

Virtual Fracture Clinic Referral Form

This is a referral pathway pilot being run by the Trauma Team at SaTH. Please complete the form for **ALL** normal fracture clinic referrals, unless included in the exclusion criteria below.

Please review the 'A&E Initial Management Guide' when assessing the need for referral

On receipt of this completed referral form each patient's clinical history and imaging will be reviewed by an Orthopaedic Consultant and a decision on their management will be made within 72hours of referral.

Please ask ED Reception to book a VFC appointment for the patient. It is imperative that the patient be registered by ED on a VFC Clinic list AND that this referral form + casualty notes are available for the trauma team to collect at 0800 every morning.

Exclusions

- Open Fractures & Wounds
- Homeless patients
- Non English Speaking patients
- Prisoners
- Patients confirmed as or suspected of having injuries associated with domestic abuse
- Any safeguarding issues
- Those with hearing difficulties

IF THERE ARE ANY CLINICAL CONCERNS PLEASE CONTACT THE ONCALL TEAM OR OUT OF HOURS (2000-0800) REFER TO FACE TO FACE FRACTURE CLINIC AS NORMAL

Patient Details

Patient Sticker

Telephone number:

(Ensure this number is correct and the patient is available within the next 24 hours)

Contact Consent

- Agree to contact via telephone
- Agree for messages to be left by voicemail

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Clinical Details

Date of assessment:

Date of injury:

Mechanism of injury and assessment findings:

Body part:

Left or Right:

Diagnosis:

Any additional injuries:

Treatment given in ED:

Referred by:

Referring clinician name:

Referring clinician registration number: