Acute Care Policy

Acute Care Policy and Procedures

Athletic training students within Winona State University’s Athletic Training Education Program have the opportunity to evaluate acute athletic injuries on a daily basis. All of the acute evaluations must be done so under the direct supervision of a staff Certified Athletic Trainer.

Emergency Phone Numbers:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBULANCE/POLICE/FIRE</td>
<td>911</td>
</tr>
<tr>
<td>Winona State Security</td>
<td>507-457-5555</td>
</tr>
<tr>
<td>Winona Health Hospital</td>
<td>507-454-3650</td>
</tr>
<tr>
<td>Athletic Training Room</td>
<td>507-457-5209</td>
</tr>
</tbody>
</table>

Certified Athletic Training Staff:

- Stacey Czaplewski, MEd, ATC (Head AT) 507-457-2333
- Brandon Donahue, MS, ATC 507-457-5209
- Kim Sieve, MS, ATC 507-457-2764
- Eric Crowley, MS, ATC 507-457-5209
- Shauna Hoff, MS, ATC 507-457-5209
- Shellie Nelson, EdD, ATC (Program Director) 507-457-5214
- Brian Zeller, PhD, ATC (Clinical Coordinator) 507-457-5575

Team Orthopedic Physician:
- Dr. Richard Romeyn 507-474-9300

Orthopedic Injuries

Certified Athletic trainers should follow a 10-step process of evaluation for orthopedic injuries, which includes but is not limited to:

- Rule out life and limb threatening situations
  - Assess airway, breathing, circulation
  - Pulse, blood pressure, level of consciousness, temperature, as necessary
- Obtain history of the injury
  - How, what, when, where, why
- Obtain history of the athlete
  - Prior injury
  - Prior medical history
  - Current allergies, medications, medical conditions
- Observation
  - Edema, effusion, deformity, ecchymosis
  - Inflammatory response (pain, redness, heat, swelling, loss of function)
- Palpation
  - Anatomical structures
  - Pain
- Structural integrity
  - Stress and special tests (ligament, bone, muscle, nerve)
  - ROM (active, passive, resistive)
- Functional activity
  - ROM
  - Activities of daily living
  - Functional testing (sport specific)
- Decision and action
- Diagnosis
- Plan of action (short term and long term goals)
- Immediate care
  - Document
    - SOAP
    - Insurance, if necessary
  - Establish a time for re-evaluation or follow-up
    - Same day, next day, etc. for evaluation and rehabilitation

**Referrals**

Referrals to physicians and healthcare providers are at the discretion of the Certified Athletic Trainer and Team Physician. A thorough evaluation and medical history guides the decision-making process. Any injuries that keep an athlete from participating in their respective sport for longer than **two weeks** should be referred to appropriate health care providers. All referrals should be communicated with the Head Athletic Trainer. The Certified Athletic Trainer must complete a secondary insurance claim form and submit this to the Head Athletic Trainer for every referral, emergency and non-emergency. This should occur promptly.

  - **Non-emergency Referrals to a Team Physician**
    Prior to referring an athlete to the Team Physician, the athlete must first contact their primary insurance company to determine coverage guidelines, which should be followed. Once these guidelines are in place, the following items must accompany the athlete to their appointment:
    - The athlete’s primary insurance card or a copy of the athlete’s primary insurance card (front and back)
    - A completed Referral Form (The Certified Athletic Trainer may contact the Team Physician directly prior to the scheduled appointment in which case the Referral Form is not required.)

  - **Non-emergency Referrals to a Non-Team Physician**
    Prior to referring an athlete to a physician other than the Team Physician, the athlete must contact their primary insurance company to determine coverage guidelines, which should be followed. Once these guidelines are in place, the following items must accompany the athlete to the appointment:
    - The athlete’s primary insurance card or a copy of the athlete’s primary insurance card (front and back)
    - A complete Referral Form

    The athlete must bring a completed referral form to the Certified Athletic Trainer upon return from their appointment. Without a completed and returned referral form, the athlete may not return to any participation.

  - **Emergency Referrals**
    In emergency situations the Certified Athletic Trainer should provide EMS personnel with the athlete’s medical history and emergency information card.

