ED/MIU Adult (>16 yrs) Orthopaedic referral

Edinburgh Orthopaedics

GENERAL PRINICPLES

- **Injuries of concern = early ED senior r/v**
  - Open fractures
  - Intra-articular displacement or dislocation
  - Neurovascular compromise
  - Failed reduction = **ORTH** before sedation wanes
- **Wound = consider Tetanus status**
- **Spine and neck: all referrals to DCN**
- **DVT risk assessment in all lower limb immoblised injuries (moonboot, plaster or knee splint). Trak shortcut "\leg"**

TTC referral standards

- A ***diagnosis*** must be selected in the ***TTC referral window***
- **Do not refer suspected fractures** - await report then refer once confirmed
- The **TTC referral summary** must be competed in the TTC box using the canned text code:

"\TTC space bar"

- All patients should be provided with the correct leaflet (noted in red) and the leaflet code **must** be documented in written referral

Key

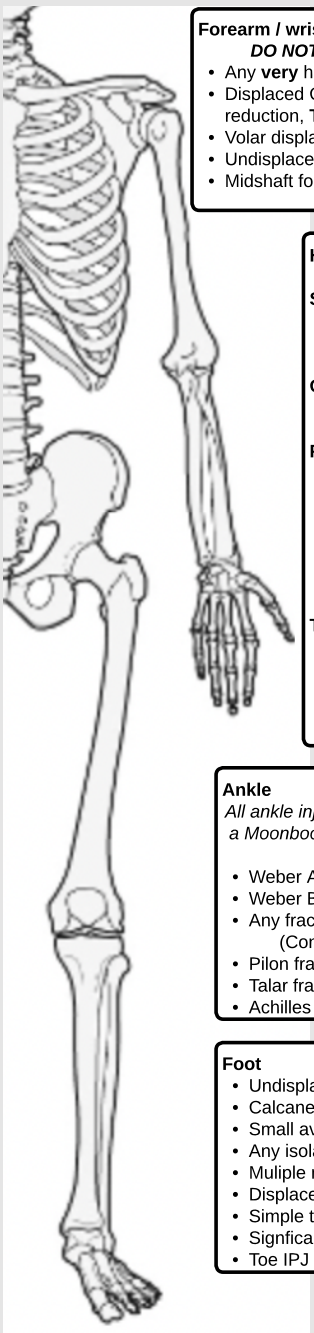
ORTH = Orthopaedic on call referral
TTC = Trauma Triage Clinic
ED senior = discuss with ED Reg/Cons
Physio = Physiotherapy referral
PLAS = Plastics on call referral
(RED TEXT) = TTC leaflet code

Shoulder / Arm

- Acute shoulder dislocations = reduce, shoulder immobiliser sling, **TTC (10A)** (NOT Physio)
- ACJ sprains, undisplaced/ minimally displaced = shoulder immobiliser sling, **TTC (10B)**
- ACJ dislocations (grade III – VI) = shoulder immobiliser sling, **TTC (10B)**
- Proximal humerus fractures = Collar & cuff, **TTC (11)**
- Signficantly displaced proximal humerus +/- dislocation = **ORTH (11)**
- Humeral shaft = Humeral brace, **TTC (12)**
- Glenoid fracture = Shoulder immobiliser, **ED Senior/ORTH** to consider CT before **TTC (GEN)**
- Other Scapular fractures = **ORTH** (consider intrathoracic injury if scapular body involved)
- Clavicle fractures = Shoulder immobiliser ,**TTC (15)** (**ORTH** if skin compromised)
- Rotator cuff impingement / subacromial bursitis = **Physio**
- Suspected acute rotator cuff tears = shoulder immobiliser sling, **TTC (GEN)**

Elbow

- Raised anterior/posterior fat pad = Collar and cuff, **NO TTC**
- Isolated radial head/neck fractures = Collar and cuff, **TTC**, **(2R1)**
- Olecranon fractures: displaced = Above elbow POP (do not include wrist), **ORTH**
- Olecranon fractures: minimally displaced = No cast, broad arm sling, **TTC (GEN)**
- Distal humeral fractures = Above elbow backslab to the wrist, **ORTH**
- Elbow dislocation: no fracture = reduce, above elbow slab to wrist, **TTC (GEN)**
- Elbow fracture dislocation = **ED Senior** +/- **ORTH**, reduce, backslab to wrist
- Non-infective olecranon bursitis = NSAIDS +/- paracetamol +/- ice
- Infective olecranon bursitis: antibiotics (oral or OPAT). Systemic upset = **ORTH**



Forearm / wrist

DO NOT *use POP slabs in undisplaced/minimally displaced Colles fractures.*

- Any **very** high energy wrist / forearm fracture = **ORTH**
- Displaced Colles' type fractures = Colles backslab, **ED Senior** if considering reduction, **TTC AFTER** Bier's block reduction **(BIERS)**
- Volar displaced # = Reduce only in neurovascular compromise, Volar slab, **ORTH**
- Undisplaced/ Minimally displaced fractures = Wrist splint, **TTC (2R3)**
- Midshaft forearm fractures = Above elbow backslab to MCPJs, **ORTH**

Hand fractures - *most injuries will not receive follow up*

Scaphoid

- Suspected scaphoid (normal scaphoid XR) = wrist splint, **TTC (72A)**
  DO NOT inform patients they will require follow up in 10-14 days
- Confirmed scaphoid fracture = wrist splint, **TTC (72B)**

Carpus

- Dorsal carpal avulsion (triquetral type fracture) = wrist split, **TTC (76)**
- Carpal dislocations or # dislocations (lunate, trans-scaphoid) = **ORTH**

