

Specific Fracture Management in A/E

- Options

- Admit to ward (inform SHO on-call)
- Allow home / inform SHO on-call / to be discussed at 8.00am trauma meeting
- Virtual Clinic

Routinely use tubigrip / wool and crepe / splint for support
(POP slab only for unstable injuries / specific indications)

DIAGNOSIS	INITIAL TREATMENT	MANAGEMENT
# clavicle - adults	Polysling	Virtual clinic
# clavicle - children	Polysling	Discharge / leaflet
# neck of humerus	Polysling	Virtual clinic (Dementia/nursing home - Discharge/leaflet)
# shaft of humerus	Conforming slab, collar and cuff	Virtual clinic
dislocated shoulder	Polysling after reduction	Virtual clinic
acromio-clavicular jt injury	Polysling	Virtual clinic
dislocated elbow	Reduce wool/crepe / sling	Virtual clinic
supracondylar # humerus (children) undisplaced	above elbow POP backslab	Virtual clinic
supracondylar # humerus (children) displaced	backslab in extension	refer ortho - Yorkhill
# head/neck of radius undisplaced/min displaced	Wool and crepe /Polysling	- Discharge/leaflet
# head/neck of radius - marginal #/comminuted	Wool and crepe /Polysling	Virtual clinic
# olecranon	Wool and crepe /Polysling	Undisplaced - virtual clinic Displaced - Admit for ORIF
Scaphoid #	splint	Virtual clinic
? Scaphoid #	Splint / MRI - protocol	
# base / shaft 1 st metacarpal	splint	Virtual clinic

DIAGNOSIS	INITIAL TREATMENT	MANAGEMENT
Bennett's # (intra-articular Base 1 st MC)	splint	Admit for reduction / K wire
# 5th metacarpal neck	Buddy strap	Discharge / leaflet
# metacarpal shaft/base	Undisplaced	Discharge / leaflet
	Displaced	Refer hand Surgeon on-call
undisplaced prox/middle phalangeal #s	buddy strap	Virtual clinic
displaced / rotated proximal/middle phalangeal #s		Refer hand surgeon on-call
dislocated IP joints	reduce, buddy strap	Virtual clinic
Displaced forearm #s, Monteggia # dislocation Galeazzi # dislocation	above elbow POP backslab	Admit for ORIF
Smiths / Barton's #	POP slab	Admit for ORIF
Isolated ulna shaft #	above elbow POP slab	Virtual clinic
Colles #	See protocol below	
crush # terminal phalanx	Closed - ? Trephine	STC 3-4 days then GP
	Open - wound washout ± nail bed repair in ED	
	Non adherent dressing/antibiotic if contaminated	
mallet finger	Mallet splint	Discharge / leaflet
Displaced/unstable ankle fractures	Reduce/backslab & then x-ray	Admit for ORIF
# lat malleolus - No talar shift	Velcro boot	Virtual clinic (Discharge / leaflet)
Isolated # Metatarsals/phalanges	TG/Velcro boot	Discharge / leaflet
Multiple metatarsals #s / Crushed foot	Padded crepe, analgesia & crutches	Admit
Tendo-achilles rupture (squeeze test)	POP in equinus	Virtual clinic
# pelvis	treat hypovolaemia if req'd major disruption→pelvic splint	Admit

# pubic ramus	Analgesia	Admit If nursing home resident - discharge
	<i>NB if non-weight bearing with negative x-rays & hip pain -> admit ortho for MRI</i>	
# neck of femur/	Analgesia, IV access & fluids, ECG Exclude compounding problems e.g. pneumonia etc	Admit
# femur shaft	treat hypovolaemia, X match	Admit
	nerve block, IV analgesia	
	Thomas splint before X-ray	
# patella (NB normal variant)	Splint	Undisplaced- Virtual Clinic <i>(record if patient can straight leg raise / consider aspiration haemarthrosis/ local anaesthetic)</i> Displaced - admit
intercondylar tibial avulsion #	Splint	Admit
# tibial condyle - undisplaced	Splint (only aspirate haemarthrosis if tense)	Virtual clinic
# tibial condyle - displaced	Splint	Admit
# tibial shaft - closed, undisplaced	Above knee POP backslab	Admit - (for elevation ±fixation)
# tibial shaft - displaced pilon # - (intra-articular distal tibia)	Above knee POP backslab	Admit

Distal radial fractures

NB - MUA only rarely required in A/E

Children with undisplaced/ minimally displaced greenstick #'s	POP slab	Virtual clinic
Children - "torus/buckle" #'s	Splint	Discharge / leaflet
Children (< 13 yrs) - displaced #'s requiring manipulation	POP slab	Refer to Yorkhill
Adult undisplaced /minimally displaced #'s	Splint	Virtual clinic
No functional demand eg dementia, paralysed limb patients (stroke)	Splint	Virtual discharge / leaflet
Displaced #'s Without features below	Splint / POP slab	Refer ortho - Patient usually discharged home, presented at next day's 8.00 am trauma meeting and will be contacted by phone re admission
<ul style="list-style-type: none"> • high energy injury • open # • neurological deficit • # off ended • grossly unstable # of distal radius and ulna 	POP slab	Admit for ORIF

(Soft-tissue knee injury clinic – direct referral Thursday am

– for acute injuries with a **haemarthrosis** and no fracture on XRay

le Minor sprains, ACL and other significant ligamentous injuries

Meniscal injuries

Patellar dislocation

PFJ injuries

(not for spontaneous onset acute inflammatory knee problems or acute flare ups of chronic conditions such as osteoarthritis)