



**Standard Operating
Procedure for patients
requiring admission for
non-operative management
of an orthopaedic injury /
condition to IRH**

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Non Operative Fractures admitted under Physicians at IRH

Commencing Monday 30th August 2021 the delivery of acute orthopaedic services in Clyde is changing.

The implementation of the Orthopaedic Trauma Triage Tool will see patients with acute orthopaedic injuries bypass IRH and be brought to RAH in Paisley.

However, there will still be a small percentage of patients who self- present to IRH ED or are brought by SAS that do not require transfer to the RAH for ongoing orthopaedic management and admission.

Management of Non-operative Orthopaedic Injuries

All patients presenting to IRH ED with an orthopaedic injury / condition potentially requiring acute admission should be discussed with the on call orthopaedic registrar at the RAH (page 56106). If the first on call registrar does not answer, **please contact trauma liaison**, the junior doctor on call or the consultants on call. Discussion should be between ED and orthopaedics, to determine appropriate management of the patient which will either be -

1. Admit to IRH under the care of physicians with orthopaedic review if meet criteria below (please see below) **
2. Transfer to RAH for orthopaedic assessment and admission.

**** Patients suitable for Admission to IRH under physicians**

The following patients **over 65 years** can be admitted under the physicians to J North with orthopaedic input -

- **Upper limb fractures** e.g. clavicle/shoulder/proximal humerus/elbow/wrist/hand, determined as suitable for non-operative management; closed, neurovascular intact
- **Pubic rami fractures** with clear radiological evidence
- **lower limb fractures** e.g. knee/patellar/foot and ankle, determined as suitable for non-operative management; closed, neurovascular intact
- **Soft tissue injuries or contusions** to upper and lower limbs not requiring operative intervention

These patients do not require orthopaedic surgical intervention, but would benefit from admission for analgesia, physiotherapy, occupational therapy or social work input to enable safe discharge home. This pathway should reduce the need for transfers to the Trauma Unit, which is time and resource heavy and potentially distressing for the patient.

There will be 7 day orthopaedic service for these patients, which includes a ward review by a senior orthopaedic clinician and/or a next available hot fracture clinic appointment. These patients will be added to Bluespier, discussed at the trauma meeting the next day (0800hrs), and the management plan agreed by the on call consultants. If there are any acute ongoing orthopaedic concerns the patient should be discussed with the on call team and transfer to the RAH should be considered.

It is the Trauma Unit on call registrar's responsibility to ensure that the details of all patients referred from ED or physicians are passed onto trauma liaison and recorded on Bluespier for the Trauma Meeting.

During Monday to Fridays (0800 hrs-1600hrs), there will be an IRH Registrar (page 51267) available to review patients on the ward / or in the hot clinic and clearly document a management plan in the notes. The IRH registrar should be contacted by trauma liaison to review the patient and arrange aspects of care such as application of casts or splints.

The IRH registrar during this time should be contacted for ward referrals from other specialities including medicine and surgery. **All ward referrals should be discussed with the on call consultants when necessary or at the next day trauma meeting and it will be the responsibility of the IRH registrar to pass on all relevant and key information.**

During the weekend (Friday 1600hrs to Monday 0800hrs), there will be no on site IRH orthopaedic registrar. The registrar on call for the Trauma Unit and TAU should be contacted by ED or physicians. If it is felt by the registrar on call that the patient requires review, they can be transferred to the RAH or arrangements can be made for the 2nd on call consultant to attend IRH.

Patients unsuitable for admission under physicians and who require transfer to Trauma Unit (RAH)

- **ALL patients under the age of 65 who require orthopaedic admission / assessment must be transferred to the RAH.** These patients will be seen in the TAU within operating hours (0900-2000hrs). If transferred out of hours they will be seen in RAH ED by orthopaedics on call.
- Acute unstable spinal fractures
- Atraumatic or traumatic back pain
- Suspected cauda equina syndrome
- Fall with suspected or confirmed neck of femur fracture
- Suspected septic arthritis either native or prosthetic
- Long bone fractures
- Upper limb cellulitis
- Any fracture requiring operative intervention

Contact Details

Orthopaedic registrar on call	pg56106	0830 – 2100hrs	7 days a week
Orthopaedic registrar IRH	pg51267	0800-1600hrs	Monday-Friday
Orthopaedic FY2 on call	pg56139	0830 - 2100hrs	7 days a week
Surgical FY2 on call	pg56550	2100 - 0830hrs	7 days a week
Trauma Liaison Nurse	07816079919	0630 – 2130hrs	7 days a week
Major Trauma Co-ordinator	07811 516 943	pg56079 Mon - Fri	0800-1600hrs