  - **Non-referred Referrals**
    If an athlete receives care from medical personnel outside of the Team Physician network, a completed Referral Form and all medical documents must be sent to the athletic training staff. Without medical records, proper treatment, rehabilitation, insurance, and return to play status cannot be established. An athlete will be listed as No Participation and no treatment/rehabilitation will be provided until proper records are on file.
Medical Emergencies that Require Activation of EMS (911)
- Respiratory distress or arrest
- Chest pains indicative of myocardial ischemia (heart attack) or cardiac arrest
- Abdominal pains indicative of internal trauma (spleen, liver, appendix, etc.)
- Excessive bleeding from a major artery or significant loss of blood
- Suspected spinal cord trauma, point tenderness, or deformity along the vertebral column, paralysis, paresthesia, diminished or absent reflexes, or muscle weakness in a myotome
- Open or multiple fractures, and fractures involving the femur, pelvis, or several ribs
- Joint fracture or dislocation with no distal pulse (ankle, elbow)
- Severe signs of shock or possible internal hemorrhage
- Loss of Consciousness

Injuries that Require Immediate Referral to a Physician (Same Day)
- Dental trauma: fractures, dislocations, extruded or intruded teeth
- Closed fractures or dislocations
- Lacerations requiring debridement and/or suturing
- Suspected nerve root or peripheral nerve injury
- Injuries where a functional deficit is noted
- One has doubts about the severity of the injury
- Eye Injuries

Injuries that Require Prompt (24-48 hours) Referral to a Physician
- Injuries involving a ligament rupture (i.e. ACL)
- Injuries involving a muscle or tendon rupture
- Injuries involving uncontrolled pain or edema
- Other injuries per discretion of the Certified Athletic Trainer

Protocols for On-Field Evaluation

Fractures
- Assess Neurological status
- Assess Circulation
- Assess Bleeding
- Implement Proper Immobilization
- Re-assess circulation and neurological status
- Make Proper Referral
- Complete Documentation

Dislocations
- Follow same protocol for fracture
- Athletic Trainer may make 1-2 attempts to relocate phalanx, patella, or shoulder dislocations
- Activate EMS
- All other dislocations should be managed as a fracture

Unconscious Athlete
- Activate EMS
- Note body positioning
- Determine level of consciousness and unresponsiveness
- Always suspect spine or neck injury in an unconscious athlete until ruled out
- Immobilize cervical spine
- If athlete is wearing a helmet, Do Not remove until neck and spine injury have been ruled out
- Cut and remove facemask to allow for CPR
- If the athlete is supine and not breathing, immediately establish ABC’s
- If the athlete is supine and breathing, do nothing until consciousness returns
- If the athlete is prone and not breathing, logroll the athlete to the supine position and establish ABC’s
- If the athlete is prone and breathing, do nothing until consciousness returns, then logroll the athlete onto a spine board
- Monitor and maintain life support for the unconscious athlete until emergency medical personnel arrive
- Once the athlete is stabilized, begin a secondary survey to access:
  - Heart Rate
  - Respiration
  - Blood Pressure
  - Temperature
  - Skin Color
  - Pupils
  - State of Consciousness
  - Neurological Deficits / Movement
  - Presence of Pain

  o Internal Injury
    - Inspection
      - Contour
      - Symmetry
      - Umbilicus
      - Skin Color
      - Movement
      - Cullen’s Sign – ecchymosis around umbilicus
      - Grey Turner’s Sign – ecchymosis around the flanks
    - Light Palpation
    - Deep Palpation
    - Auscultation
      - Evaluate all four quadrants
      - Begin in URQ and work clockwise through all quadrants
    - Percussion
      - Assess for amount and distribution of gas in abdomen and identify specific organs
      - Begin in URQ, move clockwise to cover all quadrants

  o Open Wounds
    Athletic trainers follow OSHA standards for blood borne pathogens when handling blood or bodily fluids related to open wounds including, but not limited to, abrasions, blisters, lacerations, punctures, incisions, and burns.

    - Preventing Infection
      The following procedures are implemented to reduce the risk of contamination of bloodborne pathogens:
1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
2. Encourage immediate showering following activity.
3. Avoid sharing towels, razors, and daily athletic gear.
4. Properly wash athletic gear and towels after each use.
5. Maintain clean facilities and equipment. All facilities and equipment are cleaned using autoclave, bleach solution, or betadine.
6. Refer to appropriate health care personnel for all active skin lesions that do not respond to initial wound cleaning.
7. Administer or seek proper first aid.
8. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
9. Care and cover skin lesions appropriately before participation.

These Policies and Procedures have been read and approved by the WSU Medical Director. Any changes to this document must be approved by the WSU Medical Director prior to implementation.

Dr. Richard Romeyn, WSU Team Physician
Date

Note: This document has been adapted to specifically address issues at Winona State University. Modifications have been made from the following:

- University of Charleston Athletic Training Policy and Procedure Manual (2007-08)
- Special Tests of the Cardiopulmonary, Vascular and Gastrointestinal Systems, O’Connell et al. (2011)