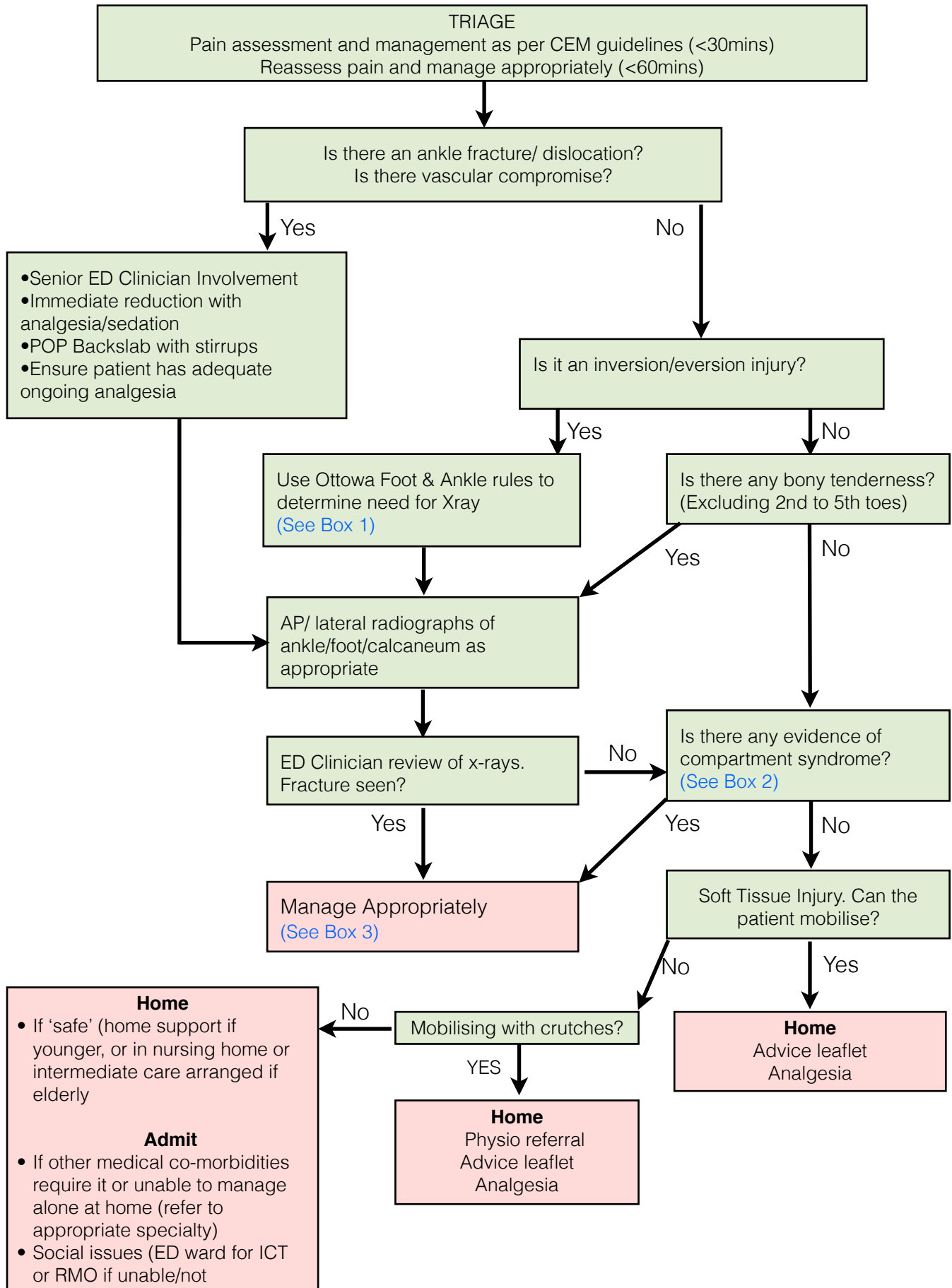
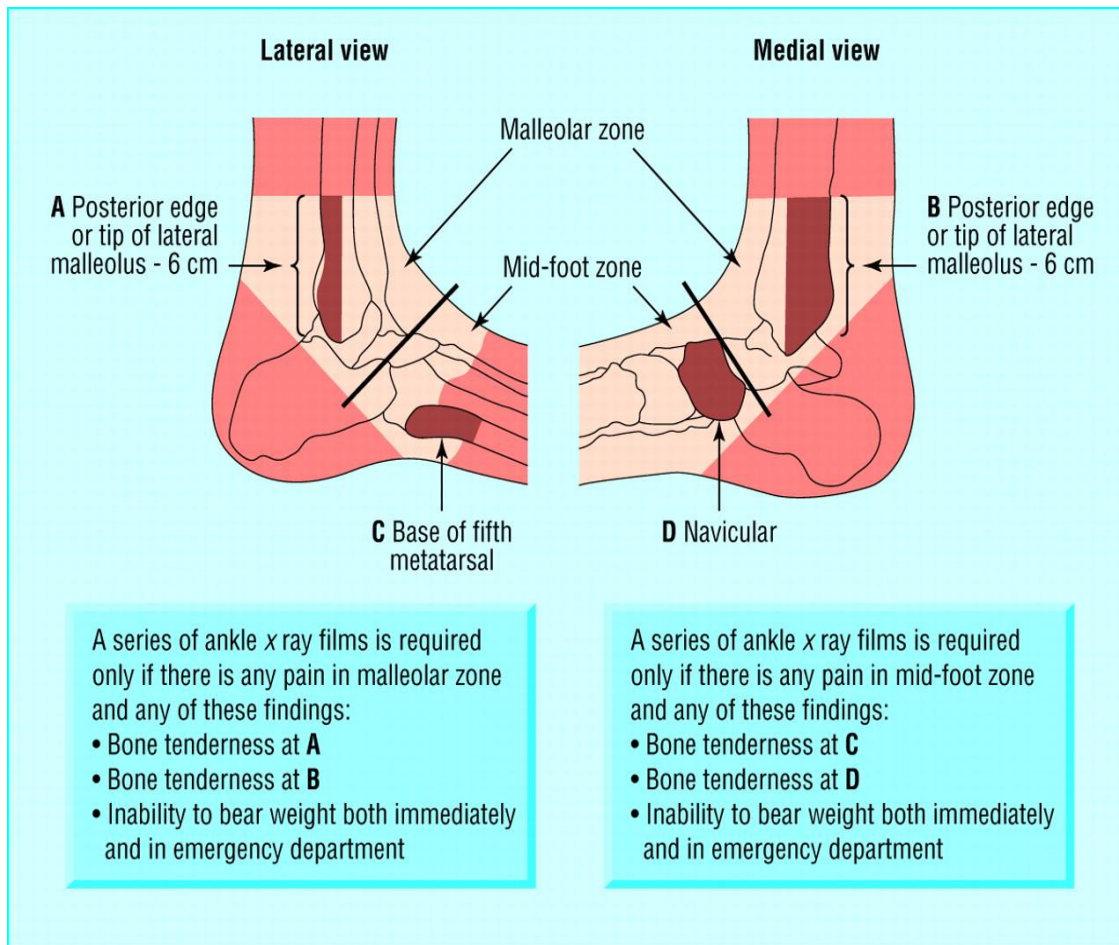


