

GRI EMERGENCY ORTHO REFERRALS – Ortho guide

#NOF Fast track	ED to confirm CXR done and any necessary management / work up Phone ward <u>before</u> medical contact	→ Aim 2 hours arrival to ward
Direct (Obvious) Admissions eg tibial shaft #	ED will Confirm with ED Senior <u>then</u> inform Ward & Orthopaedic Medical Staff	Ensure medically stable/well before transfer.
ALL DIRECT ADMISSIONS	<ul style="list-style-type: none"> • Necessary Investigations and first line treatments e.g. reduction / splintage completed. • Management plan: <ul style="list-style-type: none"> <input type="checkbox"/> Analgesia on Kardex – IV & Oral prn <input type="checkbox"/> IV Fluids for 6hrs • ED will document times of referral to Ortho and enter bed request on TrakCare 	
? Cauda Equina Syndrome	For Ortho assessment Patient to be reviewed in Gatehouse MIU during opening hours and ED thereafter For urgent MRI where indicated (D/W neurosurgery re ? out of hours scan)	MRI negative – patient can be discharged with advice MRI positive – discussion with neurosurgery ?direct transfer or admission GRI ortho overnight Delay to scan / transfer – patient can be admitted awaiting scan
GP referrals (NB not all of these have been phoned to Ortho in advance)	Ortho to advise ED Consultant in charge that patient expected when known, and likelihood of admission. ED will contact Orthopaedics to review in Gatehouse MIU during opening hours and ED thereafter	Not for direct admission as review/ investigations required. For timely review within 30 mins and discharge/admission as required.
Injuries for discharge and planned admission for surgery eg displaced wrist fractures	For initial management / splintage Ortho referral	For Ortho assessment, Ortho to arrange pre-op bloods and COVID swabs prior to discharge where possible. Ensure accurate patient contact details recorded and add to Bluesprier White board for discussion
Concurrent non-orthopaedic condition and injury where non-ortho admission takes priority e.g. Cardiac Event	For initial management / splintage etc in ED Ortho referral for assessment	Admit to appropriate specialty Unless Ortho review in ED is necessary Ortho to review and clarify plan on the receiving ward
Injury requiring Fracture clinic review	Analgesia, splintage as per GRI Specific Fracture Protocol document	Refer VFC
Post-op problems	Non urgent	Discharge, outpatient review via VFC
	Urgent	For Ortho assessment