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A blunt injury to the strength of the musculoskeletal brain can lead to broken bones. The condition of a particularly open fracture may seem terrible, but it is not really a direct threat to life, except for a condition of long-term bone fractures with severe bleeding. However, fractured conditions should be properly diagnosed and treated to prevent disability and long-term complications. When looking for trauma patients, the first thing to do is to conduct an initial examination by ensuring the ABCDE problem is resolved. Once the airways and breathing are overcome, if there is a fracture there may be a laserization of the open tissue, so that it can cause bleeding, then the first step is to control the bleeding with an emphasis on the location of the bleeding. Temporary desidation can be done to reduce bleeding as it can reduce movement and give a tamponad effect to the muscles. When the fracture is open, focus on the wound with a sterile cash register. Provide fluid resuscitation as needed. If there is a radiology facility in the medical facility, X-rays can be taken if there is a suspicion that the cause of the shock is a fracture. In addition, secondary examinations are conducted by interviewing the mechanism of the accident, the state of the environment, the predisposition factor, and what first aid was done before it was delivered to a health facility. To learn the biomechanism of the injury, you need to ask a few things, for example, in a four-wheeled traffic accident, where the patient's position, driver's seat or passenger seat, whether wearing a seat belt, and then hitting on which part. Environmental circumstances are requested to be aware of the possible source of bacterial contamination of the wound. Claims that may occur in patients with pain fractures, difficult or limited movement, swelling, alteration of shape, discoloration, discoloration disorders, muscle weakness, or open wound fractures. In addition, a medical examination is carried out, all clothes are removed for a thorough check. Physical examination of the First Bone Fracture examines the wound, whether there is an open wound, whether there is a part of the bone that comes out, like skin color, perfusion, the shape of the wound, the presence of deformity in the form of angulation or contraction, whether there is swelling and discoloration or bruising. Palpation is carried out to detect the appearance of pain, stiffness, swelling, deformations or the appearance of a reduced taste sensation. Cremation can be found, but it is not recommended to intentionally seek cremation. Perform the pulsation of each distal artery and check the time capillaries are replenished with your fingers. Patients are asked to move their limbs, false movement indicates a fracture. Diagnosis is carried out with the help of anamnis, physical examination and examination X-ray photos. In the limbs at least Xray is performed from two positions, namely the AP and the lateral. An open fracture of the bone is an open fracture that has a connection to the external environment through the skin, so there is bacterial contamination and can lead to complications of infection. Open fractures are divided into three groups, fractures of the first class are open fractures with wounds on the skin less than 1 cm and clean, minimal tissue damage, simple or oblique types of fractures and slightly comical. Grade II fractures - fractures with torn wounds of more than 1 cm without soft tissue damage, extensive aulsi contusio and moderate-gravity fractures with moderate contamination. Grade III fractures are segmental open fractures or extensive soft tissue damage or traumatic amputations. The degree of pollution is severe and common in high-speed trauma. Class III open fractures are further divided into three, IIIa, which are segmental or highly communal fractures, but closing bones with soft tissue is quite strong. IIb open fractures when the injury is very serious or loses significant soft tissue, peeling the periosteal area and bones appear to be open, as well as the absence of significant contamination. IIc open fractures fractures with damage to blood vessels. The open fracture procedure after the stabilization of THESED is carried out by immobilization depending on the site of the fracture. Giving tetanus injections as a prophylaxis in a dose of 250 U tetanus immunoglobulins. All patients with open fractures should be administered intravenous antibiotics as soon as possible. Currently, first-generation cephalosporins are injected to all open fracture patients and aminoglycosides or antibiotics for other gram-negative bacteria can be injected into severe wounds. Antibiotics are administered after consultation with the surgeon. Closed bone fracture In a closed fracture of the initial injection remains the same as the stabilization of the ABCDE and then immobilized at the site of the fracture. Immobilization with demobilization can be carried out in secondary examinations if the injury is not life-threatening. However, each fracture must be immobilized before transporting the patient. I always assess the neuro-vascular condition of the limbs after the contraction and ida. The femoral fractures are temporarily immobilized by the traction of the skin. While in wear in the knee area, it can be immobilized with a long plaster splint with a flexing knee position of about 10 degrees to reduce pressure on the neuro-vascular structure. Fractures of the tibia and ankle can be immobilized by upholstery of the bone protrusion to prevent stress. When the upper extremities are fractured, the tyre is performed in the functional anatomical position of the hand, i.e. in the light wrist and fingers in a 45-degree flexing position on the metacarpophalalange joint. On the forearm and wrist you can do the installation of a bidai with upholleece, while on the elbow the position of immobilization is bending with bidai or armsling. Analgesics are shown in fractures even with good immobilization, the pain will be significantly reduced. Drugs can be administered in small doses intravenously and if necessary to repeat. But be careful in managing analgesics, muscle relaxants or sedatives as it can cause depressive effects of breathing. After temporary administration, patients should be sent to a more complete medical facility in order to take final action if necessary. (alv) I Can't Be Useful The most in-demand