

GRI ED : MANAGEMENT OF EMERGENCY TRAUMA & ORTHOPAEDIC PRESENTATIONS

NB: GP referrals with acute #'s and CES <4pm should be seen by ED staff. All other GP orthopaedics referrals are seen by Orthopaedics

FAST TRACK & DIRECT ADMISSION <i>#NOF</i> <i>Femur #</i> <i>Tib/Fib #</i> <i>Bi/Tri-malleolar #</i>	TRAUMA MEETING (NEXT DAY) REVIEW <i>Colles # - ?k-wire or ORIF</i> <u>Discuss with Senior ED Doctor</u>	VIRTUAL CLINIC <i>#'s as per guideline</i> <i>(laminated and on website)</i>	DISCHARGE WITHOUT FOLLOW-UP <i>Metacarpal #'s</i> <i>Mallet fingers</i> <i>5th MT</i> <i>Radial head #</i> <i>occult elbow #'s</i> <i>Child # Clavicles</i>	BACK PAIN ?Cauda Equina Syndrome (CES) ▪ Follow GGBP pathway ▪ GP Chronic Back pain -> Ortho	INFECTION <i>Post-op Wound</i> <i>Infection or Infected</i> <i>Prosthetic Joint</i>	CLINICAL ISSUES <i>?diagnosis</i> <i>?management</i> <i>?specialty</i> <i>Arrange FU</i>
<ul style="list-style-type: none"> ▪ Ensure fully assessed and stable (MEWS) ▪ Cannulae & bloods as usual ▪ IV Fluids and analgesia (on KARDEX) ▪ ECG if necessary ▪ CXR if necessary ▪ Inform Ortho Reg (p3681) ▪ Confirm appropriate X-rays undertaken. ▪ Inform ward (ext 24327 or 29200) 	<p>Normal Working Hours</p> <ul style="list-style-type: none"> ▪ Contact Ortho page holder ▪ Patient to go to Ward 61 assessment room <hr/> <p>Out of hours</p> <ul style="list-style-type: none"> ▪ Document hand-dominance, occupation, functional status, special hand function (e.g. zimmer/stick) ▪ Doctor/ENP to ensure contact details correct ▪ Give details to Orthopaedic medical page holder ▪ Orthopaedics will contact patient next day ▪ Give patient <i>Trauma Review Leaflet</i>. Advise re fasting. <p>NB: ED manipulation rarely required e.g. neurovascular deficit, ?severe deformity not considered for Ortho fixation</p>	<ul style="list-style-type: none"> ▪ Discharge with management and analgesia ▪ Give patient clinic form for reception ▪ Reception to ensure contact details correct ▪ Trauma Coordinator will contact patient with follow-up outcome ▪ Explain letter of plan will be sent to patient & GP 	<ul style="list-style-type: none"> ▪ Appropriate Rx and analgesia ▪ Explain properly to patient ▪ Discharge with advice leaflet ▪ Backup copies of leaflets available from GRI ED intranet site 	<p>Mon-Fri 8am-4pm</p> <ul style="list-style-type: none"> ▪ ED will see both GP & self presentations ▪ Discuss with EM senior if needs MRI: ED consultant will sign MRI card ▪ Anticipated 4h delay then admit ward/AAU before 4h ▪ Ensure medically stable (MEWS) <hr/> <p>>4pm & Out of Hours</p> <ul style="list-style-type: none"> ▪ Self referrals seen by EM - refer Ortho if CES ▪ GP referrals to Ortho (p3681) ▪ Orthopaedics to liaise with SGH spinal service /arrange MRI / admission ▪ MRI issues e.g. 2y diagnosis - orthopaedics 	<ul style="list-style-type: none"> ▪ Bloods: FBC/ESR/CRP ▪ Observation esp. temp ▪ Assess SIRS - ?VBG ▪ Document Range of Movement ▪ X-ray joint ▪ Wound erythema or pus evident ▪ Inform Orthopaedics – admit or OP appt ▪ Septic joint without prosthesis (including hips) are admitted to medicine (Rheumatology) 	<ul style="list-style-type: none"> ▪ Discuss with senior ED doctor ▪ Do not refer ?#'s to Soft Tissue or Virtual clinic for – get Senior ED opinion ▪ Non urgent post-op problems call 0141-211-4608 (answer phone out of hours) ▪ Fractures treated elsewhere? Any Hospital or patient can phone 0141-211-5146 (answer phone out of hours)