# Emergency Department
# Trauma Care Pathway 01
# OPEN FRACTURES of the LOWER LIMB

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Patient Number
Name
Address
Address
DOB

Addressograph Here

One form should be completed by the ED Doctor for each open lower limb fracture and given to the admitting T&O SpR / Consultant.

| INJURY | Right | Left |
|---|---|---|
| Upper Leg | | |
| Lower Leg | | |

**ED Doctor**
Name:
Grade:

| | |
|---|---|
| 1. Primary Survey completed | **Y / N** |
| 2. Direct pressure/pneumatic tourniquet for major haemorrhage control | **Y / N** |
| 3. Detailed assessment of fractured limb | **Y / N** |
| 4. Analgesia | **Y / N** |
| 5. **IMMEDIATE** referral to T&O **AND** B&P | **Y / N** |
| 6. Photograph Wound | **Y / N** |
| 7. Remove only gross external contamination **Do NOT irrigate or explore** | **Y / N** |
| 8. Cover in saline soaked gauze & clear film dressing | **Y / N** |
| 9. Plaster back-slab, reassess, then X-ray | **Y / N** |
| 10. Administer Initial Antibiotics | **Y / N** |
| Either Co-amoxiclav 1.2g IV (Adult dose) | |
| Or Cefuroxime 1.5g IV (Adult dose) | |
| Or ONLY if penicillin allergy: Clindamycin 600mg IV (Adult dose) | |
| **N.B. Doses are adult only and must be adjusted for Paediatric patients** | |
| 11. Reassess Fractured Limb every 15mins | **Y / N** |
| 12. Tetanus Prophylaxis if required | **Y / N** |

| **Assessment 1 time:** | | | |
|---|---|---|---|
| **Findings:** | Normal | Reduced | Absent |
| Sensation | | | |
| Movement | | | |
| Pulses | | | |
| **Heavy Contamination** | | | **Y / N** |
| Marine | Agricultural | Sewage | |

**EMERGENCY**

Vascular Injury, Compartment Syndrome or Heavy Contamination with marine, agricultural or sewage material is a **SURGICAL EMERGENCY**

| **Assessment 2 time:** | | | |
|---|---|---|---|
| **Findings:** | Normal | Reduced | Absent |
| Sensation | | | |
| Movement | | | |
| Pulses | | | |
| **Assessment 3 time:** | | | |
| **Findings:** | Normal | Reduced | Absent |
| Sensation | | | |
| Movement | | | |
| Pulses | | | |

**ED Doctor**
Signature:

Date: Time:

**T&O SpR / Consultant**
Signature:

Date: Time: