

Northeast Health Wangaratta - Orthopaedic Fracture Clinic **Pre – referral Management Guidelines** (September, 2021)

<p>Orthopaedic Consultants:</p> <ul style="list-style-type: none"> • Mr M. Falkenberg • Mr W. Seager • Miss P. Keith • Mr R. Kjar • Mr. J. Churchill 	<p>Clinic/Appointment Information:</p> <p>Northeast Health Wangaratta (NHW) PO Box 386 Wangaratta 3676 Tel: 5722 5555 Fax: 5722 5419</p> <p>Orthopaedic Fracture Clinic – Wednesday PM, Thursday AM, Friday AM</p>	<p>Fracture Clinic Referral Form</p> <p>Referral <u>must</u> contain detailed information on:</p> <ul style="list-style-type: none"> • History • Medications • Investigations (patient to bring results/films as appropriate & also current Medicare card) 	<p>Note: Incomplete Referrals</p> <p>Incomplete referrals will not be accepted for processing and will be returned to the referral source.</p>
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<p>Conditions <u>SEEN</u> on-referral:</p> <ul style="list-style-type: none"> • Fractures of limbs (within 2 weeks) • Post op follow up of emergency hospital admissions (i.e. patients not electively admitted) for general follow up and remove staples, plaster, pins etc). See timing guidelines • Joint dislocations including finger joint dislocations (within 2 weeks) • Truly locked knee (encourage GP review in first instance) – 2 weeks • Grossly unstable knee (not just a swollen sore knee) – Orthopaedic registrar to see in A/E at time of presentation. • Achilles and biceps (at elbow) tendon rupture – Orthopaedic registrar to see in A/E at time of presentation. 	<p>Conditions <u>NOT SEEN</u> In this Clinic:</p> <ul style="list-style-type: none"> • Shoulder Conditions – osteoarthritis, rotator cuff, instability/dislocation & pain/stiffness • Elbow conditions – tendonitis, painful/stiff/locking • Wrist & hand conditions – tenosynovitis and ganglia • Osteoarthritis Hip and Knee • Previous arthroplasty hip and knee-loosening, wear and infection • Ankle and feet pain and deformity • Neck Pain, Back Pain and or Sciatica – refer to GP or Surgeon • Tumours – refer directly to Surgeon • Paediatrics: Clubfoot/Calcaneo Valgus Foot/Flat Feet/ Intoeing/ Perthes/SUFE/ synovitis hip – refer to Surgeon • Wrist and Hand conditions–Contractures and Dupuytren’s– refer to Surgeon 	<p>Conditions (<i>Timing Guidelines</i>) – at discharged from Hospital Ward:</p> <ul style="list-style-type: none"> • Closed fracture, manipulation and plaster – 7 – 10 days with check x-ray on arrival. • ORIF of fracture – 2 weeks for r/o sutures and plaster change • Percutaneous K wires for fracture + pop slab – 5 weeks for r/o wires. • # NOF – GP follow up with x-ray in 6 weeks • # clavicle or proximal humerus – 3 weeks with x-ray on arrival. • Hand fractures – 3 weeks • Supracondylar humerus fractures (children) – 3 weeks.
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Triage Categories / Appointment Wait Times

<p>Emergency / After Hours:</p> <p>Present to the NHW Emergency Department.</p>	<p>Category 1</p> <p>0 – 10 days Submit (Fax) VSRF referral form as soon as possible.</p>	<p>Category 2</p> <p>0 – 4 Weeks All non urgent referral will be triaged by Orthopaedic Medial Officer and appointments booked accordingly</p>	<p>Category 3 (Routine)</p> <p>4 – 8 weeks</p>
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Condition / Symptom	Referrer Source – Work up	Suggested GP Management	When to Refer / Appointment Information
ACUTE TAUMA (FRACTURES)			
Fractures of the Upper Limb: <ul style="list-style-type: none"> Acute fractures will be assessed by the Fracture Clinic within 2 weeks 	Investigations: <ul style="list-style-type: none"> X-ray (AP and Lateral) and instruct patient to bring films to Clinic appointment. Please also request Scaphoid Views if scaphoid fracture is suspected (out of plaster) If fracture is reduced or manipulated, any check x-rays should be reviewed by the Doctor requesting the imaging prior to referral 	Suggested GP Management: <ul style="list-style-type: none"> Immobilise fracture limb in a sling, shoulder-immobiliser or plaster cast as appropriate 	Immediate (Emergency): <ul style="list-style-type: none"> Refer patient directly to the Emergency Department if <u>open or displaced</u> fracture Category 1 (Urgent): <ul style="list-style-type: none"> Refer URGENTLY to Fracture Clinic for acute fractures (fractures < 2 weeks old) assessed as requiring further or specialist management
Hand Fractures: <ul style="list-style-type: none"> Acute fractures can be assessed by the Fracture Clinic Outpatients within 2 weeks 	Investigations: <ul style="list-style-type: none"> X-ray of hand (AP and lateral views and any additional views) Check x-ray post manipulation if applicable 	Suggested GP Management: <ul style="list-style-type: none"> Immobilise in a suitable splint or thumb-spica cast as appropriate 	Immediate (Emergency): <ul style="list-style-type: none"> Refer patient directly to the Emergency Department if <u>open or displaced</u> fracture Category 1 (Urgent): <ul style="list-style-type: none"> If fracture is distal to the wrist and closed with no laceration then referral is classified as Urgent and seen within 2 weeks
Fractures of the Lower Limb: <ul style="list-style-type: none"> Acute fractures will be assessed by the Fracture Clinic within 2 weeks 	Investigations: <ul style="list-style-type: none"> X-ray (AP and lateral views) and instruct patient to bring films to Fracture clinic appointment. Please note, any check x-rays post immobilisation should be reviewed by the Doctor requesting the imaging prior to referral 	Suggested GP Management: <ul style="list-style-type: none"> Immobilise fractured limb in an appropriate plaster cast and instruct patient to remain non weight bearing using crutches 	Immediate (Emergency): <ul style="list-style-type: none"> Refer patient directly to the Emergency Department if <u>open or displaced</u> fracture Category 1 (Urgent): <ul style="list-style-type: none"> Refer Urgently to Orthopaedic Fracture Clinic for acute fractures (fractures < 2 weeks old) assessed as requiring further or specialist management