

Orthopedic Guideline for Trauma Patients Requiring Transfer

Purpose: To provide Trauma Surgeons with guidance regarding the type and severity of acetabular fractures and complex orthopedic injuries that will be treated at Ascension St. Vincent Evansville Trauma Center, as well as those that will be transferred out.

Scope: Trauma patients with an identified acetabular fracture, or complex orthopedic injury requiring orthopedic evaluation, with consideration for patient transfer for definitive care of orthopedic injuries.

Protocol:

1. Orthopedic consult. If the evaluation is deemed urgent or emergent, a direct call to the orthopedic surgeon is warranted. If any consideration for transfer is suspected, the subspecialist on call must review images and discuss with on call trauma surgeon prior to decision to transfer. It is the expectation that the orthopedic surgeon document their assessment and plan.
2. If transfer is recommended by the attending orthopedic surgeon, the orthopedic trauma liaison, Dr. David Whitney, should be consulted prior to the transfer if he is available and/or the transfer is not deemed urgent or emergent. This discussion will be initiated by the orthopedic attending. Dr. Whitney will determine whether the patient should be transferred or if the appropriate care can be provided at Ascension St. Vincent Evansville Trauma Center. This step meets the requirements of the American College of Surgeons-Committee on Trauma. The reason for transfer must be documented in the patient record.
3. Dr. Whitney has noted that he may repair:
 - Posterior wall fractures of the acetabulum
 - Posterior column fractures of the acetabulum
 - Symphysis pubis diastases
 - Split thickness skin grafts
4. Consideration for transfer include:
 - All other pelvic fractures requiring internal fixation
 - Muscle or Free flaps
 - Complex soft tissue injury that requires plastic surgery for treatment
 - Hand/finger implantations
 - Burn or significant soft tissue injury to the hand
 - High pressure injection to hand and upper extremity

- Pediatric supracondylar fractures
5. In regards to other complex fractures, cases will be evaluated on an individual basis. Should transfer be required for definitive treatment, Dr. Whitney should be contacted prior to transfer, if possible.
 6. In Dr. Whitney's absence, two of his partners should be contacted in the following order:
 - Dr. Nicholas Rensing
 - Dr. Zach Hamby

Reference: Resources for Optimal Care of the Injured Patient, 2022. (American College of Surgeons)

Review/Revision History:

Review/Revision Date:	Approved by:
Created 09/2014	Trauma Services
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