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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 Handover  Observations/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 6hrs  Document times of referral to Service and enter bed request on TrakCare | | | | |
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| *#NOF Fast track* | | Confirm CXR and any necessary management  Phone ward before medical contact | | | → Aim 2 hours arrival to ward |
| *Direct (Obvious) Admissions eg tibial shaft #* | | Confirm with ED Senior  then 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 review  Patient 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 / splintage  Refer 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 etc  Refer Ortho for assessment | | | Admit to appropriate specialty  Unless Ortho review in ED necessary Ortho to review and clarify plan on the ward |
| *? Cauda Equina* | | Refer Ortho for assessment  Patient to be reviewed in Gatehouse MIU during opening hours and ED thereafter  For urgent MRI where indicated | | | Discharge / Admit Neurosurgery as appropriate after scan  Delay 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 |