

FINGER FINDINGS

Assessment, Interventions, & Follow-up for Common Finger Injuries in the School Setting

Small Cuts or Scratches

Kids' hands are everywhere—sticky, dirty, poking, and playing, it's no wonder a good percentage of them have a bandaid on at least one digit. For superficial cuts or scrapes, apply direct pressure with a clean, sterile gauze to stop any bleeding and wash thoroughly with soap and water for at least five minutes. If the wound still appears dirty, gently scrub to remove any remaining muck or grime. Administer an antibiotic ointment (when authorized) and cover completely with an adhesive bandage. The bandage should be changed daily and a tetanus shot (booster) may be necessary for certain lacerations so be sure to check immunization records and follow-up with the student's parents to provide appropriate guidance.

Jammed Finger

Dodgeball, kickball, basketball, you name it, the sports balls at school cause a lot of jammed fingers. This injury occurs when the end of a straightened finger or thumb receives a blow and the tip of the finger is compressed toward the hand. This results in the ligaments that support the finger joint being stretched and "sprained". Careful evaluation is critical to assess finger position, range of motion, pain, and swelling. It is most helpful to compare the injured finger to the same finger on the other hand that is uninjured. Rest, ice, and elevation for any type of acute finger injury reduces pain and inflammation while soaking the hand in cold water for twenty minutes and then re-evaluating, can also prove valuable. If the pain is severe, range of motion is limited, or the finger is deformed, fracture must be ruled out. For short-term immobilization and support, "buddy-taping" the injured finger to an adjacent uninjured finger is effective.

Crushed/Smashed Fingertip

Student fingers seem to have an uncanny ability to get slammed in car doors and school lockers. While fractures are not common with this type of injury, if one does occur, there is risk for bone infection. Most often, this will present with a blood blister or abrasion and sometimes, a damaged nail. Wash the area with soap and water for at least five minutes and if any cuts are present, apply an antibiotic ointment (when authorized) and cover with an adhesive bandage.

Ice and elevation can help alleviate pain, while reducing inflammation and throbbing. Instructions should be provided to parents on changing the bandage daily, appropriate pain interventions, and monitoring for any signs of a subungual hematoma which may require further evaluation and draining.

Torn Nail

Broken or torn fingernails, especially distal to the nail bed, aren't typically significant injuries, although they can be very upsetting to students. For a cracked nail, if there are no uneven or jagged edges, simply leave it alone and provide reassurance to the student. If the nail is almost torn through and a large flap is present, sterile scissors should be used to cut along the edge of the tear to prevent it from catching on anything, potentially causing further damage. Additional interventions for torn nails include ice or soaking in cold water for 20 minutes, application of an antibiotic ointment (when authorized), and covering with an adhesive bandage, changed daily. It is important to communicate to the student and parent that it can take six to eight weeks for a new nail to grow in.

