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.