

January 2011 Case Study: Right Elbow Dislocation

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History of Present Illness: The patient is a 12 year-old right-hand dominant female with a right elbow injury. She was on uneven bars in gymnastics earlier this afternoon and fell 5-6 feet straight onto an outstretched right arm. She had immediate pain and there was obvious deformity of the right elbow. No head injury, no neck injury, no LOC, no other injuries. She was splinted by EMS and given 6mg morphine for severe pain prior to her arrival in the emergency department. Past medical history is non-contributory, she is a very healthy 12 year old female.

Initial Radiographs:



Physical Examination: VSS, HR 98, BP 98/48, mild distress secondary to pain, alert and conversant, received 6mg morphine in ambulance on route to emergency department, exam of the right upper extremity reveals an obvious deformity, there is a very large joint effusion, range of motion not assessed due to pain, she was neurovascularly intact distally with normal pulses, normal capillary refill, no tingling or numbness, ulnar, median, radial nerves were intact.



Impression/Plan: The patient has an acute right elbow dislocation. It was reduced under conscious sedation in the ED. Post-reduction x-rays demonstrated the joint to be reduced, however, there was an associated medial epicondyle fracture. The medial epicondyle fracture will require open reduction and internal fixation (ORIF) likely with a single cannulated screw. The patient was made NPO, surgical consent was obtained and she was scheduled for the OR.

