

**Guidelines for North Bristol Trust**

**Management of Open Fractures for Adults**

*(to include all patients 16 years and over)*

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<b>Version (final or draft)</b>	Final
<b>Distribution:</b>	Severn Major Trauma Network, Trauma Team Leaders, Trauma Team
<b>Related guidelines:</b>	British Orthopaedic Association and British Association of Plastic, Reconstructive and Aesthetic Surgeons Standards for Trauma: BOAST 4: The Management of Severe Open Lower Limb Fractures
<b>Further information:</b>	
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<b>Approved by:</b>	Approved by the Severn Major Trauma Network

# Severn Trauma Network Guidelines for the Management of Open Fractures

- (1) **Immediate Management:** Initial assessment and management should be undertaken in accordance with the BOAST 4 standards [1] with antibiotics and analgesia administered as soon as possible and consideration given to tetanus status.
- (2) **Decision for transfer:** Where there is doubt regarding the likelihood of achieving safe primary wound closure, the patient should be transferred to the Major Trauma Centre. This decision should be made by the on-call orthopaedic consultant in the Emergency Department.
- (3) **Transfer arrangements:** Transfer to the Major Trauma Centre is arranged from the Trauma Unit ED to Southmead ED and is co-ordinated by the Trauma Team Leaders at these units.  
Southmead Trauma Team Leader: 07703 886400
- (4) **Splintage:** Appropriate splints should be applied as follows:
  - Foot/ankle/tibia - Above knee back-slab including foot
  - Femoral fracture - Skin traction or pneumatic splint
  - Upper limb – Back-slab*On the whole, there is only a very limited role for the use of external fixation with these fractures.*
- (5) **Documentation:** In patients requiring transfer, documentation of the wound characteristics, wound toilet, dressing and splintage should be undertaken in the Emergency Department.
- (6) **Imaging:** Radiographs should be transferred to the Southmead PACS as soon as the decision for transfer is made.
- (7) **Exceptional cases:** BOAST 4 guidelines emphasise that open fractures are best managed by timely specialist surgery rather than emergency surgery. Exceptions to this include wounds heavily contaminated by marine agricultural or sewage matter, and where a patient requires emergency surgery for reasons other than their open fracture. In these cases appropriate management comprises:
  - **Debridement:** Excision of the wound, extensions proximally and distally to fully expose the zone of injury and thorough lavage with excision of contaminated or devitalised soft tissue.
  - **Stabilisation:** This can be achieved with a cast, a temporary plate or an external fixator at the discretion of the operating surgeon.
  - **Dressings:** As per local preference.
- (8) **Queries:** We are happy to discuss any aspects of the management of patients with open fractures within the Severn Trauma Network. Please contact Mike Kelly or Umraz Khan (via NBT switchboard: 01173235999) or the orthopaedic consultant on-call.

[1] British Orthopaedic Association and British Association of Plastic, Reconstructive and Aesthetic Surgeons Standards for Trauma: BOAST 4: The Management of Severe Open Lower Limb Fractures