

# EMERGENCY ORTHOPAEDIC CARE: ADMISSION AND PATIENT TRANSFER TO CHW

## POLICY AND PROCEDURE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- Orthopaedic Surgery provides care to children presenting directly to the Emergency Department (ED) of CHW with musculoskeletal trauma. This includes the treatment of upper and lower limb trauma and spinal injuries.
- Patients are treated either as out-patients or in-patients.
- Patients presenting to the CHW ED as requiring in-patient care are admitted under the relevant Consultant on-call (i.e. Orthopaedic Surgeon, Hand Surgeon or Spinal Surgeon). All trauma admissions that have had a trauma call activated will be admitted under the Trauma (General surgeon) consultant on-call for the day. If isolated Orthopaedic injuries, Orthopaedics can be AMO2. In multi-trauma, the patient will be admitted under the Trauma consultant on-call and transfer of care may be requested following the tertiary survey and once major clinical issues have been identified.
- Children presenting to the ED of a district hospital with simple musculoskeletal trauma should be treated at that hospital wherever possible.
- Patients in the 12-16 year age range can be optimally treated by Orthopaedic Surgeons experienced in managing adult musculoskeletal trauma.
- This document provides information on:
  - Age policy for admission for emergency orthopaedic care
  - Protocol for referral
  - Protocol for transfer
  - Indications for patient transfer

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	5 <sup>th</sup> February, 2024	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Senior Staff Specialist	<b>Area/Dept:</b> Orthopaedic Surgery

## CHANGE SUMMARY

- Document due for mandatory review
- If CHW orthopaedic consultant accepts the patient transfer, then the orthopaedic registrar checks with CHW admitting officer to confirm the availability of a bed and contacts the orthopaedic registrar at other hospital to arrange the patient transfer. In cases of multi-trauma, involving head, thorax and abdominal injuries, the Trauma Team will be the first contact for admission and will subsequently include the Orthopaedic Team (registrar) in case of upper and lower limb injuries, including the pelvis.
- All trauma admissions that have had a trauma call activated will be admitted under the Trauma (General surgeon) consultant on-call for the day. If isolated Orthopaedic injuries, Orthopaedics can be AMO2. In multi-trauma, the patient will be admitted under the Trauma consultant on-call and transfer of care may be requested following the tertiary survey and once major clinical issues have been identified.

## READ ACKNOWLEDGEMENT

- Discretionary – local manager to determine which staff, if any, are to read and acknowledge the document.

## TABLE OF CONTENTS

<b>Introduction .....</b>	<b>3</b>
<i>Children presenting to the ED of a District Hospital.....</i>	<i>3</i>
<i>Patients in the 12 – 16 year age group.....</i>	<i>3</i>
<b>Age Policy for Admission for Emergency Orthopaedic Care .....</b>	<b>4</b>
<b>Referral to CHW for Outpatient Emergency Orthopaedic Care .....</b>	<b>4</b>
<b>Transfer to CHW for In-patient Emergency Orthopaedic Care .....</b>	<b>4</b>
<b>Indications for Patient Transfer to CHW for Emergency Orthopaedic Care.....</b>	<b>6</b>
<b>References .....</b>	<b>6</b>

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	5 <sup>th</sup> February, 2024	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Senior Staff Specialist	<b>Area/Dept:</b> Orthopaedic Surgery

## Introduction

The Department of Orthopaedic Surgery provides care to children presenting directly to the Emergency Department (ED) of the Children's Hospital at Westmead (CHW) with musculoskeletal trauma. This includes the treatment of upper and lower limb trauma and spinal injuries. Patients are treated either as out-patients or in-patients.

Patients assessed in the CHW ED as requiring out-patient treatment are referred to one of the following:

- their primary care doctor/GP.
- an Orthopaedic Triage Clinic at CHW
- an Orthopaedic Clinic at CHW

Patients presenting with musculoskeletal trauma assessed in the CHW ED as requiring in-patient care are routinely admitted under the care of the relevant Consultant on-call (i.e. Orthopaedic Surgeon, Hand Surgeon or Spinal Surgeon).

All trauma admissions that have had a trauma call activated will be admitted under the Trauma (General Surgeon) consultant on-call for the day. If isolated Orthopaedic injuries, Orthopaedics can be AMO2. In multi-trauma, the patient will be admitted under the Trauma consultant on-call until a trauma tertiary survey has been done and major clinical issues are identified. The patient will then be transferred to the most appropriate sub-specialty teams as AMO1 & AMO2. This will usually occur within the first 48-72 hours. This applies to trauma patients in PICU and on the wards.

