

## Open Fracture Guideline

Issue Date	Review Date	Version
November 2019	November 2022	V3

### Purpose

Following the national introduction of Regional Trauma Networks, Major Trauma Centres (MTC's) are required to have a suite of clinical guidelines for major trauma patients.

The purpose of this guideline is to provide direction and guidance for actions from key individuals and organisations within The Peninsula Trauma Network to improve the patient pathway and ensure that patients with Open Fractures are treated as appropriately as possible.

### Who should read this document?

- Trauma Network Clinical and Governance Directors
- TU and MTC Clinical Leads for Major Trauma
- Trauma Team Leaders & ED Doctors
- All Orthopaedic and Plastic Surgery Consultants
- All Clinicians Transferring Patients to Specialist Centres
- Acute Trust Lead Nurses

### Key Messages

- This flowchart indicates MTC and Trauma Unit actions for suspected open long bone fractures
- Patients with axial skeleton or pelvic open fractures must be transferred to the appropriate adult or paediatric Major Trauma Centres as appropriate following appropriate initial resuscitation and stabilisation
- Patients with open fractures of hand, wrist, forefoot or digits should be managed by local orthopaedic services if presenting directly to Trauma Units

### Core accountabilities

<b>Owner</b>	Dr Tony Hudson, PTN Clinical Director
<b>Review</b>	PTN Advisory Group
<b>Ratification</b>	PTN Advisory Group
<b>Dissemination (Raising Awareness)</b>	All PTN Acute Trusts
<b>Compliance</b>	All Parties

### Links to other policies and procedures

PTN Automatic Acceptance and Secondary Transfer Policy  
PTN Safe Transfer of the Critically Ill Patient

### Version History

<b>V1</b>	Col Scott Adams	MTC Clinical lead & Consultant Trauma & Orthopaedic Surgeon
<b>V2</b>	Dr Tony Hudson	Peninsula Trauma Network Clinical Director
<b>V3</b>	Dr Tony Hudson	Peninsula Trauma Network Clinical Director

*The Network is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on The PTN website.  
Larger text, Braille and Audio versions can be made available upon request.**

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## 1 Consultation and Ratification

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Peninsula Trauma Network (PTN) indicate the need for a significant revision to the procedures described.

This document will be reviewed by the PTN Advisory Group and ratified by the PTN Director and Clinical Governance Lead or Executive Board as deemed appropriate. Non-significant amendments to this document may be made, under delegated authority from the PTN Director, by the nominated owner. These must be ratified by the PTN Director.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Peninsula Trauma Network. For non-significant amendments, informal consultation will be restricted to named groups or grades who are directly affected by the proposed changes.

## 2 Dissemination and Implementation

Following approval and ratification, this guideline will be published on the PTN website (public facing or secure as deemed appropriate) and all staff will be notified through the PTN normal notification process, currently via email to Trauma Clinical Leads.

PTN Website <http://www.peninsulatraumanetwork.nhs.uk/>

Document control arrangements will be noted and kept current on the PTN policy list maintained by the PTN management team.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named PTN Director

## 3 Monitoring Compliance and Effectiveness

- Monitoring and compliance will be reviewed via the PTN Governance form submissions and discussion at the monthly PTN Governance teleconference.
- This is a requirement of the NHSE Major Trauma Quality Indicators and compliance will be reviewed via the annual Network Peer Review process and/or National Quality Surveillance Team (QST) peer review for MTCs. If concerns are raised, these will be notified to the relevant Chief Executive and Trauma Leads will be required to provide timely action plans to resolve the concerns. These concerns will be reviewed by the PTN Management Team and fed back to relevant parties. Concerns raised by the National QST peer review for MTCs will be fed back through the appropriate channels.

