PATIENTS ELIGIBLE FOR DIRECT ADMIT TO ORTHOPEDIC WITH TRAUMA CONSULTATION

Trauma patients fully evaluated in resuscitation room and conclusive evidence exists the patient has only isolated orthopedic injuries.

Examples:
- Isolated extremity trauma with normal full vascular examination
- Hip fracture, ex. Fall from standing
- Isolated long bone fracture, foot, ankle fracture

Exclusions for direct admit to Orthopedics
- Falls > 20 feet
- MVC with ejection
- Torso crush
- P1 trauma page
- Patient in ICU
- Multiple trauma issues, examples: rhabdomyolysis, blunt cardiac injury
- Any Hemodynamic instability
- Abdominal seatbelt sign
- Acute spinal cord injury
- GCS less than or equal to 14
- Mangled extremity

- The Orthopedic Resident will be called, and he/she will accept the patient to the Orthopedic Surgery Service. The Ortho resident will place the admission order.
- The Trauma Service will remain consultants until tertiary exam completed—can be PA, only for active trauma issues.
- For medical co-morbidities, Internal Medicine consultation will be obtained at the request of the Ortho service
- When mutually agreeable, the Trauma Service will “sign off” as consultants
- The Trauma Service can be re-consulted with any other new or recurrent trauma issues
- Trauma will write Trauma Clinic follow up date on Discharge Sheet

Performance Improvement will track outcomes & process of care