SPECIFIC FRACTURE MANAGEMENT IN ED/MIU

- OPTIONS

- **Admit to ward - inform Trauma Co-ordinator /junior doctor page no: 13681. Complete SBAR handover on Trakcare.**
- **Allow home - inform Trauma Co-ordinator /junior doctor page no: 13681 - to be discussed at 8.00am trauma meeting**
- **Discharge with Virtual Clinic follow-up**
- **Discharge**

Routinely use tubigrip / wool and crepe / splints for support (POP slab only for unstable injuries / specific indications)
**** Patients being discharged with Lower Limb POP slab / Achilles Rupture need VTE prophylaxis ****

DIAGNOSIS	INITIAL TREATMENT	MANAGEMENT
Septic Arthritis – Prosthetic Joint	Bloods	Refer Ortho
Septic Arthritis – Native Joint	Bloods	Refer Medicine / Rheumatology
Prosthetic Joint – problems requiring urgent clinic review	Bloods	Virtual clinic
Post-operative complications	Manage as required	Consider discussion with Ortho Virtual clinic if required
HAND AND WRIST TRAUMA (NB Acute Hand Admissions refer Plastics)		
crush # terminal phalanx	• Closed - ? Trephine • Open - wound washout ± nail bed repair in ED • Non adherent dressing/antibiotic if contaminated	STC 3-4 days then GP
Mallet finger (extensor tendon)	Mallet splint	Discharge / leaflet
Mallet finger (bony avulsion)	Mallet splint, Check X-ray to ensure no subluxation	Virtual clinic
dislocated IP joints - dorsal	reduce, check xray and buddy strap	Virtual clinic
dislocated IP joints - volar	reduce, splint in extension with dorsal zimmer splint,	Virtual clinic

DIAGNOSIS	INITIAL TREATMENT	MANAGEMENT
	check X-ray	
undisplaced prox/middle phalangeal #s	**buddy strap**	**Virtual clinic**
displaced / rotated proximal/middle phalangeal #s		**Refer hand surgeon on-call**
# base / shaft 1st metacarpal	**Splint**	**Virtual clinic**
# 5th metacarpal neck	**Buddy strap**	**Discharge / leaflet**
# metacarpal shaft/base - undisplaced	**Splint**	**Discharge / leaflet**
# metacarpal shaft/base - displaced	**Splint**	**Refer Ortho**
MCPJ dislocation	**Attempt reduction**	**Reduced – Splint, VFC Unsuccessful – Refer Hand surgeon on-call**
Acute Carpal / CMC joint dislocation / fracture dislocation	**POP slab**	**Refer Ortho**
Scaphoid #	**Splint**	**Virtual clinic**
? Scaphoid #	**Splint / MRI - protocol**	**Virtual clinic**
DISTAL RADIUS FRACTURES (MUS only needed in ED if neurovascular compromise / significant displacement)		
Children - undisplaced/ minimally displaced greenstick #'s	**Splint**	**Virtual clinic**
Children - "torus/buckle" #'s	**Splint**	**Discharge / leaflet**
Children (< 16 yrs) with displaced #'s requiring manipulation	**Analgesia / POP slab**	**Refer to Sick Children's**
Adult undisplaced /minimally displaced #'s	**Splint**	**Virtual clinic**
No functional use. E.g. Dementia, paralysis, spasticity	**Splint**	**Discharge / leaflet Consider virtual clinic if clinical concerns**
Displaced #'s Without features below	**Splint / POP slab**	**Refer ortho.(Trauma Co-ordinator) – Patient usually discharged home, presented at next day's 8.00 am trauma meeting and will be contacted by phone re admission (Leaflet)**
• **high energy injury** • **open #** • **neurological deficit** • **# off ended** • **grossly unstable # of distal radius and ulna**	**POP slab**	**Admit for ORIF**
UPPER LIMB TRAUMA		
Forearm fracture / Monteggia # dislocation / Galeazzi # dislocation	**Above elbow POP slab**	**Admit for ORIF**
Isolated ulna shaft fracture	**Above elbow POP slab**	**Virtual clinic**

