

GUIDELINE FOR TREPHING NAILS – MINOR INJURIES UNIT

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

INTRODUCTION

These guidelines focus on the management and treatment of subungual haematomas.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS

The Accident & Emergency and Minor Injury Units medical staff.

Lead Clinician(s)

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Approved by Accountable Director on:

23rd January 2018

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23rd January 2020

This is the most current document and is to be used until a revised version is available:

Key Amendments to this Document:

Date	Amendment	By:
29/08/2002	Approved by Clinical Effectiveness Committee	
16/11/10	Amendment made to lead of guideline	Sally Bloomer owell
April 2013	Reviewed with no amendments	Chris Hetherington
April 2015	Amendment made to clinical lead	Sally Bloomer owell
August 2017	Document extended for 6 months in line with TMC approval	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
December 2017	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
January 2018	Document extended for two years by Divisional Review	

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1.0 INTRODUCTION

These guidelines focus on the management and treatment of subungal haematomas. Within the Accident & Emergency departments and Minor Injury Units, trephining of nails is a very common and simple procedure. It is usually undertaken in the treatment of crush injuries to digits (Pratt 1998).

1.1 WHAT IS A SUBUNGAL HAEMATOMA

Subungal haematomas are more commonly caused by a direct blow or crushing mechanism usually to the finger/s or toe/s. This type of injury can result in an early extravasation of blood beneath of the nail: the extremely high tension produced within such rigid tissue causes exquisite pain (Flatt 1959).

Definition of trephine – The modern trepan having a little sharp borer called the centre pin. VE to perforate with the trephine (diminutive of trepan).

Trepan- To bore. (Chambers English Dictionary 1990)

1.2 LINKED POLICIES / GUIDELINES INFECTION CONTROL

Acute Traumatic Wound Care Guideline

Patient Group Directives

2.0 COMPETENCIES REQUIRED

A nurse who has been trained appropriately to use the preferred method of trephining equipment will undertake nail trephining.

3.0 PATIENTS COVERED

All patients who have a subungal haematoma that requires trephining.

4.0 GUIDELINE

1. A full history and assessment of the patient will be taken in line with Trust documentation guidelines.
2. A thorough physical examination of the injury will be performed and recorded. This will include the extent of the haematoma, any other associated trauma to the nail or surrounding tissues; circulation to the area; sensation and full assessment of the range of the movements that the patient is able to undertake.

All information will be clearly recorded in the patient's notes.

3. If on clinical examination a fracture is suspected the patient will be referred to x-ray, if x-ray is unavailable then the patient should be treated with prophylactic antibiotic cover until the fracture can be confirmed.

'A fracture of the terminal phalanx is common and may take the form of a transverse fracture the middle part, a comminute fracture of the distal part or separation of the terminal tuft' (Michon & Delagoutte 1981).

4. Treatment

- a) Obtain informed / verbal consent from the patient
- b) Lay patient down
- c) Explain procedure to patient

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- d) The area should be cleaned and dried thoroughly
- e) Using the preferred piece of equipment (i.e. hand held cautery, white needle etc.) a hole should be made directly over the centre of the nail that shows discolouration from the haematoma. Occasionally the underlying subungal haematoma will have loculated and more than one area will need to be drained (Platt 1998).
- f) The injury is then reassessed and the outcome of the procedure is then recorded in the patient's notes.
- g) A dressing is then applied and appropriate aftercare advice given to the patient.
- h) If an underlying fracture has been identified, appropriate antibiotic therapy should be given. (According to Patient Group Directives and Antibiotic policy).

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5.0 Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Review documentation to ensure criteria met. Ensure staff have competencies for trephining	Direct Observation	Randomly. Each member of staff once a year	ENP Yvonne Basher	Ward Manager and matron	Yearly

REFERENCES

Chambers English Dictionary 1990 W R Chambers; Godalming, Surrey

Flatt A E 1959 The care of the minor hand injuries. C V Mosby; St Louis Missouri

Michon J Delagoutte J P 1981 The nail. Churchill Livingstone; Edinburgh

Platt L K 1998 Trephining of nails: an overview of the commonest cause for trephining and the actual procedure of trephining. Accident and Emergency Nursing Vol 6 number 3 pge 167 – 169 Churchill Livingstone; Edinburgh

CONTRIBUTION LIST

Key individuals involved in developing the document

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Staff at Kidderminster MIU would like to thank all the staff from the Worcestershire Community MIU's who provided the groundwork for this guideline.

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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	NO	
	Ethnic origins (including gypsies and travellers)	NO	
	Nationality	NO	
	Gender	NO	
	Culture	NO	
	Religion or belief	NO	
	Sexual orientation including lesbian, gay and bisexual people	NO	
	Age	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	NO	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.