Diagnosis	ED management	ED discharge plan	VFC plan
ATRAUMATUC KNEE PAIN			
Diagnosis	**ED management**	**ED discharge plan**	**VFC plan**
Knee pain with no trauma and no signs of septic arthritis (including flare of OA)	Analgesia	Discharge with referral to PT or GP	
Suspected septic arthritis	Bloods inc CRP, ESR, urate, blood cultures Analgesia Knee XR	Refer to ortho on call	
KNEE SOFT TISSUE INJURY			
Diagnosis	ED management	ED discharge plan	VFC plan
Minor Weightbearing, no effusion, no ligament instability, full ROM	RICE Knee exercise sheet Tubigrip Analgesia Early mobilisation	Refer to PT depending on baseline function and compliance	
Moderate Non weightbearing, minor effusion, diagnostic uncertainty, no demonstrable injury, effusion >24h after	RICE Knee exercise sheet Tubigrip Analgesia	Review at soft tissue clinic at 10-14 days (5-7 days if unable to adequately examine knee due to pain)	

injury	Early mobilisation		
Severe Immediate haemarthrosis (<24h after injury), single ligament injury, locked knee, lipohaemarthrosis with no obvious fracture	Camp splint Analgesia	VFC	Emergency fracture clinic review within 1 week to decide if MRI scan required and discussion with knee surgeon if appropriate
Potentially limb threatening Multiligament injury/knee dislocation	Reduce dislocation in recus Careful neurovascular examination – consider angiogram Backslab	Refer to ortho on call	
PATELLA DISLOCATION			
Diagnosis	ED management	ED discharge plan	VFC plan
1ST time dislocation or recurrent dislocation with fracture	Reduce dislocation Knee splint Post reduction XR	VFC	Emergency fracture clinic FU for clinical assessment and referral for MRI scan ? osteochondral injury suitable for repair
Recurrent dislocation with no fracture	Reduce dislocation Knee splint for 2 weeks Post reduction XR	Refer to physio and GP for elective referral	
FRACTURES AROUND THE KNEE			
Diagnosis	ED management	ED discharge plan	VFC plan

Small avulsion fractures (can represent ligament injury)	Camp splint Analgesia	VFC	Emergency fracture clinic review within 1 week to decide if MRI scan required
Proximal fibula fracture	Adequate analgesia Neurovascular examination (esp common peroneal nerve) Ensure no maisonneuve injury (clinical examination and ankle XR) Ensure no ligament injury (clinical examination of PLC) Tubigrip	VFC	
Tibial plateau fracture	Neurovascular examination Analgesia Above knee backslab	Refer to ortho on call	
Distal femur fracture (metaphyseal, intra-articular)	Neurovascular examination Analgesia Above knee backslab or Thomas splint	Refer to ortho on call	
Patella fracture (longitudinal)	Check active SLR intact Camp splint	VFC	Review in 1 week in generic fracture clinic with XROA
Patella fracture (transverse or stellate)	Camp splint	Refer to ortho on call	
Tendon ruptures around the knee			

Diagnosis	ED management	ED discharge plan	VFC plan
Patella tendon rupture	Camp splint	Refer to ortho on call	
Quads tendon rupture	Refer to ortho on call	Refer to ortho on call	