

Ivy Grove Surgery

Minor Illness Leaflet #8 – Minor Injuries and Conditions

Dear

We have provided this leaflet following your recent consultation on . The NHS aims to empower all patients to self-care and we hope that this leaflet will help you to manage your condition in the future.

This leaflet covers the following Minor Injuries and Conditions:

1. **Minor Burns and Scalds**
2. **Minor Head Injuries**
3. **Injuries to the Back or Chest**
4. **Sprains and Strains**
5. **Broken Bones**
6. **Neck Injuries**
7. **Finger Injuries**
8. **Nosebleeds**
9. **Cuts and Grazes**
10. **Insect and Animal Bites**
11. **Minor Eye Injuries**
12. **Signs of Infection**

Your nearest MIU is at Ripley hospital, Sandham Lane, Ripley DE5 3HE. Tel: 01773 743456. Opening hours 7am-8pm 7 days/week and is for **MINOR** injuries only.

The nearest major A+E department is at Royal Derby Hospital, Uttoxeter Rd, Derby DE22 3NE. Tel: 01332 783111, Open 24 hours, 7 days a week. If in doubt, call 111/999.

1. Minor Burns and Scalds

Self-care

- Immediately apply cold water to the affected area for at least 5-10 minutes. This helps to remove heat from the skin and lessen damage
- Cover the affected area with a clean cloth e.g. freshly washed pillowcase. Cling film is a useful alternative, but it should only be used on limbs and trunk. Do not use a tea towel or dishcloth as they are often contaminated with bacteria. Do not try to 'pop' blisters. Do not apply oils, cream or ointment
- Seek medical advice immediately if concerned
- Most burns heal within 7-14 days, but some do take longer to heal
- It is important to minimise the risk of infection and you should watch for signs of infection such as: a foul smell from the burn or scald, increased redness around the burn, fever
- If you think that there are signs of infection (see item 12), you should return to the MIU, A+E or telephone for advice

2. Minor Head Injuries

After a head injury it is common to notice some of the following symptoms:

- Expect to feel generally miserable and 'off colour'. These feelings may include feeling sick (without vomiting), dizziness, irritability or bad temper, problems concentrating, problems sleeping or lack of appetite.
- Expect to be more tired than usual. Do not be confused between normal sleep and unconsciousness - someone who is unconscious cannot be woken up.
- Expect to have a mild headache. Paracetamol will suffice for this. These symptoms should improve rapidly.

If you are concerned about any of these symptoms in the first few days, you should go to your MIU. If these problems do not go away after 2 weeks, you should see your doctor.

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2. Minor Head Injuries (contd.)

Self-care

- DO stay with a friend/partner/relative for 24 hrs
- DO have plenty of rest and avoid stressful situations
- DO NOT take sleeping pills, sedatives or tranquilisers unless a doctor prescribes them for you
- DO NOT play any contact sport (for example, football) for at least 3 weeks without talking to your doctor first
- DO NOT return to school/college or work until you feel you have completely recovered
- DO NOT stay alone in the home for the first 24-48 hours after leaving hospital
- DO make sure that there is a nearby telephone and that you are within easy reach of medical help
- DO NOT drive a car, motorbike, bicycle or operate machinery unless you feel that you have completely recovered

Seek medical attention (go to A+E) if:

- Unconsciousness, continuing drowsiness for more than one hour or difficulty in waking from sleep
- Any confusion (not understanding what is said, not knowing where you are etc.)
- Any vomiting
- Painful headache that will not go away or trouble with your eyesight
- Any loss of balance or problems walking
- Any problem speaking
- Any kind of attack, which you think is a fit
- Any weakness in one or both arms or legs
- Clear fluid coming out of your ears or nose
- Bleeding from one or both ears.
- New deafness in one or both ears

3. Chest/Back Injuries

These comprise fractured (broken) ribs, fractured sternum (breastbone) and chest wall bruising.

