

Documenting Fractures in Emergency Department
Advice for Clinicians

GENERAL INJURIES

Ensure the correct side is noted on the x-ray and in the clinical notes

What is the mechanism of injury?

What is the occupation of the patient?

Which hand is the patient dominant with?

Is the fracture open or closed?

- Have any prophylactic antibiotics been given?
- If the fracture is open, what is the tetanus status of the patient?

Is the fracture displaced or undisplaced?

Describe the range of movement of the injured area

Is there any neurovascular deficit?

Describe the degree of swelling (*minimal, moderate or gross*)

Has any treatment been provided to the patient on the day?

- If so, what?
- If neighbour/buddy strapping - **which fingers/toes** has this been applied to?

Please note any critical skin – displaced angulated fractures

What is the patient's weight bearing status? (*for lower limb injuries*)

If you have not followed the Fracture protocol, please document the reason clearly in the clinical notes

Document clearly whether the patient requires Virtual Fracture Clinic or face-to-face clinic in the clinical notes and the slip given to the patient to return to reception

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UPPER LIMB INJURIES

Elbow

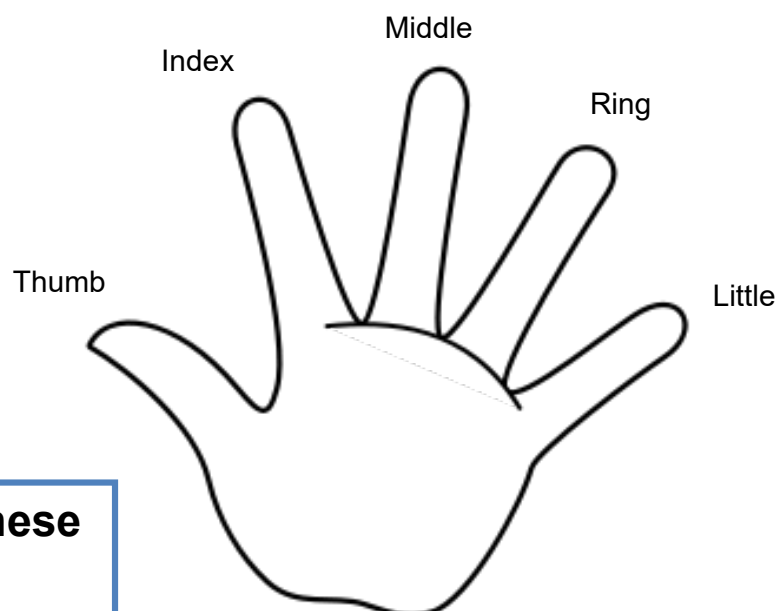
Ensure both lateral and AP x-rays are performed

Hand

Is there any rotational deformity?

Are the tendons intact?

Which fingers have been buddy strapped (if this treatment has been applied)?



**Please use these
names to
describe the
fingers rather
than numbers**

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LOWER LIMB INJURIES

Knee

What is the significant mechanism of injury?

Is there any isolated bony tenderness of the patella?
▪ Is there any other bony tenderness?

Is there any tenderness at the fibular head?

Is the patient unable to flex the knee to 90 degrees?

Was the patient unable to weight-bear immediately and can they weight-bear in Emergency Department? (4 steps, limping is okay)

Did the patient:
▪ Experience locking of the knee?
▪ Experience giving way of the knee?
▪ Hear any popping or snapping sound?

Is there evidence of haemarthrosis or effusion?

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LOWER LIMB INJURIES

Ankle

Is there any medial malleolus tenderness?

Is there any bony tenderness of the fibula head? (*Maisonneuve*)



Ottawa Ankle Rules

MD+
CALC

For Ankle Injury Radiography

An **ankle** x-ray series is only required if there is any pain in the malleolar zone and any of these findings:

- 1) Bone tenderness at A
OR
- 2) Bone tenderness at B
OR
- 3) Inability to bear weight both immediately and in the ED

A **foot** x-ray series is only required if there is any pain in the midfoot zone and any of these findings:

- 1) Bone tenderness at C
OR
- 2) Bone Tenderness at D
OR
- 3) Inability to bear weight both immediately and in the ED

