

**Harbor-UCLA Department of Orthopaedic Surgery**  
**Adult (≥18yo) Emergency Department Consultation Criteria**

**Diagnoses Where Orthopaedics Should Be Consulted While Patient is in the ED** (after XR or other appropriate workup is complete. A single scout film may be appropriate initial imaging for polytrauma patients with obvious open fracture)

- Any open fracture of an extremity
- Impending open fracture (i.e. a fracture resulting in skin tenting)
- Septic joint (*ED to perform arthrocentesis outside region of erythema/cellulitis and consult if results are concerning for infection or if unable to aspirate*)
- Open joint, acute foreign body in joint (consult ortho prior to challenge when high suspicion)
- Amputation (including subtotal amputation with dysvascular distal part)
- Crush injury to the extremity (other than distal tuft)
- Compartment syndrome in extremity with fracture
- Any irreducible fracture or dislocation
- Acute hardware infection
- Any pediatric fractures requiring procedural sedation or surgery
- Laceration or fracture with tendinous or neurovascular injury or symptoms
- Chronic osteomyelitis \*not related to diabetic foot infection

**Lower extremity**

- Any pelvic fracture
- All knee and hip dislocations
- Patella fractures
- Any femur fracture
- Any tibial plateau fracture (please discuss case with ortho prior to ordering any CT)
- Any tibial shaft fracture
- Pilon (distal tibia articular impaction) fractures
- Ankle fractures with displacement (*call orthopaedics to review XR if unsure*)
- Calcaneus fractures
- Talus fractures
- Subtalar dislocations
- Lisfranc injuries (including 1<sup>st</sup> and 2<sup>nd</sup> metatarsal base fractures)
- Navicular / Cuboid / Cuneiform fractures
- Acute patellar or quadriceps tendon rupture
- Multiligamentous knee injury (i.e. dislocated knee s/p spontaneous relocation)

**Upper extremity**

- AC joint dislocations, types 4-6
- Clavicle fracture with >5mm displacement
- Proximal humerus fracture with displacement
- Humeral shaft fracture with displacement
- Radius shaft, Ulna shaft, or both bone forearm fracture
- Any displaced elbow fracture (radial head/neck, distal humerus, olecranon, coronoid)

- Distal radius fracture with displacement
- Scaphoid fracture with displacement
- Acute lunate or perilunate dislocation
- Flexor tenosynovitis
- Flexor tendon (palmar hand) injuries
- Pressure injection injuries
- Hand/finger abscesses (excluding paronychia and felon)
- Any clenched fist injury, (aka: fight bite)
- Nailbed injury with underlying distal phalanx fracture aka Seymour fracture (excluding tuft)
- Reduced DIP/PIP/MCP/CMC dislocations
- Metacarpal fractures with angulation or malrotation or involving multiple MCs
- Displaced Phalangeal fractures (other than distal tuft)

**Diagnoses which can be stabilized by ED and referred to Ortho Fracture Clinic**

- ❖ *refer within 2 weeks unless otherwise specified*
- ❖ *non-DHS empaneled patient: consider consult if barriers to prompt f/u anticipated*
- ❖ *please call orthopaedics to review for are any question/uncertainty regarding appropriateness of clinic referral*

- Establishing follow up after outside hospital orthopaedic procedure
- Fracture nonunions or malunions
- Symptomatic orthopaedic hardware
- Any fracture with radiographic healing (i.e.callus formation)
- Chronic foreign body in joint

**Lower extremity**

<b>Diagnosis</b>	<b>Immobilization</b>	<b>Clinic</b>
Patella dislocation s/p reduction	Knee Immobilizer	Sports
Single knee ligament injuries e.g. Isolated ACL rupture, meniscal injuries <u>confirmed on outside MRI</u> **ED MRI not indicated	Knee Immobilizer	Sports
Ankle fractures without displacement subluxation or dislocation **call Orthopaedics to review if unsure	Short Leg splint w/ U slab	Fracture
Achilles tendon rupture	short leg splint in plantar flexion	Fracture
Fracture of 1st-5th metatarsal shafts	Hard Soled Shoe	Fracture

**Upper extremity**

- Elbow and shoulder dislocations with no associated fracture that have appropriate imaging confirming reduction: refer to Fracture clinic
  - ❖ Required imaging: perfect lateral for the elbow. Axillary, Velpeau, or CT for the shoulder
  - ❖ *call orthopaedics to review XR if unsure*
  - ❖ All bony hand injures to Ortho Hand regardless of who is on call

**Upper extremity referral cont.**

<b>Diagnosis</b>	<b>Immobilization</b>	<b>Clinic</b>
Rotator Cuff tear	Sling	Fracture
Minimally displaced (<5mm) midshaft clavicle fracture	Sling	Fracture
AC joint dislocation, types 1-3	Sling	Fracture
Minimally displaced proximal humerus fracture	Sling	Fracture
Minimally displaced Radial head/neck fracture	Sling	Fracture
Minimally displaced distal radius fracture	Sugar tong splint	Hand Ortho
Occult scaphoid fracture	Thumb Spica Splint	Hand Ortho
Distal phalanx fracture without nailbed injury	Alumifoarm splint across DIPJ trimmed to fit	Hand Ortho
Distal phalanx fracture with subungual hematoma	Alumifoarm splint across DIPJ trimmed to fit after decompressing hematoma	Hand Ortho
Extensor tendon (dorsal hand) injuries Zone 1 (mallet finger)	Alumifoarm splint across DIPJ (allow PIPJ motion)	Hand ( <i>Ortho or Plastics</i> ) * <b>within 5 days</b>
Zone 2 or 3	Alumifoam splint across DIPJ and PIPJ	
Proximal to zone 3	Volar splint maintaining wrist and finger extension	
Minimally displaced phalangeal and metacarpal fracture	Short arm splint in <i>Intrinsic Plus</i>	Hand Ortho
Boxer's fracture (displaced 5 <sup>th</sup> MC neck)	Soft Dressing	Hand Ortho

**Diagnoses which can be stabilized by ED and referred to Primary Care (no acute orthopaedic referral indicated)**

- Sprains, strains, or contusions (no fracture or joint space widening on radiographs)
- Deep foreign body in extremity without neurovascular symptoms, fracture, or joint involvement
- Closed fractures of the lesser (2nd-5th) toe phalanges: hard soled shoe
- Inflammatory arthritis (consider rheumatology referral)
- Chronic pain
- Shoulder impingement
- Tendonitis
- Cellulitis
- Gunshot wound to extremity without fracture, tendinous, or neurovascular injury
- Osteoarthritis of knee or hip