Fragility Fracture Policy

for the CMC ED and Transfer Protocol

1. ED Patient to be seen by Emergency Medicine. The emergency provider will order necessary films as well as the ED Fragility Fracture PowerPlan, ensuring that CXR and ECG are ordered as well.
2. Emergency Medicine will call **both** orthopedics and the correct medical service to see patient.
3. Orthopedics will see patient in ED and determine if fracture is operative or non-operative
   1. If fracture is non-operative--Medicine admits.
4. If operative;
   1. CHG (or Staff Medicine if the patient belongs to Myers Park clinic) will perform a STAT consult in ED. CHG or Staff Medicine will see patient in ED shortly after request for consult by the emergency provider and determine medical clearance.
   2. In the case of Staff Medicine patients, if the attending is not in the house, the resident will discuss the case with the attending over the phone. If the attending clears the patient for surgery, Ortho will admit. If the Staff Medicine attending felt like they need to see the patient before clearing, or if the attending believed the patient needs further evaluation or treatment before surgery, the patient would be admitted to a staff medicine team.
   3. If patient is cleared for surgery (no further preoperative evaluation (e.g. no ECHO needed) --Ortho admits.
   4. If patient is not cleared for surgery-a Medical Service (CHG or Staff Medicine) admits.
5. If patient is post op and cannot be discharged secondary to medical issues (or requires ICU care for medical issues) then patient can be transferred from Ortho to CHG.
   1. Requires CMC Ortho attending to CHG/Staff Med attending communication.

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