

TIMING AND SEQUENCE FOR TREATMENT OF LONG BONE FRACTURES IN POLYTRAUMATIZED PATIENTS

It is a policy within the Division of Orthopaedic Surgery, Orthopaedic Trauma Section, that all long bone fractures should if possible be stabilized within 24 hours. Communication between all services surrounding the care of the polytraumatized patient is paramount, including an understanding of coexisting injuries and their implications. This policy is in place to mitigate sequelae of second hit of showering emboli and increasing systemic inflammatory response. If unable to stabilize definitively based on objective findings, definitive stabilization will be delayed >72 hours from the time of injury to allow the inflammatory response to decrease. If unable to definitively stabilize initially, an external fixator will be placed to provide temporary stability. If unable to apply an external fixator, the patient will be placed in traction with not more than 20% of their body weight applied through skeletal traction. This will be exchanged for an external fixator if within 72 hours or definitive fixation if after 72 hours and physiologically appropriate. Femurs will be prioritized.