DIAGNOSIS	INITIAL TREATMENT	MANAGEMENT
# olecranon	Above Elbow POP slab / Polysling	Admit for ORIF
# head/neck of radius undisplaced/min displaced	Polysling	Discharge/leaflet
# head/neck of radius - marginal #/comminuted	Polysling	Virtual clinic
dislocated elbow	Reduce, Above Elbow POP backslab / sling / X-ray	Virtual clinic
supracondylar # humerus (children) undisplaced	above elbow POP backslab	Virtual clinic
supracondylar # humerus (children) displaced	backslab in extension	refer ortho – Sick Children's
# neck of humerus	Polysling – NO BRACE	Virtual clinic (Dementia/nursing home – Discharge/leaflet)
# shaft of humerus	Brace, collar and cuff	Virtual clinic
dislocated shoulder	Reduce, polysling, X-ray	Virtual clinic
# clavicle - adults	Polysling	Virtual clinic
# clavicle - children	Polysling	Discharge / leaflet
LOWER LIMB TRAUMA		
# pelvis	treat hypovolaemia if req'd major disruption→pelvic splint	Admit
# pubic ramus	Analgesia	Admit If nursing home resident - discharge
# neck of femur	Analgesia, IV access & fluids, ECG Exclude compounding problems e.g. pneumonia etc	Admit
Hip pain after trauma	non-weight bearing with negative x-rays & hip pain	Admit ortho for MRI (if medical cause e.g.syncope, collapse admit Medicine and inform Ortho)
Dislocated THR	Reduce in ED, Check X-ray	– Admit for physio / mobilisation
# femur shaft	Manage hypovolaemia, Crossmatch, femoral nerve block, IV analgesia, Thomas splint, X-ray in Thomas Splint	Admit
Intra articular # distal femur / femoral condyle	Splint	Admit
# patella (Be aware of normal variants)	Splint	Undisplaced– Virtual Clinic Record if patient can straight leg raise / consider aspiration haemarthrosis/ local anaesthetic Displaced – admit
Undisplaced intercondylar tibial avulsion #	Splint	Virtual clinic
Displaced intercondylar tibial	Splint	Admit

DIAGNOSIS	INITIAL TREATMENT	MANAGEMENT
avulsion #		
# tibial plateau - undisplaced	Splint	Virtual clinic
# tibial plateau - displaced	Partial articular - Splint Bicondylar – Above knee POP	CT scan then Admit for ORIF
# tibial shaft - closed, undisplaced/ displaced	Above knee POP backslab	Admit – (for elevation ±fixation)
SOFT TISSUE KNEE INJURY – No haemarthrosis, no fracture seen on X-ray		
Minor sprain	Advice +/_Splint	D/C to physiotherapy / GP
SOFT TISSUE KNEE INJURY – Haemarthrosis, no fracture seen on X-ray		
1. Minor sprains, 2. ACL and other significant ligamentous injuries 3. Meniscal injuries 4. Patellar dislocation 5. PFJ injuries	Splint	Virtual Clinic
Osteo-arthritis	Splint	D/C to physiotherapy / GP
No trauma, acute swollen knee	bloods, aspirate – if required	Review by ED / Rheumatology
Minor trauma with OA on X-Ray	Advice	D/C to physiotherapy / GP
Quadriceps / Patella tendon rupture	MSK U/S if possible. Splint	Refer Ortho
FOOT AND ANKLE TRAUMA		
Avulsions from tarsal bones	Velcro boot / analgesia / FWB	Virtual clinic
Avulsions from malleoli	Velcro boot / Tubigrip / FWB	Discharge with leaflet / Exercise sheet
Talus fracture	BK Backslab	CT scan then admit Ortho
Calcaneal fracture	Elevation / analgesia	CT scan then admit Ortho
Displaced / Unstable Ankle Fracture	Reduce / BK backslab then X-ray	Admit for ORIF
Lateral malleolus fracture, no talar shift (document medial findings)	Velcro boot, FWB	Virtual Clinic
Isolated Medial Malleolus Fracture (Assess for proximal fibula fracture)	Velcro boot, FWB	Virtual Clinic

DIAGNOSIS	INITIAL TREATMENT	MANAGEMENT
Achilles Tendon Rupture (calf squeeze test)	**MSK U/S if possible** **EQUINUS BK backslab (or dorsal slab)** **VTE prophylaxis (1/52 until clinic)**	**Virtual Clinic**
Intra-articular distal tibial fracture (Pilon #)	**Above Knee Backslab**	**CT scan then Admit Ortho**
High energy, multiple fracture / crushed foot	**Elevation / Analgesia**	**Admit for elevation / scan**
Multiple metatarsal fractures	**Velcro boot**	**Virtual clinic**
Isolated metatarsal fractures	**Velcro boot / Tubigrip / FWB**	**Discharge with leaflet**
Dislocated toes	**Reduce / buddy strap**	**Discharge**
Big toe phalanx fractures		**Undisplaced - Discharge** **Intra articular / Displaced – Virtual clinic**
Lesser toe fractures		**Discharge**