Whiston Open Fracture Management Proforma

| Patient Details (or infographic sticker) | | |
|--|--|--|
| Patient Name: | | |
| Hospital Number: | | |
| Date of Birth: | | |

Whiston Emergency Department

Open Fracture Management Proforma

| Injury Details | | |
|---|-----------------------|--|
| Mechanism of injury? | | |
| Date & Time of injury (not arrival to A&E): | / | |
| Fracture location: | Upper limb Lower limb | |

| Clinical History & Examination | | | | | | | | |
|--------------------------------|---|----------|------------|--------|----------|------------|--------|----------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Neurovascular Status of Affected Limb: | | | | | | | |
| Pre-r | Pre-manipulation Post-manipulation 2 nd manipulation | | | | ation | | | |
| Tick | Normal | Abnormal | Tick | Normal | Abnormal | Tick | Normal | Abnormal |
| relevant: | | | relevant: | | | relevant: | | |
| Power | | | Power | | | Power | | |
| Sensation | | | Sensation | | | Sensation | | |
| Cap Refill | | | Cap Refill | | | Cap Refill | | |
| Pulses | | | Pulses | | | Pulses | | |

| If any of the above abnormal, please detail below: | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Whiston Open Fracture Management Proforma

| Patient Details (or | infographic sticker) |
|---------------------|----------------------|
| Patient Name: | |
| Hospital Number: | |
| Date of Birth: | |

| Wound Assessment | | |
|---|-----|----|
| Is the wound visibly contaminated? Yes is indication for immediate debridement, contact Orthopaedics (or Plastics for hands) on call. | Yes | No |
| Drawing of wound; please comment on bruising, degloving etc | 1 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Medical photography | | | |
|--------------------------------|------------|-------------------------------|-----------|
| Wound photographed? | Yes | s No | |
| Mode of photography? | Medical Ph | hotography Careflow Connect | |
| Consent gained and documented? | Yes | No (state reason below | <i>')</i> |

| Wound Management | | |
|--|------------------------|--------------------|
| Saline-soaked gauze with an occlusive film applied? | Yes | No |
| If no, document reason | | |
| Wound irrigation as standard is NOT recommended by NIC hindfoot or midfoot in ED. | E for open fractures (| of the long bones, |
| If this has been performed, please document reason | | |
| | | |

Whiston Open Fracture Management Proforma

| Patient Details (or infographic sticker) | | |
|--|--|--|
| Patient Name: | | |
| Hospital Number: | | |
| Date of Birth: | | |

| Antibiotic Administration **GIVE WITHIN 1 HOUR OF ARRIVAL** | | | |
|---|--|--|--|
| Patient allergy status | | | |
| Antibiotics administered in ED? | Yes (complete below) | | |
| | Administered pre-hospital | | |
| | No please state reason: | | |
| Antibiotic: | | | |
| Dose: | | | |
| Time/date of administration: | / | | |
| | | | |
| Tetanus status? | Up to Date Booster Given | | |
| | Immunoglobulins Given | | |
| | | | |
| OPEN | FRACTURE ANTIBIOTIC GUIDELINES | | |
| | CefUROxime 1.5g | | |
| First Line AND Non-Severe | Repeated 8 hourly until surgery complete | | |
| Penicillin Allergy | AND at first debridement | | |
| | Gentamicin* 3mg/kg (single dose) | | |
| Severe Penicillin Allergy | As above BUT | | |
| | <u>Clindamycin</u> 600mg 6 hourly instead of <u>CefUROxime</u> . | | |
| Known MRSA | Vancomycin (IV) | | |
| | (refer to Micro Guide for dosing) | | |
| | AND at first debridement | | |
| | Gentamicin* 3mg/kg (single dose) | | |
| **Oral antibiotics only in clea | nn wounds <1cm following discussion with specialty team** | | |