VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE
Fracture Treatment Protocol

TIMING:
Open fractures should be surgically irrigated and debrided as soon as possible. However, timing is influenced by multiple factors including the patient's medical condition, the condition/availability of the operating room, the condition/availability of the surgeon and staff, and the severity of the injury. Recently orthopedic studies have suggested that operating after "normal work hours" on open fractures results in much more expense and possibly higher risk to the patient. There is currently no universal agreement in the orthopedic literature on absolute timing of open fractures surgical treatment.

There is universal agreement that debridement of open fractures should be performed urgently once the patient's medical condition has been stabilized, once life-threatening emergencies have been treated and once appropriate resources are available, including OR staff, assistance and an adequately prepared and rested surgeon. Neither immediate debridement in an unstable patient nor undue delay should be tolerated.

PELVIC/ACETABULUM FRACTURES:
VCMC will treat all types and severities of pelvic and acetabular injuries in both an acute and delayed fashion as long as an orthopedic traumatologist is available.

LONG BONE FRACTURES IN MULTIPLY INJURED PATIENTS:
Ideally all lower extremity long bone fractures should be stabilized as soon as possible in multiply injured patients. However, timing is influenced by multiple factors including the patient's medical condition, the condition/availability of the operating room, the condition/availability of the surgeon and staff, and the severity of the injury. Every attempt should be made to stabilize lower extremity long bone fractures once a patient has been determined by the trauma team and neurosurgery team to be stable enough to undergo surgery. The sequence of treatment should be femur first then tibia. Upper extremity long bone fractures should be treated once the patient has been optimized and adequately resuscitated.

ANTIBIOTIC PROPHYLAXIS for OPEN FRACTURES:
Gustillo grade I (lacerations <1cm in size): Ancef
Gustillo grade II (lacerations 1-10cm in size): Ancef
Gustillo grade III (lacerations >10cm in size): Ancef and Gentamycin
Gross dirt, farm or pond contamination: add Penicillin

Antibiotic prophylaxis should be given as soon as possible once the patient arrives at the hospital, no later than 1 hour after arrival, and it should continue for at least 24hrs following closure of the skin.

Other gram negative coverage in lieu of Gentamycin such as Ciprofloxacin may be considered due to risk of ototoxicity.

Approvals:
Surgery Committee: 05/2017
MEC: 05/2017
Oversight: 05/2017