book is puskesmas, IGD and Pratama Clinics from Aceh Papua is about to be published again. The updated version of 2018 BUKU 155 DIAGNOSIS AND PRIMARY FASKES THERAPY Suah in the message of 1500 doctors in the pre-order period yesterday cost 199.000. The book will be ready on April 18, 2018. For those of you who pre-ordered, the book will be sent as soon as it is ready. If you haven't pre-ordered yesterday, fill out the waiting list so you don't miss the release of information about the zgt: FORM WAITING LIST BUKU 155 DIAGNOSIS AND PRIMER FASKES THERAPY Don't miss the section like yesterday's Academia.edu no longer supports the Internet Explorer.To browse the Academia.edu and wider Internet faster and more securely, please take a few seconds to update your browser. Academia.edu uses cookies to personalize content, adapt ads, and improve user experience. Using our website, you agree to our collection of information using cookies. To find out more, review our privacy policy.x Open Cracks general_alomedika 2019-11-29T15:46:01-07:00 2019-11-29T15:46:01-07:00 Open Fracture is one of the orthopedic emergencies marked by loss of succession, Continuity, the bones are open wounds, and the bones are exposed to the environment, so it has a high risk of infection. Open wounds are caused by bone fragments that penetrate the skin during injury. The cause of open fractures are direct, high-energy injuries such as traffic accidents, firearms and industrial accidents. Diagnosis of open fractures is carried out by anemnesia, physical examination includes primary examination (primary and secondary examination) and check of the condition of localists, as well as radiological examination using two principles. The procedure of open fractures differs from closed fractures due to open wounds, so early treatment is necessary to prevent infection by introducing antibiotics, prevention of tetanus, debridmen and stabilization of fractures. Then surgical procedures in accordance with clinical considerations. Complications Complications comes from open fractures such as infections, neuro-vascular injuries, compartment syndrome, and non-union. [4,5] 1. Babhulkar S., Raza GKT. Open fractures. Indian J Ortop. 2008; 42(4): 365–367. 2. Schaller, Thomas M. Open fractures. Medpeff. 2018. 3. American Academy of Orthopaedic Surgeons. Open fractures. 4. Blom A, Warwick D, Whitehouse MR. Upley and Solomon Systems Orthotics and Injuries. 10th Ed. New York: CRC Press Office; 2018. page 692-694, 706-724. 5. Howe USA. General Fracture Management Principles: Early and Late Complications. fractures are discounts on bone structure that communicate with the external environment through the wound. Open fractures are associated with a high risk of infection due to the contamination of the wound, which occurs during injury. Therefore, in addition to healing from fractures and restoring limb function, the important goal of the treatment of open fractures is to prevent infection (Gustilo, 1990). Anamnesis (Subjective) Result of complaint of open fractures after injury Pain Difficult to move strain of swelling discoloration Disturbance Muscle Weakness Risk Factors: - Results of physical examination and simple support (objective) Physical inspection inspection (see) the presence of open wounds on the skin that can be a sharp puncture of the bone through the skin or outside due to impervious, such as bullets or direct injuries. Palpasi (feel) a. Skin rips exposed to the outside world b. Pain press c. Palpable bone tissue that protrudes from d. Lack of deformity e. The length of the limbs decreases compared to the healthy side of movement (movement) Typically, still radiological examinations Support examination, in the form: Simple photos are examined in PROJECTION AP and lateral diagnostic assessment (assessment) The classification of open fractures is divided into three groups: Grade I. Open fracture with skin wound less than 1 cm and pure b. Tissue damage is minimal, fracture is simple or oblique and slightly comic. Grade II A. Open fracture with a torn wound of more than 1 cm, no soft tissue damage, b. Extensive avulsi contusions, as well as moderate communicative fractures and moderate contamination. Segmental open fractures of the third degree or extensive soft tissue damage or traumatic amputations, severe derajad contamination and high-speed trauma. Grade III fractures are divided into three: Grade II: Segmental fracture or high-general closing with soft fabrics is quite strong. IIb Class: Severe injury or loss of enough soft tissues, exfoliation of the periosteus and open bones, as well as the absence of significant contamination. Grade II IIc: Fracture with damage to blood vessels. Diagnosis of Appeal: - Complications of bleeding, septic shock to death, septicaemia, toxoemia due to piogenic infections, tetanus, gangrene, secondary bleeding, chronic osteomyelitis, delayed compound, non-union and malunion, joint stiffness, other complications due to the long-term treatment of Comprehensive Implementation (Plan) Principle of Open Treatment of Fractures All open fractures are managed in the emerging method of ATLS Perform wound irrigation of the fractured wounds by irrigation of the ailing wounds. Wrap the wound to stop the bleeding, in a fracture with the bone protruding, where it is possible to avoid inserting the bone component back into the wound. Grade II and Grade III fractures should be fixed by fixing externa. Antibiotics: This is an effective way to prevent open fracture infection. Antibiotics should be in large doses. For open fractures, the recommended antibiotics are a cephalosporium group and are combined with amineglycosides. Prevention of tetanus: all sufferers of open fractures should be given tetanus prevention. Patients who were sufficiently immunized by the introduction of toxic tetanus, but for those who did not, can be given 250 units of immunoglobulin tetanus. Criteria for sending a patient are immediately sent after a more stable condition, while keeping an eye on vital signs. Bidai Equipment, a set of minor surgery forecast quo ad fungsionam is dubia ad bonam, depending on the speed and accuracy of the performed actions. Schaller Reference, T. M. Calhoun, J.H. Open Fracture. Electronic medicine. Medswipe. Updated May 21. 2011. (Schaller and Calhoun, 2011) Departmentuddin, R. Introduction to Orthopedic Surgery. Open fracture. Issue 3. 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