**CC:** “I injured my thumb at work place today”

**HPI**

26 year old with no significant PMHx, left handed Food Preparer for Gourmet Boutique, presents for an initial evaluation after injury to his left thumb that occurred on 8/28/20 at 8:20AM while at work. Patient reported while preparing pasta in a mixer, the lid jammed, and in an attempt to fix it, the metal lid slammed onto his left thumb. Pt immediately felt a sharp in his left thumb, lifted the lid, and noticed he was bleeding. Pt covered the wound with a gauze to stop the bleeding, pt denies heavy bleeding.Pt describes the left thumb pain as intermittent, 5/10, sharp, non-radiating. Pain is aggravated by movement; patient denies alleviating factors. Patient admits to numbness at base of thumb. Denies tingling, heavy bleeding, previous injury to left thumb, LOC, headaches, shortness of breath, chest pain, abdominal pain, nausea, vomiting, fever, chills, bowel or bladder control problems. Patient is unsure of the last tetanus.

**PMHx**: right knee tendon rupture

**PSHx**: right knee tendon repair 2012

**Meds**: none

**Allergies:** NKDA

**Family History:** Denies family history of cardiovascular diseases, cancer and strokes.

**Social History**: Denies smoking, drinking or illicit drug use

**Review of Systems**

**General:**  Denies loss of appetite, chills, diaphoresis, weight loss/gain, fatigue and fever.

**Head** –Denies headaches, vertigo or head trauma.

**Ear:**  Denies tinnitus, discharge or difficulty hearing

**Neck** – Denies localized lumps or stiffness/decreased range of motion

**Pulmonary system** – Denies cough, dyspnea, dyspnea on exertion, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea (PND).

**Cardiovascular system** – Denies chest pain, palpitations, irregular heartbeat,

edema/swelling of ankles or feet. syncope or known heart murmur

**Gastrointestinal:** Denies constipation, Nausea, vomiting, diarrhea, dysphagia, pyrosis, flatulence, eructation, change in appetite or blood in stool

**Genitourinary system** – Denies urinary frequency, urgency, nocturia, polyuria, oliguria, dysuria,

incontinence, or flank pain.

**Musculoskeletal**: admits of thumb pain and numbness but denies joint effusion, joint pain, or muscle spasm.

**Neurological:** denies dizziness, tremors, syncope, weakness, numbness and headaches.

**Physical Exam**

**General:** Pt is oriented to person, place, and time. He appears well-developed. Mild distress - non toxic appearance.

**Vital Signs:**

BP: R sitting 126/84

R: 18/min unlabored

P: 68, regular

T: 98.7 degrees F (oral)

O2 Sat: 100% Room air

**Nails:** no sign of clubbing, cyanosis, koilonychia, paronychia. capillary refill <2 seconds

throughout.

**Skin:** warm, moist and smooth to touch, good turgor. Nonicteric, no evidence of hypo or

hyper pigmentation, erythema, mass, lesions, scars or tattoos.

**Head:** Normocephalic and atraumatic.

**Eyes**: EOM is intact. Pupils are equal, round, and reactive to light.

**Neck:** Normal range of motion. Neck supple.

**Heart:** regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4,

splitting of heart sounds, friction rubs or other extra sounds.

**Lungs** – clear to auscultation and no evidence of adventitious sounds.

**Abdomen**: Flat / symmetrical / no evidence of scars, striae, caput medusae or abnormal

pulsations. Bowel sounds in all four quadrant; Soft, non-tender to palpation; no masses, no organomegaly

**Musculoskeletal:**

Left Hand/Thumb: ecchymosis on dorsal and volar aspect inferior to interphalangeal joint, Superficial abrasion on dorsal aspect inferior to IP joint. Superficial L-shaped laceration on volar aspect inferior to IP joint. Moderate swelling of thumb and thenar eminence. Moderate tenderness with palpation. Decreased sensation and limited ROM due to pain and edema

**Neurological:** She is alert and oriented to person, place, and time.

**Assessment**

26 year old with no significant PMHx left handed Food Preparer for Gourmet Boutique, presents for an initial evaluation after injury to his left thumb that occurred on 8/28/20 at 8:20AM. Based on physical examination, moderate swelling, decreased sensation and tender to palpation, there is a high suspicion of fracture.

**Differential Diagnosis**

* Proximal phalangeal fractures
* Abrasion
* Gamekeeper's thumb
* Compartment syndrome

**Plan**

* Imaging: X-ray of the left thumb

Preliminary views are positive for fracture; official report to follow.

* Analgesics: Toradol 60mg IM given; uncomplicated Lot: ADN910 Exp: 4/2021, Tdap given Lot: C5631AA Exp: 11/27/21, Ibuprofen 800mg PRN
* Wounds cleansed with water and normal saline, bacitracin ointment applied, telfa and cohesive dressing applied to the left thumb. However, swelling continued to increase in the office with mild cyanosis, unable to splint finger due to swelling. So pt was advised for STAT ED evaluation to rule out compartment syndrome; patients transported to ED to Jamaica Hospital Medical Center to r/o compartment syndrome via car service.
* Consult with hand surgeon and scheduled a appointment in next 2 days
* Patient was advised to apply ice, rest and elevate
* Follow up in 2 days, sooner if needed