



REFERRAL GUIDELINES

Fracture Clinic

Head of Unit: Mr Peter McCombe

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred.

For faxed referrals: FAX **97881879**

Please Note: The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of their appointment.

Clinic overview:

Clinic for the management of acute fractures

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 & 2 Urgent and Routine	As per clinical judgement eg stable, closed, not deformed, no neurovascular compromise	1-2 weeks NB orthopaedic registrar needs to accept referral by phone and to have received follow up faxed referral before referral can be accepted. Call switchboard 9784 7777 and ask to be put through to Orthopaedic On Call Registrar.
Emergency	As per clinical judgement. See exclusions listed below.	Refer to ED

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT

Mr. Peter McCombe

PROGRAM DIRECTOR

Mr. Peter Evans

ENQUIRIES

PH: 9784 2600

Reviewed: July 2021

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Eligibility Criteria

NB orthopaedic registrar needs to accept referral by phone and to have received follow up faxed referral before referral can be accepted.

Call switchboard 9784 7777 and ask to be put through to Orthopaedic On Call Registrar.

Fractures in patient of any age appropriate to wait to be seen in next available fracture clinic.

It may be appropriate for some children to be referred to Royal Children's Hospital for management or follow up.

Exclusions

Emergency conditions send to Emergency Department eg

- Severe pain
- Swollen, deformed limb
- Open fracture
- Unstable fracture
- Neurovascular compromise
- Possible or definite spinal fractures

Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing)

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigations and **x-rays**

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Clinic information

- Every Monday and Thursday (except public holidays)
- Outpatient Area 1, Hastings Road, Frankston Hospital

Other information

See below for links to Royal Children's Hospital clinical practice guidelines for fractures and fracture casting.

<https://www.rch.org.au/clinicalguide/fractures/>
https://www.rch.org.au/clinicalguide/guideline_index/Fracture_Casting_videos/

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