

Open Fracture Checklist

For ED to ED transfer



DATE of Injury:

TIME of Injury:

(Record as accurately as possible)

Name

DOB

Hospital No.....

Affix patient label

Confirmed open fracture of long bone, pelvis or joint?

(Excluding wrist, hand, fingers or toes)

• IV antibiotics given **URGENT (within 1 hour of injury)**

○ Co-amoxiclav 1.2g

○ Clindamycin 600mg (penicillin allergy)

○ Other

• Tetanus cover confirmed/given

• Photograph taken of wound using secure device/app?

• Dressing: saline-soaked gauze and occlusive film?

NO 'mini washouts' in Emergency Department

• Splintage of limb and neurovascular status recorded?

• Local orthopaedic registrar review and confirmation of transfer plan?

• ED to ED transfer arranged?

• X-rays/Scans/Photos transferred to MTC?

• MTC orthopaedic team informed of ED transfer by local orthopaedic team?

Copy with patient

Copy in notes

Copy retained in audit folder

Referring clinician Date: Time: