

## Orthopaedic Emergency Admission Criteria

The following are criteria that would require admission under the T&O department:

- All fractures requiring surgery
- Soft tissue injuries to the limbs requiring surgery
- Infected joints
- Traumatic back pain with associated neurological symptoms
- #NOF that do not require surgery will generally be admitted under orthopaedics unless significant underlying medical issues

The following are criteria that should **NOT** be admitted under the T&O department:

- Pubic ramus fractures in the elderly (except **all** high energy pelvis injury/acetabulum injury should be referred to T&O) who are unable to mobilize due to pain should be admitted under Care of the Elderly
- Fractures that do not need surgery and will be managed non-operatively in the out-patient setting but renders the patient unable to cope with ADL's should be admitted under Medicine after documented review by the Ortho SHO
- Fractures that do not need surgery but lead to a loss of mobility/inability to manage at home
- No MSK injury and inability to cope at home - these should be assessed by the Frailty team in hours are admitted to Medicine after hours.
- Back pain as a result of metastases not controlled by adequate oral pain medication should be admitted under Medicine
- Low energy fragility vertebral fractures should be admitted under Care of the Elderly if unable to mobilize after a documented review by the Ortho SHO
- Hand tendon/nerve injuries should be referred to St Georges Hospital
- Sacral ulcers should be admitted under Medicine if the cause of medical decompensation with documented surgical review of debridement is thought to be required
- Haemarthrosis with **no** trauma/fracture limiting mobility should be admitted under Medicine
- Soft tissue haematoma, e.g. pre-tibial haematoma

Previously established criteria such as head injury, chest injury etc. that would not be admitted under orthopaedics, remains unchanged.