Standard Operating Procedure for Patients Requiring Transfer to RAH for Ongoing Acute Orthopaedic Care

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Date approved:	3rd March 2022
Date for Review:	3rd March 2023
Replaces previous version: [if applicable]	Version 1 – 26th August 2021

Orthopaedic Transfers to the RAH

On Monday 30th August 2021 the delivery of acute orthopaedic services in Clyde changed to a single site model for acute operative orthopaedic trauma based at RAH.

The implementation of the Orthopaedic Trauma Triage Tool aims to direct ambulance cases in Inverclyde with acute orthopaedic injuries to bypass IRH and be brought to RAH in Paisley.

However, there will still be a small number of patients who self-present to IRH ED or are under triaged by SAS but require transfer to the RAH in Paisley for continuing management of their injuries.

Injuries Requiring urgent transfer to RAH

All patients should be discussed with orthopaedics on call 24/7. Generally, this should be the on call registrar. From 2100 hrs, the only resident member of the orthopaedic team is the FY2 overnight on call for orthopaedics & general surgery at the RAH and TAU is closed. Orthopaedic emergencies including cases potentially requiring emergency transfer or operative intervention should be discussed with the registrar. Stable or straightforward cases that can be admitted locally and subsequently transferred can be discussed with the overnight FY2.

Cases to be discussed with registrar include:

Open fractures excluding the digits

Clinically suspected or confirmed compartment syndrome

Necrotising fasciitis

Irreducible joint dislocation with or without fracture

Suspected cauda equina

Suspected or confirmed septic arthritis

Clinical uncertainty regarding management or transfer

Injuries, (please see below), considered stable and with no neurovascular deficit can be admitted to K North if after 1900 and be transferred to the RAH the next day.

TAU cut off time for accepting admission from ED would be 1900hrs with closure at 2100hrs.

Neck of Femur # patients referred after 1900 hrs should be discussed with trauma liaison / ortho FY2 and transferred to RAH overnight if possible. If transfer is not possible, admission to K North should be arranged by the orthopaedic team with interim treatment prescribed by ED team

Initial assessment and treatment to be undertaken in ED along with transfer documentation

NOW or **One Hour Requests** remain in ED and are transferred regardless of time of day. This is in accordance with **NOW ambulance transfer guidelines**.

The following Injuries / Conditions should be considered urgent requiring transfer as follows:

Urgent Ambulance NOW

- ANY fractured limb with neurological and / or vascular deficit
- ANY fracture with associated dislocation or significant displacement, where initial attempts at reduction are unsuccessful.
- ANY trauma patient with suspected/confirmed compartment syndrome

One - Two Hour Ambulance

- ANY long bone diaphyseal (shaft) fracture of upper and lower limb (excluding isolated humerus #) post application of splintage or temporary back-slab
- ANY open fracture excluding the digits
- ANY major soft tissue injury eg. crush/degloving/contamination (except those who would qualify for immediate MTC transfer via MTTT)
- All potentially unstable spinal injuries, including cervical and odontoid peg fractures, regardless of neurological deficit

  ** Consider direct transfer to QEUH for fixation surgery following discussion with the orthopaedic registrar on call.*
- Suspected Cauda Equina Syndrome OR evolving cord pathology

  ** Consider local MRI at IRH following discussion with the orthopaedic registrar on call.*

<u>Within 4 Hours Ambulance – Would be considered appropriate for admission to K North to await transfer</u>

- Neck of Femur #

  ** Should be discussed with T/Liaison as may be suitable for transfer after 1900hrs*

- Dislocated THR
- Ankle fracture requiring surgery and following reduction and splintage.
- Distal radius fractures/upper limb injuries requiring surgery, after discussion with orthopaedic on call. If no neurovascular or soft tissue compromise and comfortable in back-slab or splintage, these patients may be suitable for discharge and can present to RAH TAU the following day. **Admission will be coordinated by the T/Liaison team**.

Patients should have essential medications and analgesia/IV fluids prescribed if required by ED prior to admission to K North.

Within 4-hour patients will be transferred to the RAH between 0700-1900 hrs. Beyond 1900hrs, they can be cared for on K North IRH overnight for transfer from 0700hrs on the following day.

Patients transferred out with TAU hours should be seen by orthopaedics FY2 and/or Registrar in the ED prior to admission to ward 21/23.

Contact Details

Orthopaedic Registrar On Call	pg56106	0830 – 2100hrs 7 days a week
	Via switchboard	2100 – 0830hrs 7 days a week
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	pg 56079 Mon - Fri 8-4