GUIDELINES ON THE INITIAL MANAGEMENT OF COMPOUND FRACTURE

1. Resuscitation – ATLS principles
2. Tetanus toxoid /ATS
3. Antibiotics - according to the antibiotic protocol of Edendale hospital
4. Analgesics
5. Photographs, Wound washout, dressing and splints
6. Neuro-vascular assessment and documentation
7. Compound fracture grading - Gustilo-Anderson classification system to be done intra-operative as well.
   Grade I - clean ,<1cm wound, minimal soft tissue injury, simple or minimally comminuted fracture
   Grade II - wound >1cm, moderate soft tissue injury, moderate contamination, moderate bone comminution
   Grade III – usually >10 cm, high contaminated wound, severe soft tissue damage, variable bone comminution.
      Grade III A - Adequate bone cover possible.
      Grade III B – Bare bone, no adequate soft tissue cover for bone.
      Grade III C – Circulatory compromise to the injured limb.
8. Relevant x-ray and lab investigation
9. Formal wound management in theatre
   - Tourniquet –to be used as needed.
   - Free drape
   - Liberal wound washout; Pulse lavage in cases of dirty wound –all the dirt and foreign materials, including that in medullary canal must be meticulously removed.
   - Debride all dead tissue.
   - Remove loose pieces of bone.
   - Achieve good haemostasis, but avoid excessive use of diathermy.
   - Dry bone is a dead bone. Bone and tendon ,or joint must have adequate soft tissue cover.
   - Hydro-colloid dressing could be used as a temporary measure to cover the bare bone / tendon.
   - Fracture should be reduced and maintained by use of appropriate internal or external fixation or splinting
   - Proper documentation / Photographs and decision made for subsequent debridement / treatment.

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