Referral to Royal Stoke University Hospital for Isolated Open Limb Fractures from a Trauma Unit or Local Emergency Hospital

Patient presents to TU/LEH Emergency Department

First aid/primary wound cleaning +/- POP

IV Antibiotics as per local protocol

TU/LEH ED Doctor — Call Specialised Decisions Unit (SDU) at RSUH on 01782 672742

AND

Inform local T&O team of the case

Automatic Acceptance criteria:

Must have:

 Single, isolated open limb fracture proximal to wrist/ankle

Must have none of:

- 1. Clinical frailty score ≥6
- 2. Peripheral Vascular disease under care of vascular services at any time
- Any other injury including similar injury to other side (need to refer to RSUH TTL in ED)

If not accepted automatically: TU/LEH T&O team will assume clinical responsibility and discuss with RSUH T&O On-call registrar regarding suitability of transfer. May include digital image transfer. Decision time should be <1 hour

If agreement to manage within TU/LEH footprint, telephone support to be provided from RSUH T&O team (contact name and number to be provided)

Acceptance

SDU staff to inform ED Nurse in Charge 74632, and T&O CALF of impending attendance

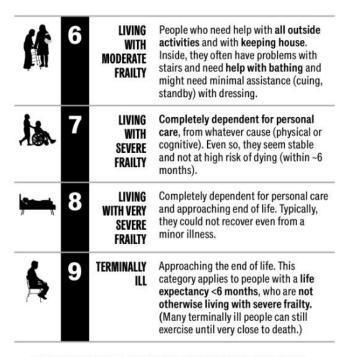
TU/LEH ED to facilitate urgent transfer to RSUH ED (consider use of ACCTS in Wales if lack of ambulance resources available) - any delay in transfer & local T&O will take clinical responsibility

RSUH T&O Team to see patient in ED (best access to further imaging, wound debridement and POP as required), then rapid transfer to SDU or Ward bed if available



CLINICAL FRAILTY SCALE

*	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
•	2	FIT	People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g., seasonally.
t	3	MANAGING Well	People whose medical problems are well controlled, even if occasionally symptomatic, but often are not regularly active beyond routine walking.
•	4	LIVING WITH VERY MILD FRAILTY	Previously "vulnerable," this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms limit activities . A common complaint is being "slowed up" and/or being tired during the day.
	5	LIVING WITH MILD FRAILTY	People who often have more evident slowing, and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.



SCORING FRAILTY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

In very severe dementia they are often bedfast. Many are virtually mute.



Clinical Frailty Scale ©2005–2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicineresearch.ca Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.