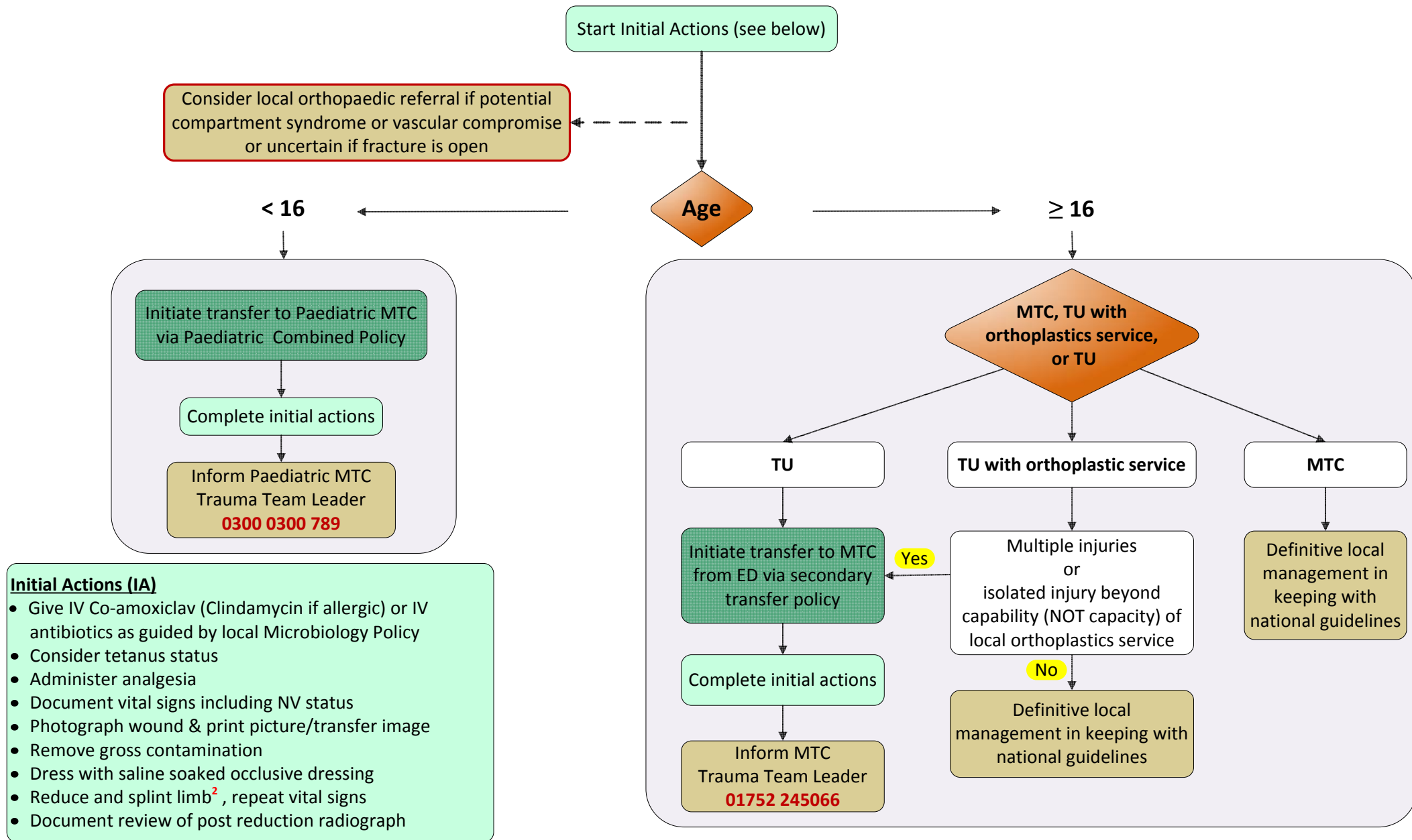
## 4 References and Associated Documentation

BOA BAPRAS Audit Standards for Trauma (Open Fractures December 2017)

NICE Guideline 37 Fractures (complex): assessment and management (Updated November 2017)

D15/S/a - 19-016B, MTC Standards, Definitive Care - Orthopaedic surgery service (QST 2019)

**ED Actions for Suspected Open Limb Fracture <sup>1</sup>**



**Initial Actions (IA)**

- Give IV Co-amoxiclav (Clindamycin if allergic) or IV antibiotics as guided by local Microbiology Policy
- Consider tetanus status
- Administer analgesia
- Document vital signs including NV status
- Photograph wound & print picture/transfer image
- Remove gross contamination
- Dress with saline soaked occlusive dressing
- Reduce and splint limb<sup>2</sup>, repeat vital signs
- Document review of post reduction radiograph

<sup>2</sup> Splintage: Upper limbs – above elbow POP: Femur – traction splint:  
Below knee – above knee splint/POP

<sup>1</sup> Long bone, hindfoot or midfoot (excluding hand, wrist, forefoot or digit)