Emergency Department Clinical Guidelines
Management and Disposal of Common Injuries

LOWER LIMB INJURIES

PELVIS

Condition	Management	Disposal
Pelvic Iliac Wing	• ATLS if significant mechanism • Analgesia	• Refer acutely to Orthopaedics • Consider CT Imaging
Isolated Pubic rami fracture	Analgesia	• If FWB - consider discharge with analgesia • If elderly with social/ medical concerns, or NWB - refer RMO. • No specific follow up from Orthopaedics
Dislocated prosthetic hip	Analgesia	Refer acutely to Orthopaedics
Fracture neck of femur	• Analgesia • IV fluids • Oxygen • Fast track system	Refer acutely to Orthopaedics
Traumatic Hip pain NWB or concerning features	Analgesia	• See NOF protocol • Refer acutely to Orthopaedics

Femoral shaft fractures	• ATLS approach • 2 large bore cannulae • IV fluids • Analgesia • Femoral nerve block	Refer acutely to Orthopaedics
Supracondylar fracture	• ATLS approach • 2 large bore cannulae • IV fluids • Analgesia • Femoral nerve block	Refer acutely to Orthopaedics

Knee

Condition	Management	Disposal
Dislocated patella	• Entonox / Analgesia • Straighten leg into full extension • Reduce patella • Ensure SLR • X-ray if first occurrence • Wool & crepe or cricket pad splint	Fracture clinic followup
Fractured patella	Analgesia	• If undisplaced - Cylinder POP or Cricket pad splint • If displaced or transverse - refer Orthopaedics

Intercondylar tibial avulsion	Cricket pad splint	Refer acutely to Orthopaedics
Significant ligamentous knee injury	• X-ray • Wool & crepe or cricket pad splint • Crutches • PWB	Fracture clinic follow up
Significant knee STI without clear ligament problems	• Analgesia • Crutches • Wool and crepe if appropriate	A&E Physiotherapy referral as follow up
Tense haemarthrosis or lipo-haemarthrosis(post-trauma)	Analgesia	Refer acutely to Orthopaedics
Tibial plateau fracture	• Analgesia • Full leg backslab	Refer acutely to Orthopaedics
Fibula head fracture	• Analgesia • Consider ankle x-ray • Check common peroneal nerve damage • Full leg backslab • Crutches • PWB	Fracture clinic followup
Quadriceps or Patella tendon rupture	Cricket pad splint	Refer acutely to Orthopaedics

Lower Leg

Condition	Management	Disposal
Fibula shaft fracture	• Analgesia, • Full leg backslab • Crutches • PWB	Fracture clinic followup
Tibial shaft fracture	• IV analgesia • Full leg backslab • MUA if angulated/displaced	Refer acutely to Orthopaedics
Fracture dislocation of ankle	• IV morphine/Entonox +/- sedation • Immediate reduction • Back slab with stirrup • Then x-ray	Refer acutely to Orthopaedics
Ankle fracture Weber A	• Analgesia • Consider splint / aircast boot • Crutches • Weight bear as comfortable	Advice leaflet
Ankle fracture Weber B	• Analgesia • Below knee backslab • Crutches • NWB	Fracture clinic followup but if talar shift or tender medially refer Orthopaedics acutely

Ankle fracture Weber C	• Analgesia • Backslab below knee	Refer acutely to Orthopaedics
Isolated medial malleolus fracture	Assess for proximal fibula fracture Backslab or airboat	Fracture clinic follow up
Ankle STI	If weight bearing • Analgesia	No follow up
	If non weight bearing • Analgesia • Crutches • Ankle splint or Aircast boot if severe	A&E Physiotherapy referral as follow up
Talus fracture	Below knee backstab	Refer acutely to Orthopaedics
Intra-articular distal tibia fracture (pilon#)	• Above knee backstab • Analgesia	Refer acutely to Orthopaedics
Calcaneal fracture	• Analgesia • Wool and crepe	Refer acutely to Orthopaedics
Achilles tendon rupture	• Consider urgent MSK ultrasound • Equinus BK backstab	Refer acutely to Orthopaedics for trauma meeting
Avulsion injuries to foot/ ankle	Treat as for sprains	A&E Physiotherapy referral as follow up

Lisfranc fracture	• Analgesia • Wool and crepe	Refer acutely to Orthopaedics
5th Metatarsal Fractures		Advice leaflet
Other Metatarsal fractures	• Wool and crepe • Analgesia • Consider backslab if severe	Fracture clinic followup
Multiple metatarsal fractures / crushed foot / High energy injury	• Padded will and crepe • Analgesia • Crutches	Refer acutely to Orthopaedics
Toes fractures/ dislocation: hallux	• Reduce if dislocated • Wool and crepe • Analgesia • Consider backslab if severe	Fracture clinic followup
Toes fractures/ dislocations: other toes	• No x-ray unless deformed • MUA if required • Neighbour strap,	No follow up