

## GUIDELINE FOR TREPHINING NAILS MINOR INJURIES UNIT

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

### INTRODUCTION

These guidelines focus on the management and treatment of subungual haematomas.

### THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS

The Accident & Emergency and Minor Injury Units medical staff.

### Lead Clinician(s)

Sally Bloomer

Minor Injuries Unit  
Manager

Approved by Urgent Care DMB on:

31<sup>st</sup> January 2024

Review Date:

31<sup>st</sup> January 2027

This is the most current document and is to be used until a revised version is available:

### Key Amendments to this Document:

Date	Amendment	By:
29/08/2002	Approved by Clinical Effectiveness Committee	
16/11/10	Amendment made to lead of guideline	Sally Bloomer
April 2013	Reviewed with no amendments	Chris Hetherington
April 2015	Amendment made to clinical lead	Sally Bloomer
August 2017	Document extended for 6 months in line with TMC approval	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
December 2017	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
January 2018	Document extended for two years by Divisional Review	
May 2021	Amendments made by clinical lead/ward manager	Sally Bloomer

November 2023	Reviewed and amendments made to; Page 3 & 4; updated treatment plan Page 6- new reference added	Sally Bloomer
31 <sup>st</sup> January 2024	Document reviewed and Nov 23 amendments approved for publishing	Divisional Governance Meeting

<b>CONTENTS</b>	<b>PAGE</b>
Introduction .....	1
1.0 Introduction .....	4
2.0 Competencies required .....	4
3.0 Patients covered.....	4
4.0 Guideline .....	4
5.0 Treatment.....	4
6.0 Monitoring Tool.....	6

## 1.0 INTRODUCTION

These guidelines focus on the management and treatment of subungual haematomas. Within the Accident & Emergency departments and Minor Injury Units, trephining of nails is a very common and simple procedure. It is usually undertaken in the treatment of crush injuries to digits (NICE 2011).

### 1.1 WHAT IS A SUBUNGUAL HAEMATOMA

A collection of blood under the nail because of trauma causing increased pain

### 1.2 LINKED POLICIES / GUIDELINES INFECTION CONTROL

- Acute Traumatic Wound Care Guideline
- Patient Group Directives

## 2.0 COMPETENCIES REQUIRED

A healthcare professional who has been trained appropriately to use the preferred method of trephining equipment, will undertake the procedure.

## 3.0 PATIENTS COVERED

All patients who have a subungual haematoma that requires trephining.

## 4.0 GUIDELINE

1. A full history and assessment of the patient will be taken in line with Trust documentation guidelines.
2. A thorough physical examination of the injury will be performed and recorded. This will include the extent of the haematoma, any other associated trauma to the nail or surrounding tissues; circulation to the area; sensation and full assessment of the range of the movements that the patient is able to undertake.
3. If on clinical examination a fracture is suspected the patient will be referred to x-ray, prior to the procedure. If the x-ray identifies an underlying fracture but the procedure is still required to reduce the pressure causing increased pain, then the patient should be treated with prophylactic antibiotics (Trust PGD guidelines).
4. A fracture of the terminal phalanx is common and may take the form of a transverse fracture the middle part, a comminute fracture of the distal part or separation of the terminal tuft' (NICE 2015).
5. All information will be clearly recorded in the patient's notes.

## 5.0 TREATMENT

- Handheld disposable electrocautery: Use electrocautery at 90-degree angle to nail to make a hole through the nail over the central area of hematoma.
- Needle: Place an 18-gauge needle at a 90-degree angle over the central area of hematoma and rotate needle in a drilling fashion to create a hole through the nail. Use smaller gauge needle in children if needed. If you use a smaller gauge needle, several holes may need to be drilled to provide relief.
- Once a hole is created it is expected that blood will drain out from the hematoma resolving most of the patient's pain. It may take more than one trephination to decompress the hematoma completely. Take care when advancing through the nail to avoid damage to the nail bed. Bandage site with sterile gauze and instruct patient to keep digit clean and dry.

Guideline for Trephining Nails - Minor Injuries Unit		
WAHT-MIU-003	Page 4 of 13	Version 5

- All digits with underlying fractures should be followed up in either fracture clinic or virtual fracture clinics.

It is the responsibility of every individual to check this is the latest version of the document

**6.0 MONITORING TOOL**

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	Review documentation to ensure criteria met. Ensure staff have competencies for trephining	Direct Observation	Randomly. Each member of staff once a year	Sally Bloomer	Ward Manager and matron	Yearly

**REFERENCES**

Dean/Becker (2011) Cited in NICE guidance.

Farlex (2018): Medical dictionary for health professionals and nursing.

Cunha/ Fell (2019) Subungual haematoma – Cited in medicine health

Caleb Pingel; Christopher McDowell. (2023). *Subungual Hematoma Drainage*. [Online]. National Library of Medicine. Available at: [https://www.ncbi.nlm.nih.gov/books/NBK482508/#\\_article-29648\\_s15\\_](https://www.ncbi.nlm.nih.gov/books/NBK482508/#_article-29648_s15_)

**CONTRIBUTION LIST**

**Key individuals involved in developing the document**

Name	Designation
Mr Jalil	A&E Consultant AH
Marc Tarrant	Matron AH A&E/MIU
Clare Bush	DDN
Dave Raven	Divisional Medical Director

**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;





**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	
----------------------------------	--

<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
<b>Date assessment completed</b>			

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b>			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User	<input type="checkbox"/> Staff		
	<input type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input type="checkbox"/> Carers	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input type="checkbox"/> Review of an existing activity			

	<input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

<b>Equality Group</b>	<b>Potential <u>positive</u> impact</b>	<b>Potential <u>neutral</u> impact</b>	<b>Potential <u>negative</u> impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Age</b>				
<b>Disability</b>				
<b>Gender Reassignment</b>				
<b>Marriage &amp; Civil Partnerships</b>				
<b>Pregnancy &amp; Maternity</b>				
<b>Race including Traveling Communities</b>				
<b>Religion &amp; Belief</b>				
<b>Sex</b>				
<b>Sexual Orientation</b>				
<b>Other Vulnerable and</b>				

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

**Section 5** - Please read and agree to the following Equality Statement

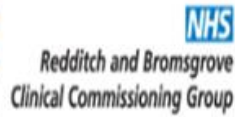
**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.