## A&E Clinical Guidelines

### Adult Ankle/Foot Injury Pathway



## Box 1 Ottawa Ankle/Foot Rules



## Box 2 Compartment Syndrome

- Crushing injury or multiple/significant fractures
- Significant swelling/tense shiny skin
- Pain out of proportion to injury
- Paraesthesia

### Late/unreliable signs

- Paralysis
- Pulselessness
- Distal congestion with delayed capillary refill

### Box 3 Management Guidelines

Avulsion injuries to foot/ ankle	Treat as sprain. ED Physio follow up
Weber A Ankle fracture. (lateral malleolus fracture distal to syndesmosis)	Below knee backslab, NWB Crutches, analgesia and fracture clinic follow up.
Weber B Ankle fracture. (lateral malleolus fracture at the level of syndesmosis). With medial tenderness or talar shift.	Below knee backslab, analgesia and transfer to TAU. Inform Ortho SHO.
Weber B Ankle fracture. (lateral malleolus fracture at the level of syndesmosis). With no medial tenderness or talar shift.	Below knee backslab, NWB Crutches, analgesia and fracture clinic follow up.
Weber C Ankle fracture. (lateral malleolus fracture above syndesmosis)	Below knee backslab, analgesia and transfer to TAU. Inform Ortho SHO.
Calcaneal fracture.	Ensure no proximal injury. Analgesia, Wool and Crepe, leg elevation. Referral to Ortho SHO for ward admission
Lisfranc fracture/dislocation (fracture dislocation of metatarsals from tarsals)	Analgesia, Wool and Crepe, leg elevation. Transfer to TAU. Inform Ortho SHO.
Metatarsal fractures.	Below knee backslab/wool and crepe, NWB crutches, analgesia, fracture clinic follow up
Compartment Syndrome.	IV analgesia. Elevation/splintage. Transfer to TAU. Inform Ortho SHO.
Great toe fractures or dislocations	Reduce dislocation. Wool and Crepe or below knee backslab if severe, analgesia, crutches and fracture clinic follow up
Injuries to other toes.	Only Xray if rotational deformity. Manipulate if needed. Neighbour strap and analgesia. No follow up