

*Eden Aldrich, RCP*

**STANDING ORDER**

**FRACTURES**

**I. ASSESSMENT**

- A. Assess for pain at site of injury, swelling, tenderness, crepitus, deformity, loss of function, ecchymosis and paresthesia.

**II. MANAGEMENT**

A. Upper Body or Extremity Fracture

1. Position to immobilize fracture.
2. If injury to hand or elbow, stabilize above and below site.
3. Refer to facility provider for evaluation.
4. If significant deformity or open fracture or after hours, call EMT's for stabilization support and transport to Emergency Department.

B. Spinal Injury

1. If spinal injury is possible, do not move inmate.
2. Call EMTs to transport to Emergency Department.

C. Lower Extremity Fracture

1. If injury/fracture is foot or ankle, jail staff may refer to facility provider for evaluation or after hours transport patient to Emergency Department.
2. If leg appears fractured, consult facility provider if available or call EMT services for stabilization and transport to Emergency Department.

**III. EVALUATION**

- A. To be assessed by Emergency Department Physician.
- B. If returned to facility with cast, assess extremity (toes or fingers) distal to cast for pain, swelling, discoloration, tingling or numbness, diminished or absent pulse, coolness. If these symptoms appear, contact Facility Provider immediately. Assess daily and PRN x three days.