CHAPTER 8

BROKEN BONES—CONTINUED

Broken Leg Bones

1. The leg bones are usually broken by direct blows, for instance in motor cycle accidents. The prominent lower ends of these bones form part of the ankle and are often broken if the ankle joint is twisted.

2. **Treatment**. Place the legs together, moving the good leg to the injured one. Place plenty of padding between the ankles and the knees. Tie a figure-of-eight bandage around the ankles and a broad bandage over the knees. If the casualty is to be carried over rough ground, or transported on a long journey, tie a broad bandage above and below the site of the break; if you have a spare bandage, for extra support and comfort, tie it across the thighs.

Injuries to the Knee

3. Knee injuries may be due to blows on the knee, or awkward falls without the knee being struck.

4. **Treatment**. Gently raise the injured knee and support it on a splint extending from the buttocks to beyond the heel. Make sure that the splint is covered with plenty of padding. Ensure that there is extra padding under the knee (but only sufficient to fill the hollow) and ankle for support. Put on a bandage around the ankle, foot and splint. Tie a broad bandage around the thigh and splint and another around the lower leg and splint. Tie off on the outer side of the broken limb. Transport to medical aid with the limb and splint in a raised position.

Broken Skull

5. Broken skulls often occur with head injuries. A swelling or bruise on the upper part of the head may mean a fracture of the bone underneath.

6. The brain rests on the base or bottom of the skull which may be broken in very severe head injuries. Blood may run from the nose or the ear and may be mixed with straw-coloured fluid, and the eyes may be bloodshot. A large bruise may develop behind the ear.

7. A man with a head injury may be unconscious. Unconscious casualties require special treatment to ensure that there is no obstruction to the breathing. An unconscious man should be placed on a stretcher in the Recovery position and taken to medical aid. The Recovery position is shown in Fig 6.

Broken Lower Jaw-Bone

8. The lower jaw-bone may be broken by a direct blow or by a missile. There will be a swelling of the jaw over the break. The casualty will have difficulty in moving his jaw. There will be bleeding from the gums. The teeth may be out of line. He may have difficulty in swallowing, and blood and saliva may dribble from the mouth. In severe cases the tongue may fall back into his throat and choke him.

9. **Treatment**. Maintain the casualty's breathing by ensuring a clear airway. Clear any blood or saliva from the casualty's mouth. Support his jaw by placing a pad under the jaw and support with a bandage tied gently but firmly over the top of his head. Let your casualty hold his jaw and get him to medical aid.

Points to Remember

10. Your aim is to relieve pain by stopping the broken ends of bones moving about:
    a. *Be gentle.*
    b. *Dress wounds first.*
    c. *Use padding where necessary.*
    d. *Tie bandages firmly, with a reef knot. (Fig 10).*
    e. *Get the ambulance to drive slowly.*
    f. *Adjust bandages if they get too tight.*

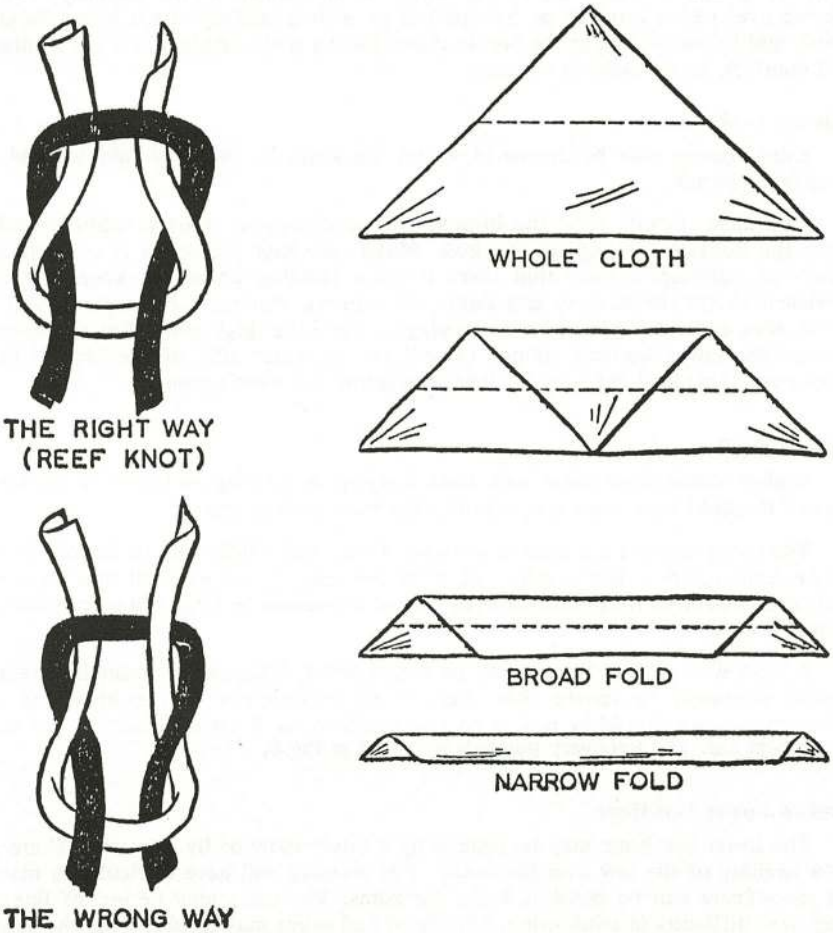

Fig 10 Folding and Tying Bandages

Crush Injuries

11. Crush injuries may result in serious external and internal bleeding. Where release and rescue is delayed serum may invade damaged tissues. There may also be an accumulation of toxic substances which could damage the kidneys. In all cases where a casualty has been trapped with a crushed limb for more than 30 minutes call the emergency services *before* attempting release. Record the time of release and duration of crushing and pass to the medical personnel. Control serious bleeding, treat wounds and immobilize fractures.

12. Where removal to hospital is likely to be delayed for more than 30 minutes, the general rule of "no fluids" should be relaxed, and, provided the casualty has no abdominal injury, he should be given sips of cold water to drink.