Injuries of the chest wall can be very painful. Due to movement of the chest wall, deep breathing and coughing will be painful, but it is important to breathe and cough normally. Chest wall injuries often take several weeks to get better. As a rough guide, a patient with one broken/bruised rib can expect to be in pain for 3 weeks and to be in discomfort for several more weeks and even longer if more than one rib is involved.

Self-care

- It may be helpful to sleep sitting upright for the first few nights
- There is no specific treatment for broken ribs and it is not always necessary to x-ray the chest, as the treatment for a broken rib is the same as that for a bruised chest
- Take painkillers and follow the guidelines below
- The main complication is stagnation of the normal chest secretions leading to chest infection. The risk is greater in smokers and people with chest disease. To prevent infection, take 10 very deep breaths every hour
- If you feel the need to cough, it is vital that you do cough to remove phlegm. You should not suppress it, despite the pain. It will be more comfortable to cough if you support the painful area with a pillow or, after a few days, your hand

Seek medical attention (see a doctor) if:

- You become short of breath
- You start to cough up green, yellow or blood-stained sputum (phlegm)
- You become unwell with a temperature

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4. Sprains and Strains

Following injury, your joint may be swollen, bruised and painful.

Self-care

- Take simple pain relief as needed
- During the first 3 days, it is important to rest at this stage to prevent further swelling
- To relieve pain and swelling, apply a packet of frozen peas or crushed ice in a damp towel to the injured area
- For maximum effect, apply for up to 20 minutes, every 2 hours. Cold can burn, so remove if uncomfortable
- As the pain begins to settle you can begin to gently move the joint to prevent stiffness. Movements should be performed slowly moving into mild discomfort and short of pain
- After 3 days, gentle exercise is essential.
- Physio can be arranged locally via **Physio Direct on 01335 230079** without needing to see a doctor first

5. Broken Bones

If you suspect you have broken bones, and/or think you may need an X-ray, please attend the MIU. In the case of multiple fractures or more severe injuries, please attend the nearest major A+E department at Royal Derby Hospital.

6. Neck Injuries/Strains

Your neck is made up of a number of bones bound together by strong discs and ligaments. It is also protected by strong muscles. Neck sprains can involve damage to the ligaments and muscles. Often symptoms may not arise for several hours or even one to two days after injury. Common complaints include pain and stiffness in the neck, shoulders, upper back and sometimes lower back. Headaches, nausea, dizziness, loss of concentration and tearfulness can also occur. Symptoms may last from a few days to a few weeks. It is reassuring to know that most neck sprains are not serious and rarely result in permanent harm. All recent research strongly advises an early return to normal activity. This leaflet gives general advice on how to manage your injury.

Self-care

- During the first 24 - 48 hours, you may be aware of your neck becoming more stiff and painful. Depending on your level of symptoms and the type of job you do, you may need to rest and stay off work for a day or two
- However, if symptoms allow, try to continue with normal daily activities. This will not cause further damage to your neck. Just be sensible and take things steady, or change the way you do them
- Where necessary take pain relief to ease the symptoms. It will be most effective if taken at regular intervals
- Either heat or cold can be used to relieve pain in the back of the neck and shoulders. Use whatever gets best results for you. A bag of frozen peas wrapped in a damp towel can be applied for up to 20 minutes. For maximum effect apply every two hours. Alternatively, you may prefer heat using a heat pad, hot water bottle (in a cover) or having a hot shower
- During the first two weeks avoid excessive discomfort during activity. You can return to exercise such as swimming, cycling and gentle gym activities. However, avoid impact and contact sports until you feel fully fit, free of pain, mobile and strong
- Depending on how severely your neck is sprained it may take up to eight weeks to recover, occasionally longer. By 8 weeks you should have returned to all of your usual activities

Seek medical attention (see a doctor) if you have:

- Pins and needles or numbness in arms or legs
- Difficulty with balance or walking
- Disturbed vision
- Dizziness
- Pain spreading into your arm

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7. Finger Injuries

Please attend MIU if you have a finger injury. A mallet finger is caused by rupture of the tendon to the tip of the finger. Sometimes, the tendon may pull off its bony attachment. As a result, you are unable to straighten your finger tip on its own, although it can be pushed straight. Unsupported, the fingertip will have a characteristic 'droop'. In most cases, it is not painful, but more of a nuisance. Your finger is placed in a special plastic splint holding the tip straight for 6 - 8 weeks. During this time, the fingertip must be kept straight at all times, so healing can take place. It is essential that you carefully follow the instructions given to allow healing.

