

Royal Infirmary of Edinburgh Admission of Orthopaedic Injuries

Fracture

All patients with the following fractures who require admission should be **admitted to the orthopaedic service** unless there is an urgent medical problem requiring acute intervention:

- Low energy pubic ramus fractures
- Osteoporotic stable vertebral fractures
- Minimally displaced proximal humeral fractures
- Any other upper/lower limb stable, undisplaced, osteoporotic fractures, not requiring surgical intervention but intervening with ADL/Mobility and preventing safe discharge.

If the patient has an overriding life threatening medical condition, such as severe heart failure, this should be referred to medicine and will take precedence over any orthopaedic diagnosis.

No Fracture

Patients with:

- Low energy fall in elderly patient with no bony injury
- History of syncope/"off legs"/collapse/recurrent falls
- Requiring medical assessment/rehabilitation

may be **admitted to CAA under medicine**

Patients with knee ligament disruption or shoulder dislocation are more suitable for Orthopaedic Physiotherapy and should be admitted to Orthopaedics.

Any uncertainty regarding patient management plans or destination should be escalated to the relevant SPR/Consultant as soon as possible.

A decision on admission destination must be made by 3 hours after patient arrival. If not, it should be escalated to the Emergency Department SPR/Consultant to liaise with Orthopaedics/Medicine.

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May 2008