



University Hospital Galway

EMERGENCY DEPARTMENT

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Fractures

(<https://galwayem.ie/guidelines/trauma-and-musculoskeletal/fractures>)

Category

Trauma and Musculoskeletal (<https://galwayem.ie/guidelines/trauma-and-musculoskeletal>)

Fractures

In general, manage patients according to the guidelines. However, in certain circumstances (e.g. if the injury is already several weeks old or if the patient is already wheelchair bound) the guidelines may be inappropriate. If in doubt as to how to manage a particular injury - seek senior ED advice.

Always assess distal neurovascular function in patients with long bone fractures.

Out-patient follow-up

Unless directed otherwise, refer patients to the next fracture clinic.

All patients who have a fracture or dislocation reduced **MUST** have a post reduction x-ray, as must anyone with a potentially unstable fracture which is treated in a POP.

Ensure patients have adequate analgesia. They may have analgesia at home or they may be able to buy some. Otherwise prescribe analgesia.

ALL patients must be seen again at the next fracture clinic, except fractures of the terminal phalanx of the fingers and undisplaced toe fractures.

If a patient lives out of our area and wants to be followed up elsewhere, write a letter and give the patient a copy of their X-rays. Tell the patient to go to his GP or the local Emergency Department to arrange a Fracture Clinic appointment.

Patients for admission.

Most patients who need admission for a fracture will be admitted under the orthopaedic surgeons

Elderly patients who need admission for social reasons or mobility problems e.g. fracture neck of humerus or fractured pubic rami, should be admitted under the on call medical team.

If a patient has a compound fracture, **do not** forget to give antibiotics and tetanus prophylaxis.

Fractures are painful: do not forget analgesia. The most effective analgesia is effective splintage. The most appropriate analgesia for most significant fractures is I.V. morphine titrated to effect. Nerve blocks are standard of care for neck of femur fractures.

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