8. Nosebleeds

This information is designed to help you cope with any nasal bleeding you may suffer and to suggest ways that may help prevent further episodes. Often the cause is unknown. However, some causes can include:

- High blood pressure
- Picking your nose
- Recent colds resulting in strong nose blowing
- Recent sinus or nasal surgery
- Anti-coagulation therapy

Self-care

- Most nosebleeds arise can be stopped by applying pressure
- It is important to remain calm
- If you are alone, summon help if possible
- Sit upright with your head slightly forward. Breathe through your mouth
- Apply firm pressure with the thumb and forefinger at the level of the nostrils. You will need to do this for approximately 10-15 minutes
- Ice packs can be applied to the forehead or bridge of the nose (a packet of frozen peas or similar makes a good ice pack)
- Sucking a small piece of ice can also assist in stopping the bleeding
- If you feel that blood is trickling down the back of your throat, try not to swallow it, as blood can irritate the stomach and cause nausea and vomiting. Try to spit the blood out
- Do not drink very hot fluids for 24 hours. This can cause the blood vessels to dilate, which can lead to bleeding
- If you smoke, try to give up or at least cut down. Smoking can irritate the sensitive nasal mucosa, leading to bleeding
- Avoid blowing your nose for a couple of days to allow the healing area inside the nose to settle down
- If you feel as if you are going to sneeze, cover your mouth and sneeze through your mouth. Do not try to hold back a sneeze
- Avoid constipation and straining when going to the toilet, as again this increases the pressure inside your nose. Lots of fibre in your diet may help
- Avoid vigorous exercise, heavy lifting and bending over for a week after a nosebleed
- Do not pick your nose or try to clean it with cotton buds. Doing so will dislodge any healing crusts. It is normal to have a bloodstained mucus discharge from your nose for approximately a week
- Your nose may feel blocked for up to 10 days following a nosebleed. It will gradually clear. Sometimes inhalations may help decongest your nose

Seek medical attention (go to A+E or ring 999) if:

- After 10-15 minutes the bleeding continues or gets worse medical help is needed. You are advised to attend the nearest A+E department or call an ambulance. Do not panic! The reason you need to get to hospital is so that the professionals can stop the bleeding for you. Sometimes very severe nosebleeds may make you feel faint or dizzy, so make sure you are sitting down. (Standing up may lower an already low blood pressure.)

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9. Cuts and Grazes

Most cuts and grazes are minor and can be easily treated at home.

Self-care

- Stopping the bleeding, cleaning the wound thoroughly and covering it with a plaster or dressing is usually all that's needed. Minor wounds should start to heal within a few days.
- Stop any bleeding before applying a dressing to the wound. Apply pressure to the area using a clean and dry absorbent material – such as a bandage, towel or handkerchief – for several minutes. If the cut is to your hand or arm, raise it above your head to help reduce the flow of blood. If the injury is to a lower limb, lie down and raise your leg
- When the wound has stopped bleeding, clean it and cover it with a dressing to help stop it becoming infected.
- Wash and dry your hands thoroughly
- Clean the wound under drinking-quality running tap water – avoid using antiseptic as it may damage the skin and slow healing
- Pat the area dry with a clean towel
- Apply a sterile adhesive dressing, such as a plaster
- Keep the dressing clean by changing it as often as necessary
- Keep the wound dry by using waterproof dressings, which will allow you to take showers
- You can remove the dressing after a few days, once the wound has closed itself
- If the wound is painful for the first few days, you can take over-the-counter painkillers such as paracetamol or ibuprofen
- Look out for infection (see item 12)

