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# General approach to the patient

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# Introduction

- Many problems can be avoided by carrying out proper initial evaluation
- This starts with proper history and physical examination
- Follow ABCDE approach in the initial evaluation

# Cont.

- Control bleeding by pressure dressing
- Splint the limb to ensure no further tissue damage, pain control, and improved blood flow
- Vitals have to be checked and the values got interpreted (BP, PR, Pulse volume, SPO2)

## Cont.

- Check for any other injury
- For splint applied from elsewhere check the splint and the limb
- Check the neurovascular status
- Keep the patient warm

**cont**

- Check for ACS
- Establish intravenous line
- Administer analgesics



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# Cont

- Administer prophylactic antibiotics (better infection control if started within 3 hours from the time of injury)
- Administer TT for Open fractures

# Investigations;

- CBC
- Plain x-ray
- Other investigations depending on your initial evaluation e.g. US scan, CT scan, and MRI scan
- NB: You must have a basic understanding (how to read) of the results



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# General descriptions;

- For open fracture classify the wound (commonly used classification is Gustilo and Anderson). ( i.e. Gustilo I, II, III)
- Describe the fracture e.g. Open, closed, comminuted, Oblique, and displaced



# Common Mistakes in Orthopaedic emergencies

- They are the easiest to notice and tend to distract the examiner and second fractures are sometimes missed as well
- Don't forget to assess the neurovascular
- Differentiate a fracture from an epiphyseal plate

# After all the above

- Inform the Orthopaedic team for further treatment



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# THANK YOU



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