



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

DISTAL FOREARM FRACTURE - ADULTS

Date: ____ / ____ / 20 ____ Time: _____ Clinician: _____ NP CNS HS Reg SMO

HISTORY AND PRESENTING COMPLAINT

Traumatic forearm #: Right Left

Hand dominance: RHD LHD

Circumstances of the injury: Mechanical fall Collapse

Witnessed Unwitnessed

Gen: Fever

CVS: Chest pain

GU: Urinary Sx

RELEVANT PREVIOUS MEDICAL HISTORY

Nil relevant

RELEVANT MEDICATIONS / ALLERGIES

Nil regular medicines

Aspirin Warfarin Dabigatran Other anticoagulants *e.g. Rivaroxaban*

Nil known allergies

ALLERGIES:



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FUNCTIONAL AND SOCIAL HX

Living situation: alone Mobility: independent Activities of daily living: independent
 with family walking stick needs some help e.g. cleaning
 rest home walking frame significant help e.g. dressing
 private hospital wheelchair needs help eating
 other: _____ immobile completely dependant

Occupation _____

Supports _____

VITAL SIGNS

Within normal limits

BP _____ mmHg

Pulse _____ bpm

Temp _____ °C

Resp Rate _____ min

SPO2 _____ %

Air NP Hudson: _____ l/min

Pain score _____ /10

Glucose _____ mmol/L

General NOT distressed

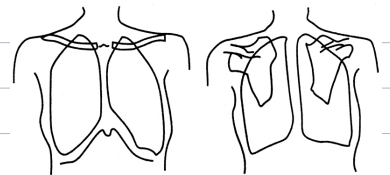
Pain None Mild Moderate Severe

EXAMINATION

CVS Warm and well perfused

Cap refill Normal

Pulses Normal

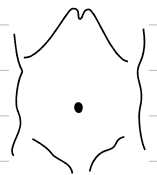


Respiratory

Breathing work Normal

Breath sounds Vesicular

Added sounds No Yes:



ABDOMEN

Appearance Not distended Distended

Palpation Soft

Bowel sounds Normal

NEUROLOGICAL

Look for new weakness or focal neurology that could indicate CVA

GCS /15 E: ____ V: ____ M: ____ Alert Orientated to time place person

Cranial nerves II - XII normal PEARL FROEM

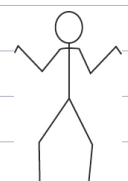
Power Normal in all myotomes

Sensation Normal in all dermatomes

Coordination Normal

Reflexes Normal

Meningism None



Plantar reflex ↓ ↑ ↓ ↑

Clonus - + - +



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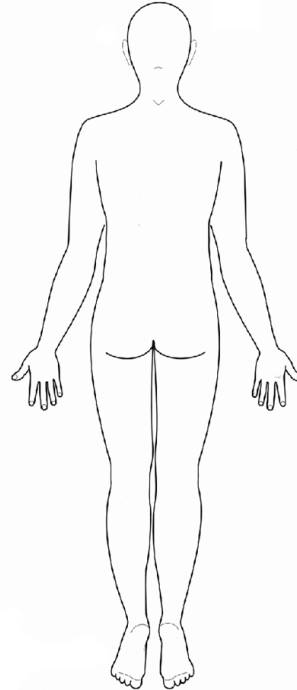
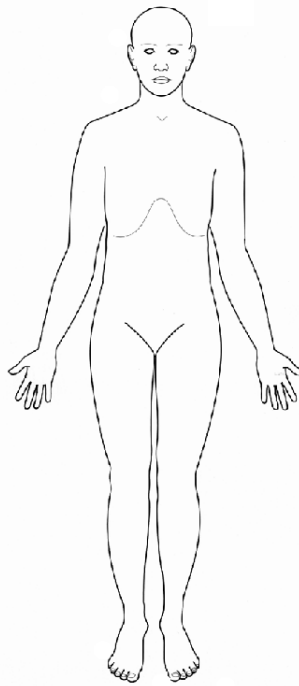
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MUSCULOSKELETAL / OTHER

No other injuries

Palpate the whole spine to look for other fractures / injuries



D - Dislocation # - Fracture C - Contusion A - Abrasion L - Laceration P - Pain S - Skin tear

NEUROVASCULAR STATUS Normal Compromised

RADIOLOGY

X-Ray:

Films reviewed by: Dr: _____

RESULTS

HAEMATOLOGY		BIOCHEMISTRY				URINE MSU / CSU	
Hb		Na ⁺		CRP		WCC	
WCC		K ⁺				RCC	
PL		Gluc				Nitrates	
INR		Creat				Leuc est	
						Epi's	
						Bacteria	

ECG Describe:

NSR



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CLINICAL IMPRESSION / DIAGNOSIS / PLAN

Diagnosis	<input type="checkbox"/> # Colles	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> # Smiths	<input type="checkbox"/> Intra articular	<input type="checkbox"/> Comminuted
Other	<input type="checkbox"/> Closed	<input type="checkbox"/> Compound <i>all compound injuries need acute wash out and Ortho referral</i>	

MANAGEMENT

Fracture reduction	<input type="checkbox"/> Ischaemic Arm Block	Page 2 & 3 of BCB pathway for checklist, consent & procedure note	
	<input type="checkbox"/> Haematoma block	<input type="checkbox"/> Procedural sedation	
Post reduction	<input type="checkbox"/> Position satisfactory		
	<input type="checkbox"/> Cast split completed		
MDT review	<input type="checkbox"/> Review not needed	<input type="checkbox"/> Review needed	
Analgesia	Current pain score: /10	<input type="checkbox"/> Adequate ongoing analgesia prescribed	
Disposition			

Discharge checklist	<input type="checkbox"/> Mobilising well and independently	<input type="checkbox"/> ACC form signed
	<input type="checkbox"/> Plaster cares education done	<input type="checkbox"/> Patient information sheet provided <i>In Bundle pack or EM CeDDS</i>
	<input type="checkbox"/> Fracture clinic referral done	
Referral note	<input type="checkbox"/> Inpatient referral: Discussed with Dr: _____ Time: _____	
	<input type="checkbox"/> Admit Ortho	<input type="checkbox"/> AT&R <input type="checkbox"/> Gen Med

Clinician Name: _____ Designation: _____ Sign: _____ Contact details: _____

For junior staff: Discussed with Reviewed by SMO Dr : _____ Sign: _____

EMERGENCY MEDICINE NOTES