1. Assessed patient for concerns of potential child abuse?

Red Flags to consider for SCAN (Suspected Child Abuse and Neglect) consult:
- Developmental history not consistent with proposed mechanism of injury
- Injury not consistent with mechanism
- Significant delay in care
- Other evidence of trauma (e.g., multiple fractures)

☐ Yes, assessed and will discuss concerns with ED attending
☐ Yes, assessed and no concerns
☐ No – (reason)

2. Assessed for associated head injury or multisystem trauma (abdomen, pelvic, etc)

☐ Yes
☐ No – Reason: ______________________________________________________________________

3. Examination of vascular status included wrist pulses and hand perfusion?

☐ Yes
☐ No – Reason: ______________________________________________________________________

If yes,

a. Result of examination of vascular status including wrist pulses and hand perfusion?
   ☐ Normal
   ☐ Abnormal- Consult Orthopedics urgently

4. Examination of neurological status included median nerve (including anterior interosseous nerve (AIN)), ulnar nerve, and radial nerve (including posterior interosseous nerve (PIN))?

<table>
<thead>
<tr>
<th>Nerve</th>
<th>Motor</th>
<th>Sensory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median (including AIN)</td>
<td>&quot;OK&quot; sign: flexes thumb/index</td>
<td>Index finger</td>
</tr>
<tr>
<td>Radial (including PIN)</td>
<td>Thumb abduction: lift off palm</td>
<td>Dorsal web space between thumb and index</td>
</tr>
<tr>
<td>Ulnar</td>
<td>Make “scissors” with index and middle fingers</td>
<td>Small finger</td>
</tr>
</tbody>
</table>

☐ Yes
☐ No – Reason: ______________________________________________________________________
If yes,  
a. Result of examination of neurological status including median nerve (including AIN), ulnar nerve, and radial nerve (including PIN)?
   □ Normal
   □ Abnormal- Consult Orthopedics urgently

5. Assessed for open fracture (remove splint to evaluate unless fracture reduced at outside hospital)?
   □ Yes
   □ No – Reason:

6. Assessed for signs of compartment syndrome (pain, pallor, pulseless, paresthesia, paralysis)?
   □ Yes
   □ No – Reason:

______________________________________________________________

Additional Safety Information

1. Radiographic evaluation should include AP/lateral views of involved area. If concern for forearm fracture, obtain x-rays of the elbow – and for elbow injury, obtain x-rays of forearm.

2. If patient in significant pain or likely needs reduction/operation, give IV pain medication. Consider intranasal pain medication while placing IV.

3. If splinting, immobilize fracture with elbow flexion not greater than 90°.

4. If discharged, orthopedic follow-up appointment should be within 3-5 days (ask ASC to schedule).

5. Send prescription for pain medication early if anticipating discharge.