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| **GRI Emergency Department - ORTHOPAEDIC REFERRALS** |
| **CONTACT** | **PAGE** | **Who** | **Comments** |
| 1) ORTHO | 13681 | Trauma Coordinator / Ortho Doc | Inform of admission, GP referral (even if not received call).If requesting advice check if discussed with ED consultant/senior. |
| 2) WARD | 13571 | Wd 61/62 Floor Controller | SBAR HandoverObservations/MEWS – explanation or plan if MEWS ≠ 0 |
| Admissions | Necessary Investigations and first line treatments e.g. reduction / splintage completed. Management plan: □ Analgesia on Kardex – IV & Oral prn □ IV Fluids for 6hrsDocument times of referral to Service and enter bed request on TrakCare |
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|  *#NOF Fast track* | Confirm CXR and any necessary managementPhone ward before medical contact | → Aim 2 hours arrival to ward |
| *Direct (Obvious) Admissions eg tibial shaft #* | Confirm with ED Seniorthen inform Ward & Orthopaedic Medical Staff | Ensure medically stable/well before discharge. |
| *GP referrals**(NB not all of these have been phoned to Ortho in advance)*  | Contact Orthopaedics to reviewPatient can be reviewed in Gatehouse MIU during opening hours and ED thereafter | Not for direct admission as review/ investigations required. For timely review and discharge/admission as required. |
| *Injuries requiring planned admission for surgery but suitable for discharge eg displaced wrist fractures* | For initial management / splintageRefer Ortho for assessment  | For Ortho assessment, pre-op bloods and COVID swabs prior to discharge. |
| *Concurrent non-orthopaedic condition and injury where non-ortho admission takes priority* | For initial management / splintage etcRefer Ortho for assessment | Admit to appropriate specialtyUnless Ortho review in ED necessary Ortho to review and clarify plan on the ward |
| *? Cauda Equina* | Refer Ortho for assessmentPatient to be reviewed in Gatehouse MIU during opening hours and ED thereafterFor urgent MRI where indicated | Discharge / Admit Neurosurgery as appropriate after scanDelay to scan / scan planned for next day –admit to ward awaiting MRI |
| *Injury requiring Fracture clinic review* | Analgesia, splintage as per GRI Specific Fracture Protocol document  | Refer VFC |
| *Post-op problems*  | Non urgent  | Discharge, add to VFC |
| Urgent | D/W senior / refer orthopaedics |