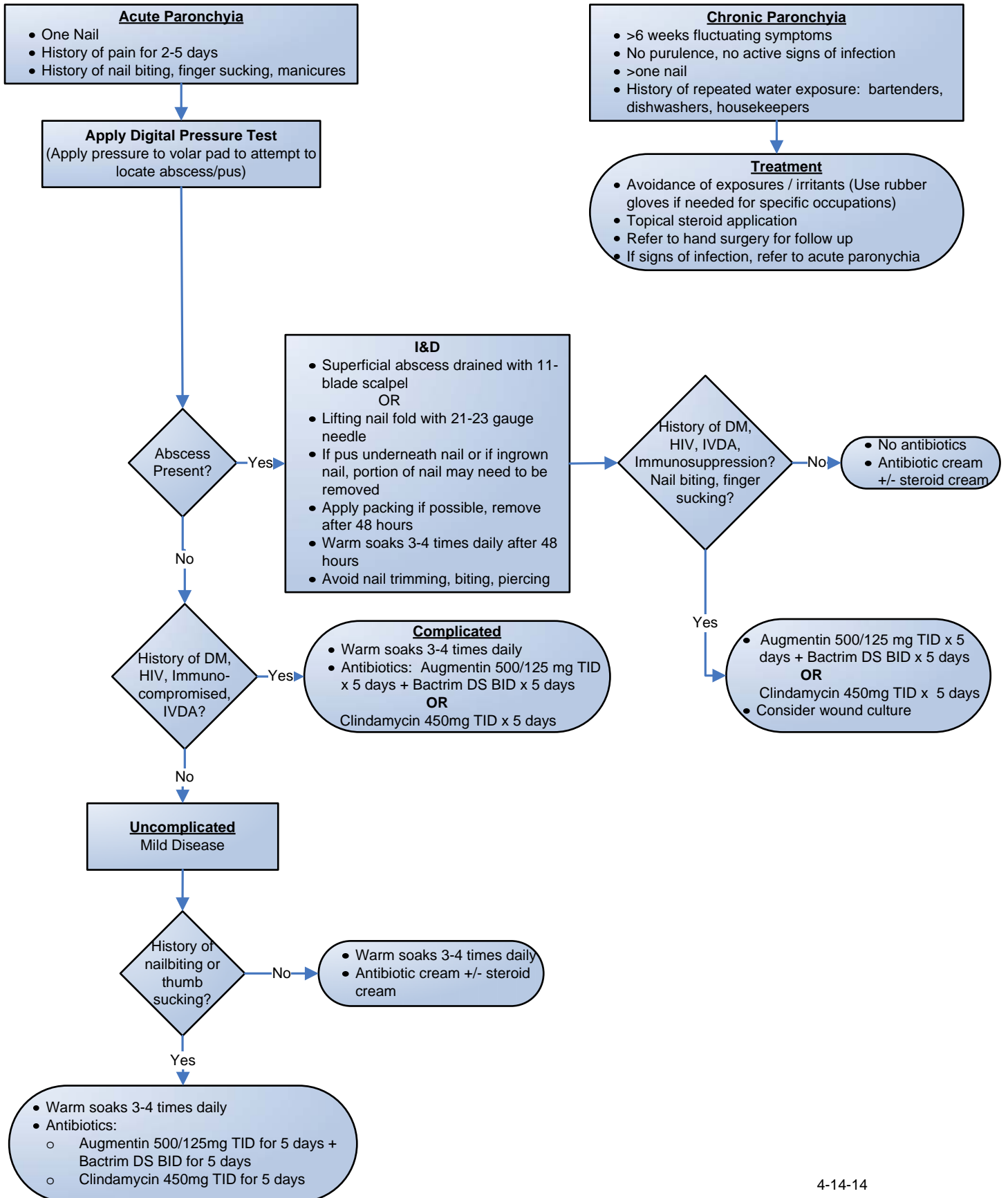
EmergencyKT: Hand Infection

Not Confined to Fingertip

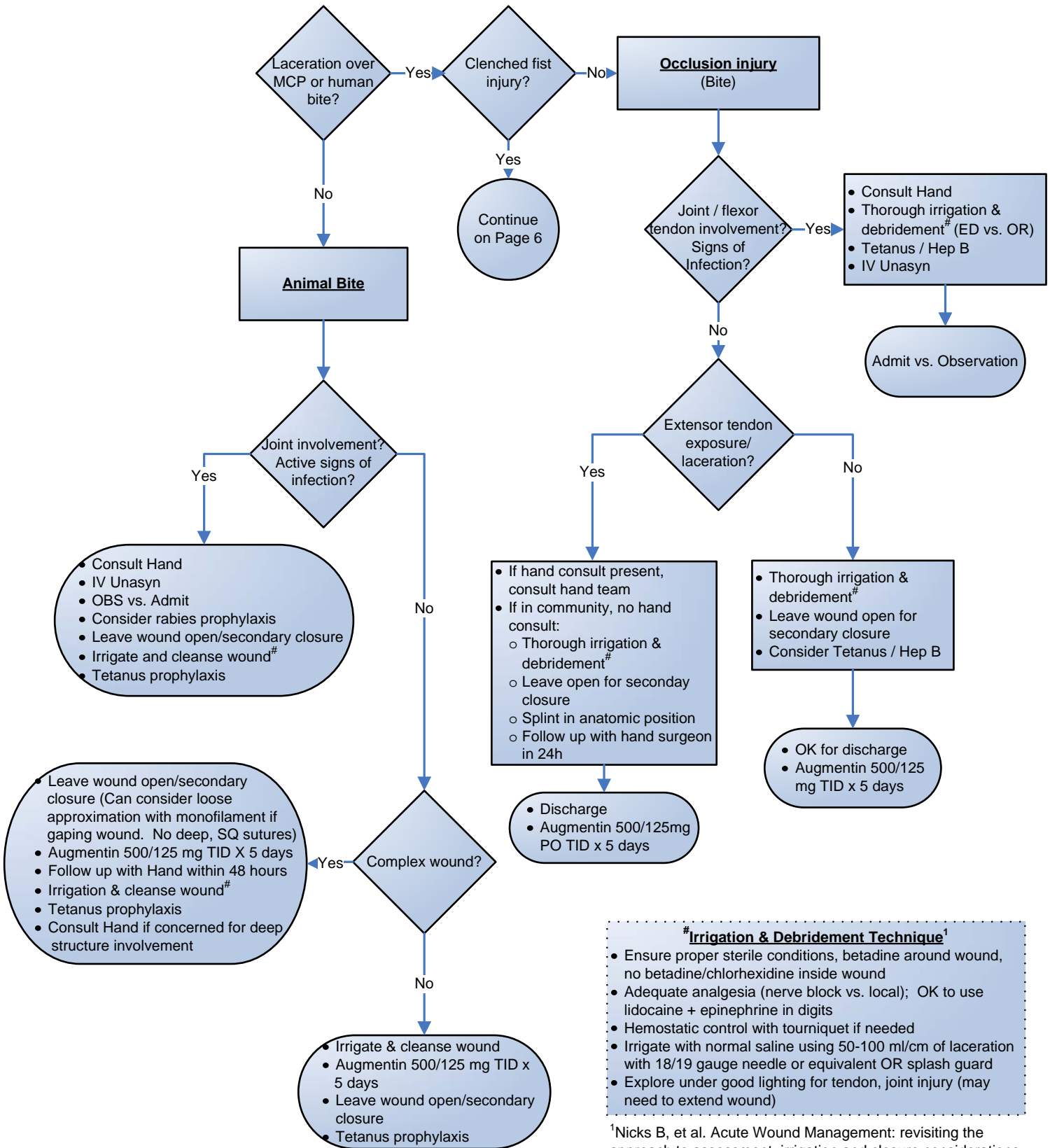


*Anaerobic coverage for human bites / oral flora





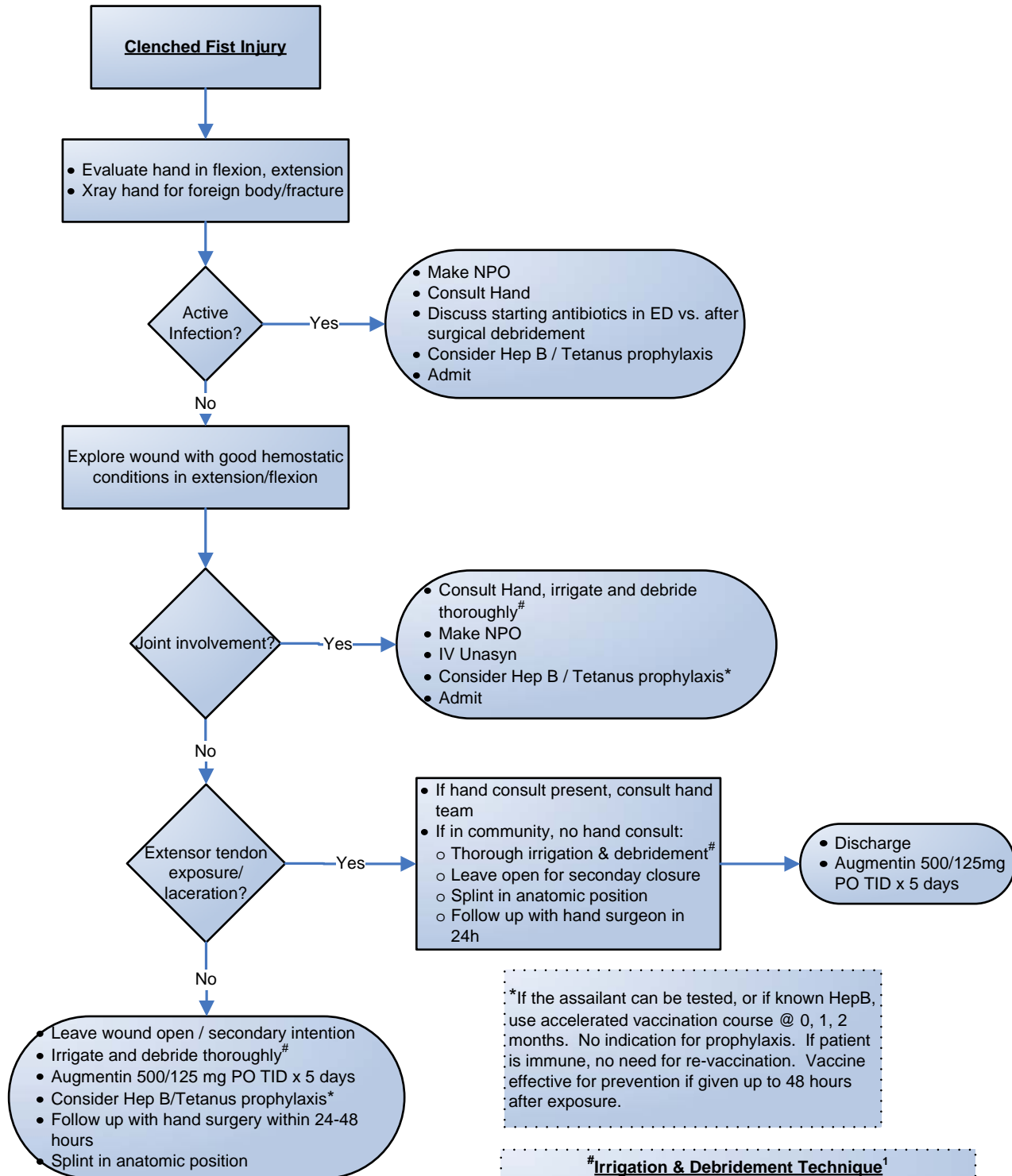
Bite Wound / Wound over MCP



#Irrigation & Debridement Technique¹

- Ensure proper sterile conditions, betadine around wound, no betadine/chlorhexidine inside wound
- Adequate analgesia (nerve block vs. local); OK to use lidocaine + epinephrine in digits
- Hemostatic control with tourniquet if needed
- Irrigate with normal saline using 50-100 ml/cm of laceration with 18/19 gauge needle or equivalent OR splash guard
- Explore under good lighting for tendon, joint injury (may need to extend wound)

¹Nicks B, et al. Acute Wound Management: revisiting the approach to assessment, irrigation and closure considerations. Int. J. Emerg. Med. 2010. 3(4): 399-407



*If the assailant can be tested, or if known HepB, use accelerated vaccination course @ 0, 1, 2 months. No indication for prophylaxis. If patient is immune, no need for re-vaccination. Vaccine effective for prevention if given up to 48 hours after exposure.

#Irrigation & Debridement Technique¹

- Ensure proper sterile conditions, betadine around wound, no betadine/chlorhexidine inside wound
- Adequate analgesia (nerve block vs. local); OK to use lidocaine + epinephrine in digits
- Hemostatic control with tourniquet if needed
- Irrigate with normal saline using 50-100 ml/cm of laceration with 18/19 gauge needle or equivalent OR splash guard
- Explore under good lighting for tendon, joint injury (may need to extend wound)

¹Nicks B, et al. Acute Wound Management: revisiting the approach to assessment, irrigation and closure considerations. Int. J. Emerg. Med. 2010. 3(4): 399-407