Fingers

- Metacarpal # (midshaft and distal) = reduce (only if significant displacement), buddy strap, **TTC (77)**
- Metacarpal (base) = check for CMCJ dislocation, wrist splint, **TTC (77)**
- Metacarpal base # with dislocation = **ORTH**
- Proximal and middle phalanx # = buddy strap,**TTC (78)**
- Distal phalanx undisplaced and intact nail bed = mallet splint, **TTC (78)**
- Other distal phalanx # = ED Senior +/- mallet splint, **TTC (78)**

Thumb

- Metacarpal base # (Bennett's)
  - Undisplaced = Bennett's cast, **TTC (78)**
  - Displaced = **ORTH**
- Thumb proximal phalynx = thumb splint/Bennets cast, **TTC (78)**
- Thumb distal phalanx = **ED senior** , mallet splint **(78)**

Ankle

*All ankle injuries suitable for discharge (**no talar displacement**) can be managed in a Moonboot. POP backslabs should only be used after reduction. DVT risk assess.*

- Weber A lateral malleolus with no talar shift = Mooboot, **TTC (44A)**
- Weber B or C lateral malleolus with no talar shift = Moonboot, **TTC (44B)**
- Any fracture with talar shift = Reduce, Backslab, DVT risk assess, **ORTH**
  (Consider whole leg below knee X-Ray if cannot exclude high fibula #)
- Pilon fracture = **ED senior**, reduce, back slab, DVT risk assess **ORTH**
- Talar fracture = **ORTH**
- Achilles tendon rupture = Aircast boot, DVT risk assess, **TTC (TA)**

Foot

- Undisplaced fracture of tarsal bone = moonboot, **TTC (85)**
- Calcaneus fracture = **ORTH**
- Small avulsion from midfoot (navicular, cunieform, cuboid) = moonboot, **TTC (85)**
- Any isolated metatarsal # = plaster shoe or Moonboot, **TTC (85)**
- Muliple metatarsal # / crushed foot = **ORTH**
- Displaced/intra-articular hallux = **TTC (85)**
- Simple toe fractures = discharge
- Signficantly displaced lesser phalangeal fractures = **ED senior**, **TTC (85)**
- Toe IPJ dislocations: reduce, buddy strap, discharge

Hand ligaments, tendons and other soft tissue problems

- DIPJ dislocation (no #) = Reduce, Mallet splint 3/52
- PIPJ dislocation (no #) = Reduce, buddy strap + **TTC (PIPJ)**
- DIPJ/PIPJ with # = Reduce, mallet or buddy, repeat XR, **TTC (78)**
- Soft tissue mallet finger = mallet splint, discharge, no TTC
- Bony mallet finger = mallet splint (**repeat XR in splint**), **TTC (70E)**
- UCL injuries (unstable) = thumb splint, **TTC (78)**
- Nail bed injuries = ED senior +/- repair in ED or Plastics, **no TTC**
- Suspected flexor tendon or palm space infection = **PLAS**
- Flexor side injuries any site = **PLAS**
- Extensor surface injuries at SJH/WGH for surgical opinion = **PLAS**
- Extensor surface injuries at RIE for surgical opinion= **ORTH**
- Partial finger amputations = ED Senior + **PLAS**

Hip and Pelvis

- Hip Fracture = Fast track preformed text accesed with "\hip", **ORTH** after XR confirmation. **Big 6:** Pressure, 4AT and fluid **pre-transfer**
- Low energy pubic ramus fracture = Analgesia and ED OT assessment. Aim for home/**TTC (GEN)** . **ORTH** if admission
- High energy ramus fracture = **ORTH** (consider bladder injury)
- Unstable pelvic fracture = Senior ED, Pelvic binder, **ORTH**
- Acetabular fracture = **ORTH**
- Femoral shaft # = **ORTH** + skin traction, and splint, FI nerve block
- Tibia shaft # = reduce, above-knee backslab, rpt XRs, **ORTH**

Knee

*Straight leg splints (SLS) should **only** be used in patients with confirmed fracture or extensor mechanism injury*

- Acute stable knee injury = FWB + **discharge**
- Acute ligament or meniscal injury = FWB, , **TTC (KNEE)**
- Acute knee injury + lipohaemarthrosis = NWB +/- splint, **TTC (KNEE)**
- Articular distal femur/proximal tibia # = **ORTH**
- Patella dislocation (no #) = ED senior, **physio**. Avoid immobilisation.
- Patella fractures = **ORTH**
- Quadriceps or patella tendon disruption = SLS, **ORTH**
- Locked knee due to loose body (unable to fully extend) = **ORTH**
- **OA flare up (may have had precipitating minor trauma) =** Analgesia and D/C +-/GP, if requiries admission = MEDICS

Atraumatic Hot Joint

Follow **"RIE ED guideline for management of patients with a nontraumatic painful, swollen or red joint"**on Emibank under Departmental Protocol/ Trauma Orth Plastics

- Suspected Septic Arthitis = ED Senior, Aspirate, Bloods inc. inflammatory markers and urate
- **Do not refer to Ortho first**

Pretibial lacerations - Flowchart on Emibank

Consider X-Ray Tib/fib if pain when walking or full thickness injury

- Refer to the ED / MIU Wound Dressing Pathway for advice on dressings
- Most discharged from ED = steristrips/dressings +/- OT/Safe Home
- Patients at SJH requiring admission for wound management = **PLAS**
- Patients at RIE requiring admission for wound management = **ORTH**
- Wound OK but mobility issue = **MEDICS**

NHS Lothian

Version 2.1 03/07/2022