





Wrist injuries

Queensland Ambulance Service

Exclusion from transport to General Practice

-  Compound fracture (skin broken over deformity)
-  Deformity suggesting significant derangement
-  Neurovascular compromise (no sensation or warmth in hand)
-  Complete inability to mobilize independently.

Management




- Analgesia as required
- Immobilisation of wrist.

General Practice

Assessment

1. Continually assess the neurovascular status of affected hand
2. Determine area of tenderness
3. Assess elbow region
4. Imaging as required (include elbow and scaphoid views if clinically indicated).

Management of fractures

-  Displaced distal radius fracture is for direct admission to **Emergency Department**
-  Distal radial ulnar joint dislocation is for direct admission to **Emergency Department**
-  Lunate and peri-lunate dislocation is for direct admission to **Emergency Department**.

Distal radius and/or ulna - undisplaced:

- Consider appropriate analgesia +/- NSAID
- Apply radial spica back slab
- Refer to **Community Fracture Clinic**.

Scapho-lunate dissociation:

- Consider appropriate analgesia +/- NSAID
- Apply radial spica back slab
- Refer to **SCHHS Fracture Clinic**.

Scaphoid:

- Undisplaced (<1mm gap):
 - Consider appropriate analgesia +/- NSAID
 - Apply radial or thumb spica cast
 - Refer to **Community Fracture Clinic**
- Displaced (>1mm gap):
 - Consider appropriate analgesia +/- NSAID
 - Apply radial or thumb spica cast
 - Refer to **SCHHS Fracture Clinic**
- Suspected/unconfirmed:
 - Consider appropriate analgesia +/- NSAID
 - Apply radial or thumb spica cast
 - Refer to **Community Fracture Clinic**.

Escalation triggers

Refer to the Emergency Department

If the patient has any of the following, please call the Orthopaedic Registrar (5470 6600) prior to referral to the Emergency Department:

- Inability to maintain proper alignment of fracture
- Non-reducible fractures
- All displaced distal radius fractures
- All distal radial ulnar joint dislocations
- All lunate and peri-lunate dislocations
- Neurovascular deterioration
- Worsening pain requiring intramuscular analgesics
- Possible compartment syndrome
- Presence of medial nerve sensory loss
- Any other serious clinical concerns not already listed.

Disclaimer:

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.



Governance for Safety and Quality in Health Service Organisations - Standard 1

Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.



Service Delivery - Standard 11

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.



Provision of Care - Standard 12

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.



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