

ED Specific Fracture Management - Upper Limb

Diagnosis	Initial treatment	Follow up	beware / please document
# Clavicle Children	Broad arm sling	Discharge / Advice Leaflet	
# Clavicle Adolescents / Adults	Polysling	Virtual clinic	Skin threatened
ACJ injury	Broad arm sling	Virtual clinic	
Dislocated shoulder	Reduce, Polysling	Virtual clinic	?first time or recurrent
Dislocated shoulder irreducible / fracture	Broad arm sling	Refer Ortho On Call	Neurovascular status
# Neck of humerus	Collar & Cuff	Virtual clinic	
# Shaft of humerus	Clasby brace	Virtual clinic	
Dislocated elbow	Reduce, wool & crepe bandage, Polysling	Virtual clinic	
Dislocated elbow irreducible / fracture	Polysling	Refer Ortho On Call	Neurovascular status
Supracondylar # humerus (child) undisplaced	High above elbow backslab	Virtual clinic	X-ray in cast
Supracondylar # humerus (child) displaced	High above elbow backslab (position of comfort)	Admit, Refer Ortho On Call	Neurovascular status
Intra-articular distal humeral fracture	High above elbow backslab	Refer Ortho On Call	X-ray in cast
Positive fat pad but no # seen	Collar & Cuff	Virtual clinic	
# Radial head minimally / undisplaced	Broad arm sling	Discharge / Advice Leaflet	
# Radial head marginal / comminuted	Polysling	Virtual clinic	Document / X-ray wrist if DRUJ tender
# Olecranon (intact extension against gravity)	Polysling	Virtual clinic	Extension against gravity
# Olecranon displaced	Polysling	Refer Ortho On Call	
Displaced forearm #s, Monteggia & Galeazzi # dislocations	Above elbow backslab	Admit, Refer Ortho On Call	Neurovascular status
Isolated ulnar shaft # undisplaced	Above elbow backslab	Virtual clinic	
Isolated ulnar shaft # displaced	Above elbow backslab	Refer Ortho On Call	
Distal radial fractures			
Children's 'Torus / buckle' #s	Paediatric Wrist Splint	Discharge / Advice Leaflet	
Children with minimally displaced distal greenstick #s	Paediatric Wrist Splint	Virtual clinic	
Children displaced / angulated #s	Below elbow backslab in position of comfort	Refer Ortho On Call	
Adult minimally / undisplaced #s	Wrist Splint	Virtual clinic	
Displaced #s (High energy, open, neurological deficit, off ended, volar displacement)			
With above features	Backslab,	Refer Ortho On Call	Neurovascular status
Without above features	ED MUA, backslab,	Virtual clinic	X-ray in cast
Smiths # (extra-articular volar angulated) without above features	ED MUA, volar backslab with wrist extended	Virtual clinic	X-ray in cast
No functional demand (e.g. dementia, paralysed limb)	Below elbow backslab	Virtual clinic	
?Scaphoid fracture	Wrist splint	Virtual clinic	
Scaphoid fracture (obvious)	Below elbow backslab	Virtual clinic	Perilunate dislocation, Neurovascular status
# Base / shaft 1st (thumb) metacarpal	Thumb splint	Virtual clinic	
Bennett's # (intra-articular base of 1st metacarpal)	Thumb Spica (Bennett's) cast	Virtual clinic	X-ray in cast
# 5th metacarpal neck	Buddy strap	Discharge / Advice Leaflet	
# Metacarpal base / shaft undisplaced	Buddy strap	Virtual clinic	Lateral X-ray to ensure CMCJ not displaced
# Metacarpal base / shaft: displaced / rotational deformity	Edinburgh palmar slab	Virtual clinic	
# Proximal / middle phalanx undisplaced	Buddy strap	Virtual clinic	
# Proximal / middle phalanx undisplaced: displaced / rotational deformity	Zimmer finger splint	Refer Ortho On Call	
Volar plate # of fingers	Buddy strap	Virtual clinic	
Dislocated MCP / IP joints	Reduce, Buddy Strap	Hand Therapy	A few get very stiff, need warning
Crush # terminal phalanx closed	Trephine nail	Virtual clinic	
Crush # terminal phalanx open	Clean, dress, antibiotics	Refer Ortho On Call	
Mallet finger - bony	Mallet splint	Discharge / Advice Leaflet	Virtual fracture clinic if joint subluxed or >25% joint surface
Mallet finger - non bony	Mallet splint	ED physiotherapist	
Penetrating palm / finger wounds	Explore & dress under LA	Refer if retained foreign body, nerve or tendon injury	Neurovascular status before LA given

ED Specific Fracture Management - Lower Limb

Diagnosis	Initial treatment	Follow up	beware / please document
# Pubic rami	Analgesia, mobilise as able	Refer to Medics if can't mobilise Nursing home - Discharge	If evidence of Sacral / SIJ injury - CT
# Neck of femur	Nerve block, IV fluids, CXR, ECG	Admit, Refer Ortho On Call	Hip pain but normal AP get Lateral view. If normal but can't weightbear Cross sectional imaging & refer
# Femoral shaft	Nerve block, skin traction, IV fluids	Admit, Refer Ortho On Call	
# Patella undisplaced	Knee splint, crutches, weightbear as able	Virtual clinic	NB bi-partite patella normal variant
# Patella displaced	Knee splint	Refer Ortho On Call	
Suspected soft tissue knee injury	Tubigrip or Wool & Crepe until hinge brace can be fitted	ED Physiotherapist	Knee dislocation, Neurovascular status
# Tibial spine	Knee splint, crutches, weightbear as able	Virtual clinic	
# Tibial plateau undisplaced	Knee splint, crutches, non weightbear	Virtual clinic	
# Tibial plateau displaced	Knee splint, CT	Admit, Refer Ortho On Call	Neurovascular status
# Tibial shaft undisplaced	Above knee backslab	Refer Ortho On Call	X-ray after cast
# Tibial shaft displaced	Above knee backslab	Admit, Refer Ortho On Call	Neurovascular status, ensure not open
# Tibial pilon (intra-articular distal tibia)	Below knee backslab, CT	Admit, Refer Ortho On Call	Neurovascular status, ensure not open
Undisplaced # Fibular shaft with no ankle involvement	Weightbear as able, no plaster	Virtual clinic	
# Ankle Isolated Weber A & Weber B with no talar shift	Black boot, crutches, weightbear as able	Virtual clinic	
# Ankle displaced / unstable (bi- & tri-malleolar & Weber C)	Below knee backslab	Refer Ortho On Call	
Tendoachilles rupture (positive squeeze test)	Backslab in equinus, crutches, non weight bear	Virtual clinic	
# Calcaneus / undisplaced talar #s	CT, Black boot, Crutches, Non-weight bear	Virtual clinic	Ensure elevation advice
# Calcaneus displaced extra-articular ('Tongue type')	CT	Refer Ortho On Call	Tented skin over heel can rapidly break down
# Talus displaced	CT, below knee backslab	Refer Ortho On Call	
# Midfoot dislocations ('Lisfranc') / crushed foot	CT, below knee backslab	Admit, Refer Ortho On Call	Neurovascular status, ensure not open
# Metatarsals multiple	Black boot, crutches, heel weightbear as able	Virtual clinic	Midfoot dislocations (especially if 2nd MT base #)
Single metatarsal # (not 5th MT base)	Black boot, heel weightbear as able	Virtual clinic	
# 5th metatarsal base isolated	Black boot, weightbear as able	Discharge / Advice Leaflet	
Toe phalangeal #s	Reduce, buddy strap	Discharge	Virtual clinic if reduction failed