

Orthopaedic Emergent Consult Evaluations

Purpose:

Orthopaedic surgery must be available in the trauma resuscitation area within 30 minutes after consultation has been requested by the surgical trauma team leader for Orthopaedic injured patients based on institution- specific criteria.

Background:

The intent is that orthopaedic care is promptly available for the acute care of the orthopaedic injured patient to include an in-person evaluation within 30 minutes. The time should start when the request is made to the orthopaedic team (time of page or call). The specific types of patients or clinical scenarios should be developed by each institution and agreed.

Criteria for immediate (30 min or less) response:

- Hemodynamically unstable, secondary to pelvic fracture
- Suspected extremity compartment syndrome
- Fractures/dislocations with risk of avascular necrosis (e.g., femoral head or talus)
- Vascular compromise related to a fracture or dislocation
- Trauma surgeon discretion

SCI (Ortho Spine call)

- Neurologic deficit as a result of potential spinal cord injury (applicable to spine surgeon, whether a neurosurgeon or orthopaedic surgeon)
- CT signs of cord impingement

Responding Team:

- An orthopaedic surgery resident or APP may act as a consultant as long as there is documented communication with the orthopaedic surgeon attending.

Performance Improvement Measure:

- The time is measured from time of request until start of orthopaedic evaluation.

Approved By:

Robert Boyce, MD
Orthopaedic Trauma Liaison

Brad Dennis, MD
Trauma Medical Director

Melissa Smith, MSN, RN
Trauma Program Manager