

Emergent Pediatric Orthopaedic Injuries

Diagnoses that should be seen emergently by Orthopaedics in the ER for manipulation or admission:

- **Displaced/Angulated fractures of any bone**
 - *Includes displaced Type 1-2 Salter Harris Fracture*
 - **Any femur fracture**
 - **Any type 2/3 supracondylar humerus fractures**
 - **Smashed fingers with nailbed injuries**
 - **Any dislocation**
 - **Any open fracture**
 - **Type 3-5 Salter Harris Fracture**
 - **Any fracture with concern for neurovascular compromise**
 - **Slipped Capital Femoral Epiphysis**
 - **Septic arthritis of any joint**
 - *Confirmed or suspected*
 - *Suspect if limp, ill appearing, under age 2*
- ★ **In some cases the ER physician can reduce dislocations, splint fractures, or repair nailbeds. However, Orthopaedics still needs to be made aware of patient for appropriate follow-up or an exam prior to local anesthetic, etc.**
- ★ **505-272-2000 (UNM PALS Referral line). Orthopaedic Attending will call the ER Attending via PALS for any child being sent to the ER for the purposes of a reduction to make them aware.**