### ***Children presenting to the ED of a District Hospital***

Children presenting to the ED of a district hospital with simple musculoskeletal trauma should be treated at that hospital wherever possible. This applies particularly to hospitals with their own paediatric units (Designated Area Paediatric Surgical Site). It is NSW Department of Health policy that "Appropriate elective and emergency paediatric surgery should be undertaken locally where possible."<sup>1</sup> The transfer of a child with simple musculoskeletal trauma from another hospital to the CHW ED for treatment often represents inappropriate usage of a Tertiary Paediatric Facility. Treatment of a child in a facility geographically remote from the family home creates significant social, financial and practical difficulties for the family.

### ***Patients in the 12 – 16 year age group***

Patients in the 12-16 year age range have reached or are approaching skeletal maturity. As such, they often have adult type orthopaedic injuries which can be optimally treated by Orthopaedic Surgeons experienced in managing adult musculoskeletal trauma. Patients with fractures involving the pelvis, femoral shaft, tibia or ankle in this age range should be treated in their local hospital.

Unstable slipped capital femoral epiphyses and femoral neck fractures in children and adolescents are appropriate to refer to CHW as they have consequences for growth and development best managed at a tertiary paediatric centre.

The Orthopaedic Department of the CHW is proud of the tertiary paediatric orthopaedic trauma service it provides. It recognises that it has a responsibility to medical colleagues and the community to provide this service. The CHW Orthopaedic Department policy is to accept all appropriate patient transfers from other hospitals.

## Age Policy for Admission for Emergency Orthopaedic Care

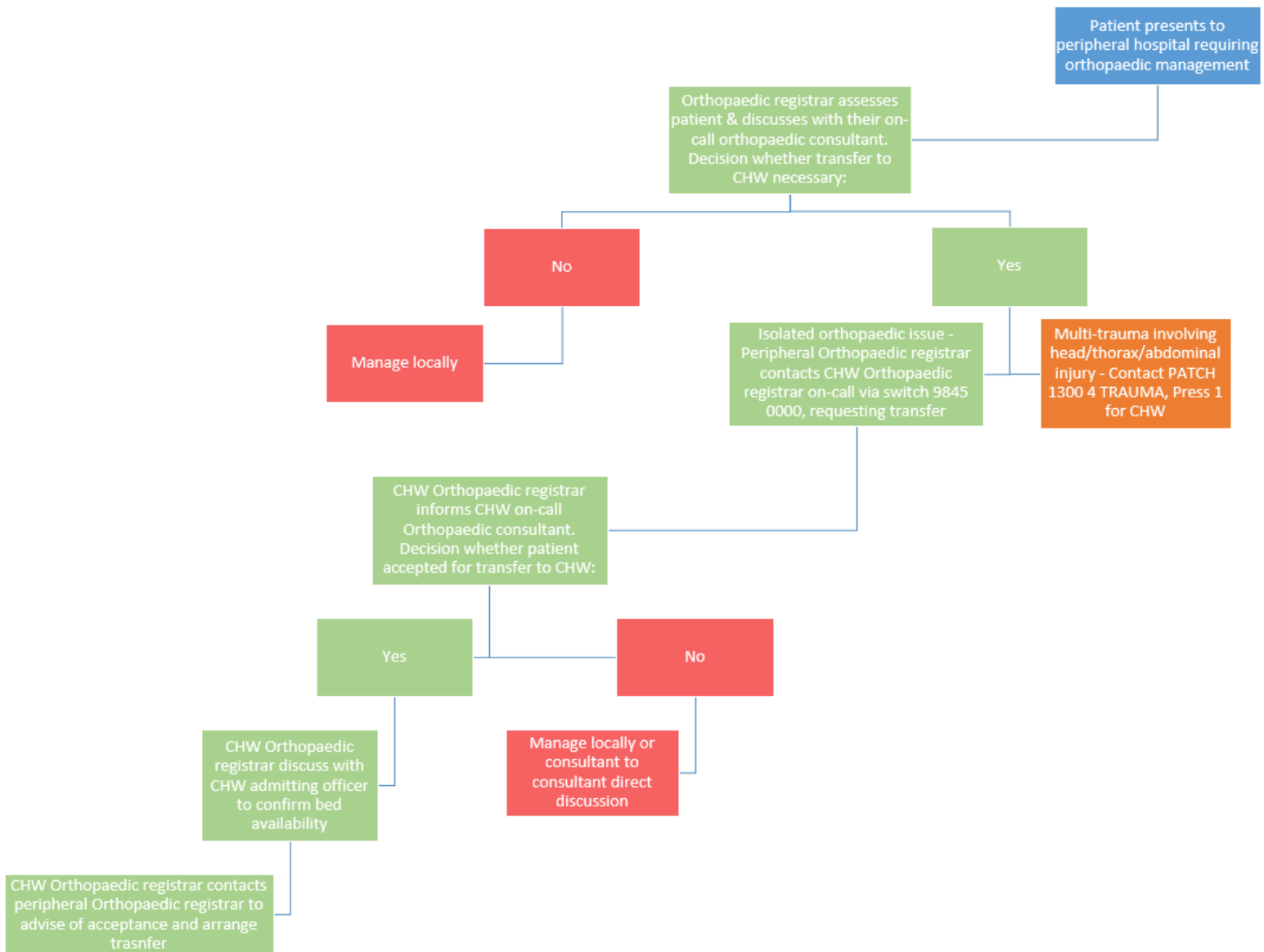
- New patients with primary or secondary fractures under age 12 are accepted for admission where an anaesthetic is required and cannot be safely given at their local Hospital. Many centres can give anaesthetics to children in the 5-12 year age bracket.
- New patients requiring admission to the CHW for tertiary problems are accepted for admission up to their 16<sup>th</sup> birthday.
- Patients previously treated at CHW who have passed their 16<sup>th</sup> birthday may be admitted for an acute condition up to their 18<sup>th</sup> birthday provided they have ongoing care plans with a CHW team<sup>3</sup>.

