

REFERRAL GUIDELINES

Fracture Clinic

Head of Unit: Brad Crick

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred. For faxed referrals: *fax 97881879.*

Clinic overview:

Clinic for the management of acute fracture

All cases must be discussed with the Orthopaedic Surgery Registrar on call via switchboard on 9784 7777 to obtain appropriate prioritisation

Categories for Appointment

	Clinical Description	Timeframe for Appt
Emergency	<p>As per clinical judgement as listed below.</p> <ul style="list-style-type: none"> • Unstable Fractures with gross deformity • Unstable fractures with gross deformity • Displaced and/or angulated fractures • Open fractures • Fractures with abnormal neurology • Fracture/Dislocations requiring reduction 	Emergency Department
Category 1 Urgent	<p>As per clinical judgement e.g. Stable, closed, not deformed, no neurovascular compromise</p>	<p>1-2 weeks NB orthopaedic registrar needs to accept referral by phone and to have received follow up faxed (9788 1879) referral before referral can be accepted.</p>

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Brad Crick

PROGRAM DIRECTOR
Peter Evans
ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: October 2023

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Eligibility Criteria

NB **Orthopaedic registrar needs to accept referral** by phone and to have received follow up faxed referral before referral can be accepted.

Call switchboard 9784 7777 and ask to be put through to Orthopaedic On Call Registrar.

Fractures in patient of any age appropriate to wait to be seen in next available fracture clinic.

It may be appropriate for some children to be referred to Royal Children's Hospital for management or follow up.

Exclusions

Emergency conditions send to Emergency Department e.g.

- Severe pain
- Swollen, deformed limb
- Open fracture
- Unstable fracture
- Neurovascular compromise
- Possible or definite spinal fractures

Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing)

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigations and x-rays

Clinic Information

Fracture Clinic:

- Every Monday and Thursday (except public holidays)
- Outpatient Area 1, Hastings Road, Frankston Hospital
- Fax 97881879 Phone; 9784 2600

Please Note; The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of her appointment.

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Other Information

See below for links to Royal Children's Hospital clinical practice guidelines

- <https://www.rch.org.au/clinicalguide/fractures/>

https://www.rch.org.au/clinicalguide/guideline_index/Fracture_Casting_videos/

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