

Condition	Management	Disposal
Sternum	<ul style="list-style-type: none"> - ATLS guidelines - Sternal X-ray - ECG 	- Discharge if well, normal observations and normal ECG
Management of Chest & Upper Limb Injuries		
Chest/Ribs	<ul style="list-style-type: none"> - Follow Chest Trauma Pathway - Analgesia - Chest Drain if required 	- Follow Chest Trauma Pathway

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Adult Clavicle Fracture	<ul style="list-style-type: none"> - Check for critical skin - Broad Arm Sling - Analgesia 	- VFC follow up
Paediatric Clavicle Fracture	<ul style="list-style-type: none"> - Collar & Cuff/ Broad Arm Sling depending on comfort - Analgesia 	- Discharge with advice leaflet
Scapula Wing fracture	<ul style="list-style-type: none"> - Check for other injuries - Collar & Cuff - Analgesia 	- Orthopaedic referral
Glenoid neck fracture	<ul style="list-style-type: none"> - Check for other injuries - Collar & Cuff - Analgesia 	- Orthopaedic referral
Dislocated Shoulder	<ul style="list-style-type: none"> - Immediate IV analgesia (morphine) before X-ray - Check neurovascular status - Manipulation unless associated fracture/ chronic - Collar & Cuff once reduced - Analgesia 	<ul style="list-style-type: none"> - Successful reduction: VFC follow up - Unsuccessful reduction/ associated fracture/ chronic dislocation: Refer to Orthopaedics
Rotator Cuff Injury	<ul style="list-style-type: none"> - Collar & Cuff - Analgesia 	<ul style="list-style-type: none"> - Advice leaflet - VFC follow up
Acromioclavicular joint disruption	<ul style="list-style-type: none"> - Broad Arm Sling - Analgesia 	<ul style="list-style-type: none"> - Advice leaflet - VFC follow up
Neck of humerus fracture	<ul style="list-style-type: none"> - Ensure no shoulder dislocation - Collar & Cuff - Analgesia 	- VFC follow up
Mid shaft humerus fracture	<ul style="list-style-type: none"> - Check neurovascular status - Collar & Cuff - Analgesia 	- Orthopaedic referral

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Supracondylar Fracture	<p>Undisplaced:</p> <ul style="list-style-type: none"> - Collar & Cuff - Analgesia <p>Displaced:</p> <ul style="list-style-type: none"> - IV/IN Opioid - Check neurovascular status - Above elbow backslab (in extension if needed) 	<ul style="list-style-type: none"> - VFC follow up - Orthopaedic referral
Undisplaced epicondyle fracture	<ul style="list-style-type: none"> - Collar & Cuff - Analgesia 	<ul style="list-style-type: none"> - VFC follow up - Orthopaedic referral if displaced
+ve fat pad sign with no clear fracture	<ul style="list-style-type: none"> - Collar & Cuff - Analgesia 	<ul style="list-style-type: none"> - VFC follow up
Dislocated elbow	<p style="text-align: center;">Elbow</p> <ul style="list-style-type: none"> - IV Opioid analgesia - Check neurovascular status - X-ray prior to manipulation - Above elbow backslab - Check X-ray 	<p>Reduced:</p> <ul style="list-style-type: none"> - VFC referral - Analgesia <p>If not - Orthopaedic referral</p>
Undisplaced Olecraon fractures	<ul style="list-style-type: none"> - Above elbow backslab - Collar & Cuff - Analgesia 	<ul style="list-style-type: none"> - VFC follow up
Displaced Olecraon fractures	<ul style="list-style-type: none"> - Above elbow backslab - Collar & Cuff - Analgesia 	<ul style="list-style-type: none"> - Orthopaedic Referral
Radial Head fractures	<ul style="list-style-type: none"> - Collar & Cuff - Analgesia 	<p>Undisplaced/ minimally displaced</p> <ul style="list-style-type: none"> - Discharge with advice leaflet <p>Displaced</p> <ul style="list-style-type: none"> - VFC follow up

