

### DISCHARGE WITH LEAFLET ADVICE

#### Adult Injuries:

- Mallet Finger
- Neck of 5<sup>th</sup> Metacarpal #
- Undisplaced Head / Neck of Radius (elbow) #
- Base of 5<sup>th</sup> Metatarsal #
- Tuft # Distal Phalanx (Not joint)
- Phalanx or Great Toe # foot (undisplaced)
- Weber Type A (tip of fibular) ankle #
- ACJ Injuries Type 1 & 2

#### Children Injuries (<11yrs old):

- Torus (buckle) # Distal Radius
- Buckle # metacarpals / Phalanx (Hand)
- Buckle # metacarpals / Phalanx (Foot)
- Paediatric Clavicle #

### INTERVENTION POSSIBLY REQUIRED

**Refer Directly to the On Call Team & only book VFC if required**

### BEFORE REFERRAL TO VFC

- Splinting / Long boot preference to plaster
  - Next available Clinic
- Discuss with Senior if ? unsure (ie ? Normal x-ray)
- ROH – Referral to Hand Therapy / Physio for Mallet Finger / Hand Injuries

**Forename:**

**Surname:**

**PAS No:**

**DOB:**

**Diagnosis:**

**Immobilisation used (circle):**    **CAST**                      **BOOT**                      **SPLINT**                      **SLING**

**VTE Prophylaxis in Ambulatory Trauma Followed:**            **YES**                      **NO**

**Age over 65**    **YES**                      **NO**

**If Yes – see REVERSE**

**Clinician Name:**

**Senior / Consultant Name (if needed)**




**Patient Over 65 – Complete FRAT Score**

<b>FRAT – Falls Risk Assessment Tool</b>	<b>Yes</b>	<b>No</b>
Is there any history of fall(s) in last 12 months?		
Is the Patient on 4 or more medications per day?		
Does the Patient have a diagnosis of Stroke or Parkinson's disease?		
Does the Patient report any problems with their balance?		
Is the Patient unable to rise from a chair of knee height?		

**If scores 3 or more YES answers – Please complete a Falls Referral Form:**

Name:	NHS No.
Gender:	DOB:
Address:	Home Tel No:
	Mobile No :
GP:	GP Tel No:
Language Spoken:	Interpreter Required:

<b>ALL REFERRALS WILL BE INITIALLY TELEPHONED TRIAGED</b> (Ensure contact number is correct) Please indicate if patient has consented for telephone contact to be made through relative / Carer / NOK Details of Relative / Carer / NOK Tel No:	
Is there any reason to suspect a lone visit may be unsafe? Are there any patient alerts in place?	Details:
Past Medical History:	Medication History (+/- Allergies):

**FAX with a copy of ED Notes to:**

<b>Bury Falls Team</b> Falls Prevention Service Radcliffe Primary Care Centre 69 Church Street West Radcliffe M26 2SP  Fax: 0161 724 2134 For any queries Tel : 0161 724 2130	<b>Heywood Middleton &amp; Rochdale Falls Team</b> Falls Prevention Team Callaghan House Cross Street Heywood OL10 2DY Fax: 01706 837139 For any queries: 01706 837125	<b>Oldham Falls Team:</b> Community Physiotherapy Dept Ellen House Waddington Street Oldham OL9 6EE  Fax: 0161 622 6622 For any queries: 0161 622 4311
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