Seek medical attention (go to A+E) if:

- you cannot stop the bleeding
- you're bleeding from an artery – blood from an artery comes out in spurts with each beat of the heart, and is bright red and usually hard to control
- you experience persisting or significant loss of sensation near the wound or you're having trouble moving any body parts
- you have received a severe cut to the face – you may require urgent treatment to prevent scarring
- you have received a cut to the palm of your hand and it looks infected – these types of infection can spread quickly
- there's a possibility a foreign body is still inside the wound
- the wound is very large or the injury has caused a lot of tissue damage

10. Insect bites

These are best avoided in the first place but if you do find yourself with one, avoid scratching, take antihistamines and report any signs of infection (see item 12).

11. Minor Eye injuries

Types of eye injury include:

- blows to the eye – such as being hit by a fist, elbow or ball
- scratches and abrasions – such as from fingernails or tree branches
- foreign bodies – such as small pieces of grit, wood or metal getting in the eye
- penetrating or cutting injuries – such as cuts from glass or projectiles flung from tools, especially when hammering or using power tools
- chemical burns – such as exposure to household cleaning products
- radiation exposure – such as exposure to ultraviolet (UV) light from the sun or sun lamps
- wearing contact lenses incorrectly can also injure your eyes, particularly if they're dirty, don't fit properly or have been worn for too long

Minor irritation or injury to the front of the eye usually does not require medical treatment and should clear up within 24 hours.

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11. Minor Eye Injuries (contd.)

Self-care

- If you experience discomfort, painkillers such as paracetamol or ibuprofen may help
- Don't touch or rub your eye, apply pressure to it or wear contact lenses until it's fully healed to prevent further damage
- Go to MIU or your optician if you have any concerns about your injury or if it's not better within 24 hours.
- Flush your eye - if you have loose particles in your eye or your eye has been exposed to chemicals, flush it out with an eye-wash or plenty of clean water for at least 10 to 15 minutes. If you wear contact lenses, remember to remove them before flushing the eye

How to flush your eye(s):

- Sit down and slant your head so the injured eye is lower than the unaffected eye, ideally over a bath or sink, then use a glass or cupped hand to repeatedly pour water across the eye from the bridge of the nose.
- If both eyes are affected, tilt your head back, keeping it level, and use a glass or cupped hand to repeatedly pour water across both eyes from the bridge of the nose.
- If you have access to a shower, aim a gentle stream of warm water at your forehead or just above the affected eye while holding the affected eye open.
- If you're working outside, you can use a garden hose to rinse your eye using a very low flow setting.

Seek medical attention (go to A+E) if you have:

- persistent or severe eye pain
- foreign bodies that can't be washed out
- decreased or double vision
- flashing lights, spots, halos or shadows in your field of vision
- blood visible in your eye
- an irregularly shaped pupil (the black dot at the centre of the eye)
- pain when exposed to bright light
- deep cuts around your eye
- an eye injury caused by chemical exposure
- an eye injury that was caused by an object flying at speed – for example, a projectile flung from an angle grinder; a very sharp object, such as glass or a knife; or chemical exposure. Flush your eye for at least 10 to 15 minutes before going

12. Signs of infection

Go to MIU or see a doctor if there is a risk your wound could become infected, or you think it is already infected.

A wound is at risk of infection if:

- it has been contaminated with dirt, pus or other bodily fluids
- there was something in the wound before it was cleaned, such as gravel or a shard of glass
- it has a jagged edge
- it's longer than 5cm (2 inches)
- it was caused by an animal or human bite

Signs a wound has become infected include:

- swelling, redness and increasing pain in the affected area
- pus forming in or around the wound
- feeling generally unwell
- a high temperature (fever) of 38C (100.4F) or above
- swollen glands under the chin or in the neck, armpits or groin

An infected wound or bite can usually be successfully treated with a short course of antibiotics.