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Radius/Ulna shaft fracture	<ul style="list-style-type: none"> - IV analgesia - Ensure X-rays include elbow & wrist - Above elbow backslab 	- Orthopaedic referral
Isolated undisplaced ulna fracture	<ul style="list-style-type: none"> - Above elbow backslab - Analgesia 	- VFC follow up
Displaced/Angulated Colle's fractures	<ul style="list-style-type: none"> - Manipulate in ED - Below elbow backslab - Analgesia - Check X-ray 	<ul style="list-style-type: none"> - If successful, VFC follow up - If unsuccessful, Orthopaedic Referral
Non/minimally displaced/angulated distal radius fracture	<p>Intra-articular involvement</p> <ul style="list-style-type: none"> - Below Elbow Backslab - Analgesia <p>No intra-articular involvement</p> <ul style="list-style-type: none"> - Below Elbow Backslab/ Wrist Brace - Analgesia 	<ul style="list-style-type: none"> - Orthopaedic Referral - VFC follow up
Other displaced distal radius fractures	<ul style="list-style-type: none"> - Below elbow back/volar slab - Analgesia 	- Orthopaedic Referral
Paediatric Torus fracture (Buckle # with no cortical break)	- Wrist Brace	- Discharge with advice leaflet
Buckle fracture with cortical break	- Wrist Brace	- Discharge with advice leaflet
Paediatric displaced fracture requiring manipulation	<ul style="list-style-type: none"> - Analgesia - Below elbow Backslab 	- Orthopaedic Referral
Displaced fractures with neurovascular compromise	<ul style="list-style-type: none"> - Analgesia - Consider reduction under sedation 	- Orthopaedic Referral
Definite Scaphoid fracture	- Below elbow backslab WITHOUT thumb extension	- VFC follow up
Suspected Scaphoid fracture	<ul style="list-style-type: none"> - Wrist Brace WITHOUT thumb extension - Consider thumb extension only if still has significant pain without it 	- VFC follow up
Lunate/ Peri-lunate dislocations	- Analgesia	Orthopaedic Referral

Condition	Management	Disposal
Bennett's Fracture (Intra-articulate 1st MC Base #)	- Bennett's Cast	- Orthopaedic referral
Thumb MC fracture (NOT Bennett's)	- Bennett's Cast	- VFC follow up
Boxer's fracture	- Accept upto 50 degrees angulation - Check for rotation - Neighbour strap - High Arm Sling - Analgesia	- > 40 degree angulation or rotated, Orthopaedic referral (for trauma meeting discussion) - if not, discharge with advice leaflet
Isolated Undisplaced MC fracture	- Wool & Crepe - Analgesia	- VFC follow up
Displaced/complex or rotated MC fractures	- Analgesia - May need MUA (MC Block)	- Orthopaedic Referral
Fight bites (tooth injury over MCPJs)	- Analgesia - X-ray for FB - Tetanus/Hep B booster - Risk assessment for PEP	- Orthopaedic referral for washout and antibiotics
Hand wounds with visible tendons or altered sensation	- Analgesia - Wash out - Antibiotics - Check tetanus status	- Orthopaedic referral for extensor tendon injuries - Plastics referral for flexors/nerve injuries
Dislocated MCP/IP joints	- Reduce under nerve block - Neighbour strap - Check X-ray	- VFC follow up if successful - Orthopaedic referral if unsuccessful
Displaced or rotated proximal/middle phalangeal fractures	- Reduce under nerve block - Neighbour strap - Check X-ray	- Orthopaedic Referral if unsuccessful - VFC follow up if alignment adequate
Undisplaced proximal/middle phalageal fractures	- Neighbour Strap - Analgesia	- VFC follow up
Small avulsion fractures to fingers and hands	- Neighbour strap - Analgesia	- VFC follow up
Closed Tuft fracture	- Analgesia - Trephine nail if needed	- Discharge with advice leaflet
Open or intra-articulate tuft fracture	- Analgesia - Antibiotic/Dressing if open - Trephine nail if needed	- VFC follow up
Mallet finger	- Mallet Splint	- soft tissue/ < 1/3 joint fracture, discharge with advice leaflet - If not, VFC follow up