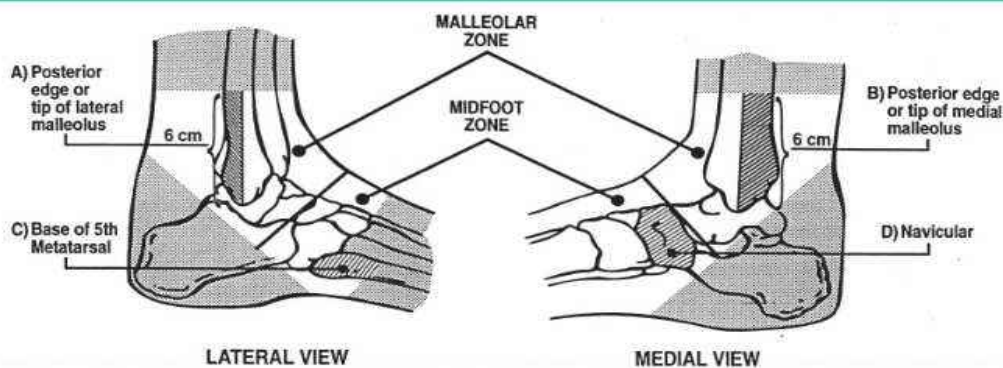
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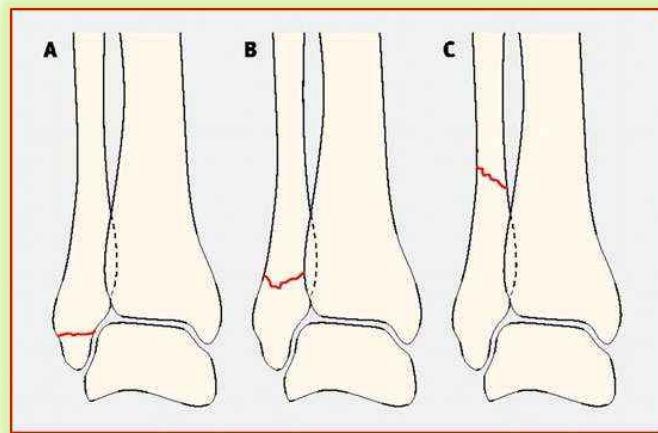
For Ankle Injury Radiography



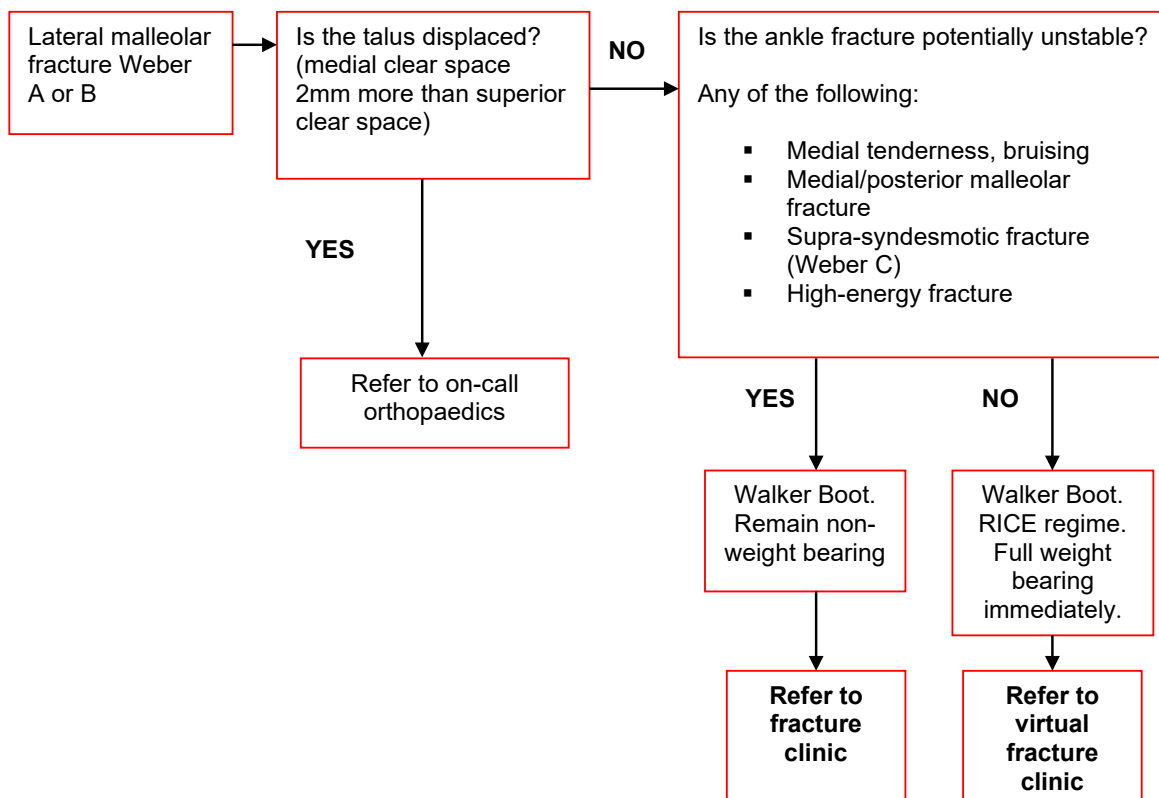
Stiell IG, McKnight RD, Greenberg GH, McDowell I, Nair RC, Wells GA, Johns C, Worthington JR. Implementation of the Ottawa ankle rules. JAMA. 1994 Mar 16;271(11):827-32.

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Weber Classification Ankle Fractures



A&E Pathway for the management of stable ankle fractures



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LOWER LIMB INJURIES

Foot

Is there any rotational deformity?

Are the tendons intact?

Which toes have been buddy strapped (if this treatment has been applied)?

