Forearm Fractures				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management**
Isolated ulna shaft	Undisplaced	Above elbow backslab	Refer to VFC	Follow up within 2 weeks to convert to below elbow cast if nightstick mechanism of injury Consider operative fixation – patient informed decision
	Displaced	Above elbow backslab	Refer to ortho on call	
Both bone fractures, Monteggia, Galeazzi	All	Above elbow backslab	Refer to ortho on call	

Distal radius fractures				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management IRH**
High risk injury	• High energy injury • Open fracture • Neurological deficit • Off ended • Grossly unstable	Move patient to resus	Refer to ortho and as may require reduction under sedation	

	• Distal radius and ulna fracture			
Dorsally displaced (colles type)	Undisplaced or low demand/not surgical candidate	Light weight plaster, can consider splint if appropriate	Refer to VFC	
	Displaced without high risk features and surgical candidate	Below elbow back slab	Refer to ortho on call	
Volarly displaced (smiths type)	Any displacement	Below elbow backslab	Refer to ortho on call	

Paediatric fracture patterns				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management IRH**
Torus/buckle fracture		Wrist splint	Discharge with PIL	
Greenstick fracture/complete fracture	Minimally displaced	Backslab	Refer to VFC	
	Displaced	Backslab	Refer on to RHSC	

Carpal fractures				
Injury	Fracture pattern/displacement	ED management	ED Discharge Plan	Notes/Suggested Management IRH
Scaphoid	Definite fracture	Colles cast	VFC	Return to Monday Fracture

				clinic for discuss fixation
	Suspected fracture	Future splint (not including thumb)	VFC	New guidelines coming in for virtual D/C, currently assess in clinic 7-10 days

Thumb metacarpal fractures				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management IRH**
Fracture base or shaft	Extra-articular	Backslab or splint	VFC	Arrange follow up for bennetts cast or rhizo forte thumb splint and physio
	Intra-articular	Backlab or splint	Refer to ortho on call	

Finger metacarpal fractures				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management IRH**
Fracture shaft or base	Undisplaced (get AP/oblique/true lateral XR and check rotation clinically)	Padded crepe bandage/volar slab	VFC	Assess for evidence of dislocated CMCJ Mobilise within padded crepe
	Displaced	Volar slab	Refer to ortho on call	
5^{th} metacarpal neck fracture	Close, no rotational deformity	Buddy strapping	Discharge with PIL	
	Rotational deformity,	Buddy strapping	Refer to ortho on call	

	fight bite injury			

Thumb collateral ligament injures				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management IRH**
Ulnar/radial collateral ligament injury	Possible injury – unable to demonstrate laxity due to pain or swelling	Wrist splint with thumb extension	ED soft tissue clinic at 5 days	
	Bony avulsion	Brunner Cast	Refer to VFC	Assess stability within a week Stress views not indicated. Arrange FU to discuss surgical vs conservative
	No bony avulsion	Brunner Cast	Refer to VFC	Assess stability within a week at emergency fracture clinic and refer to oncall team if clinical laxity. No routine USS required

Phalangeal fractures				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management IRH**
Proximal/middle phalangeal fractures	Undisplaced	Buddy strap for 2-4 weeks	Refer to VFC	Requires to be seen at 1 week in emergency fracture clinic to determine whether the fracture has displaced

	Displaced inc rotated	Buddy strap	Refer to ortho on call	
Mallet finger	Bony and soft tissue	Mallet splint	Discharge with advice sheet	
Crush fracture terminal phalanx	Closed	? trephine	Discharge	
	Open (associated with nail bed injury	Wound lavage under ring block, antibiotics, dressing	Refer to ortho on call	

Hand Wounds				
Injury	**Fracture pattern/displacement**	**ED management**	**ED Discharge Plan**	**Notes/Suggested Management IRH**
Volar or dorsal wound	No tendon or nerve injury	Wound lavage and closure in A&E	Discharge	
	Possible tendon or nerve injury	Wound lavage, antibiotics, volar slab	Refer to ortho on call	
Avascular digit or traumatic amputation		Wound lavage, antibiotics	Refer to plastics	