## Referral to CHW for Outpatient Emergency Orthopaedic Care

The Orthopaedic Department does not accept the referral of a patient requiring emergency treatment from the ED of other hospitals directly to Orthopaedic Triage Clinics or to Orthopaedic Clinics. Children with musculoskeletal injuries presenting to the ED of other hospitals can only be referred to the CHW ED for further assessment and treatment.

## Transfer to CHW for In-patient Emergency Orthopaedic Care

1. Patient at other hospital is to be assessed by the orthopaedic registrar and he/she informs their local on-call consultant orthopaedic surgeon.
2. Consultant orthopaedic surgeon requests patient be transferred to CHW if necessary for further assessment and treatment.
3. Orthopaedic registrar contacts orthopaedic registrar on-call/on duty at CHW requesting acceptance of patient transfer.
4. CHW orthopaedic registrar informs CHW orthopaedic consultant surgeon on-call of the request.
5. If CHW orthopaedic consultant accepts the patient transfer, then the orthopaedic registrar checks with CHW admitting officer to confirm the availability of a bed and contacts the orthopaedic registrar at the other hospital to arrange the patient transfer. In cases of multi-trauma, involving head, thorax and abdominal injuries, the Trauma Team will be the first contact for admission and will subsequently include the Orthopaedic Team (registrar) in case of upper and lower limb injuries, including the pelvis.
6. Ultimately the CHW orthopaedic consultant surgeon on-call will decide whether or not to accept the patient transfer. If CHW orthopaedic consultant decides not to accept the patient transfer, then this decision should be conveyed to the orthopaedic consultant at the referring hospital via the orthopaedic registrars at each hospital. The orthopaedic consultant at the other hospital may contact the CHW orthopaedic consultant directly if he/she wishes to discuss the patient management further.



## Indications for Patient Transfer to CHW for Emergency

### Orthopaedic Care

1. Multi-trauma: head, chest or abdominal injury associated with limb trauma.
2. Complicated single limb injuries: open fractures, fractures associated with vascular or neurological deficit, grade 3 supracondylar humeral fractures.
3. Complicated hand injuries.
4. Spinal injuries.
5. Children under the age of 5 years with fractures requiring reduction.
6. Children at risk - suspected non-accidental trauma.
7. Children with medical disorders requiring multidisciplinary management.
8. Children with bone tumours requiring urgent investigation and management.
9. Children with fractures who are already under care at CHW for paediatric orthopaedic disorders such as osteogenesis imperfecta.
10. Femoral fractures in children who are under 12 years of age.
11. Slipped capital femoral epiphysis
12. Acceptance of transfer by CHW orthopaedic consultant.

### References

1. Paediatric Surgery Model for Designated Area Paediatric Surgical Sites – NSW Surgical Services Taskforce Paediatric Surgery Subgroup, 2008.
2. Emergency Surgery Guidelines – NSW Surgical Services Taskforce, 2009.
3. Admissions Policy – SCHN ePolicy: <https://webapps.schn.health.nsw.gov.au/epolicy/policy/5172>

#### **Copyright notice and disclaimer:**

The use of this document outside The Children's Hospital at Westmead (CHW), or its reproduction in whole or in part, is subject to acknowledgement that it is the property of CHW. CHW has done everything possible to make this document accurate, up-to-date and in accordance with accepted legislation and standards at the date of publication. CHW is not responsible for consequences arising from the use of this document outside CHW. A current version of this document is only available electronically from the Hospital. If this document is printed, it is only valid to the date of printing.