North East London & Essex
Trauma Network

Open Fracture Pathway Trauma Unit ED Management V2.1 – All Ages

The content of this pathway reflects the latest version of NICE guidance NG37 (2016) and BOAST (2017). The following is not an exhaustive description of the management of an open fracture but rather identifies the key points along the patient pathway

Inclusions:

- ALL isolated lower limb open long bone fractures, plus those of the hindfoot and midfoot and pelvis*
- All Isolated upper limb long bone fractures that require soft tissue coverage or vascular repair*
- This applies to patients of ALL AGES
- Polytrauma patients should follow the major trauma pathway

Exclusions:

- All upper limb fractures not requiring plastics input; Forefoot; Facial fractures (follow existing pathways via plastics/maxfax)

Antibiotics:

- All patients should receive antibiotics within 1 hour of injury
- Adults: IV Co-amoxiclav 1.2g is ideal or Clindamycin 600mg if penicillin allergic.
- Children: IV Co-amoxiclav or Clindamycin if penicillin allergic, dose titrated to weight
- Tetanus prophylaxis must be considered and given if unsure of status.

ED management / Initial management:

- The orthopaedic team should be available to review the patient and assist with any interventions required, prior to MTC transfer, except where this would significantly delay transfer.
- Do not perform mini washouts in the ED. Gross and obvious contaminants should be removed only
- If photography is immediately available and permitted within your TU please take a photograph of any wounds on the affected limb
- Saline-soaked gauze and film should then be used to dress, and be left undisturbed
- Antibiotics should be given urgently (within 1 hour of injury) if not already done so, and time recorded.
- Limbs should be realigned and splinted and neurovascular status documented.
- Compartment syndrome may need to be managed with emergency decompression locally as per BOAST guidelines

Transfers:

- The Trauma Unit team should arrange transfer to the orthopaedic team at RLH MTC, referral to be completed by first available senior clinician.
- Utilise refer-a-patient to send a referral, which should be followed up by a phone call to the orthopaedic trauma coordinators on 020 3594 5747 (OOH Ortho SpR on 020 3594 5674)
- Initiate image transfer as an emergency transfer. Please do not select regular or overnight transfer.

Repatriation:

- Transfer of patients back to their local hospital must occur expeditiously once the acute phase is complete
- If being transferred to a TU within the NELETN an accepting consultant is NOT required and the patient will go under the care of the on-call orthopaedic team at the time of arrival, local ownership can be decided upon at that point
- If a bed has not been identified within the timescales outlined in the network handbook, the patient will be transferred to the TU ED.

*Royal Free Hospital only – Patients without extremity vascular injury may be suitable for local management following a senior and joint assessment by senior orthopaedic and plastic teams.

Trauma Unit ED Checklist

Patient Demographics

Date and Time of INJURY:………………………………………

- IV Antibiotics given?
  - Co-amoxiclav 1.2g (or titrated dose for children)……………………………
  - Clindamycin 600mg for penicillin allergy (or titrated dose for children).
  - Other (with variation explained)…………………………………………….
- Adequate pain relief given for transfer
  - Detail……………………………………………………………………………
- Tetanus immune? Please circle Yes No
- If no, Revaxis given…………………………………………………………….
- Refer-a-patient sent to RLH ED…………………………………………………….
- Photograph of wound sent via NHS.net or uploaded to refer-a-patient……
  If via email, to be sent directly to the accepting clinician
- Wound dressed with saline soaked gauze and film…………………………….
- Neurovascular status recorded……………………………………………………
- Image transfer initiated……………………………………………………………….
- RLH ED team informed of transfer…………………………………………………