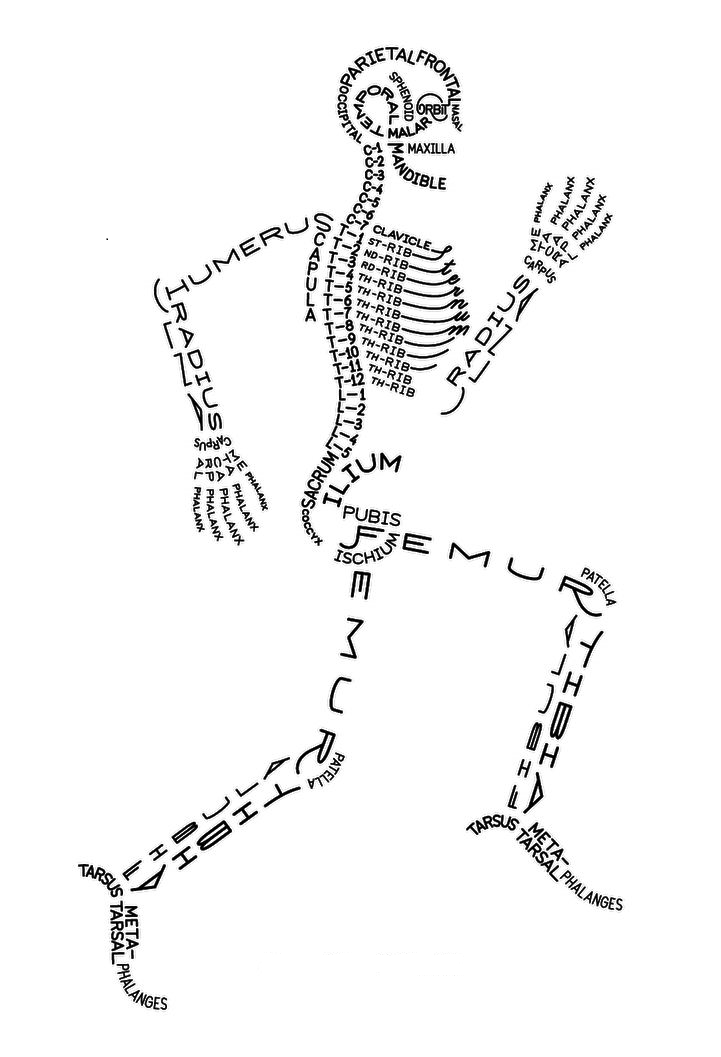
Orthopaedic and fracture clinic

Student Information Booklet



Welcome to Orthopaedic outpatients!

This information pack is provided to give you some useful information which will help you to integrate and learn, and make the most of your placement in our department.

This booklet will provide you:

* Basic information about the department
* Emergency contact numbers
* How to distinguish between staff in the department
* Orthopaedic consultants
* How the department is run
* Documentation and patient information
* Orthopaedic information and abbreviations
* Infection control
* Learning opportunities

Information about the department

Orthopaedic Out Patients, sometimes referred to as Fracture Clinic or Orthopaedic clinic. This is because we see both elective referrals and trauma referrals. We are part of the Surgical and Orthopaedic division at Chesterfield Royal Hospital.

Patients attending Orthopaedic clinic are referred from their GP/ Muscular Skeletal Services (MSK). Patients attending fracture clinics are referred by the Emergency Department/Minor Injuries Departments/GP/self referral if had an injury whilst on holiday. Patients range from babies up to the very elderly.

The Learning Environment Supervisor is Rachel Ferreday, the Sister. The Matron is Angela Innes. Other staff memebers who are supervisors/ assessors are Julian Pasiut and Carrie Fawbert. You can contact any of them for queries or support if required, but you can also contact Claire Langford, practice learning facilitator for support. She is based in the education centre at CRH.

Rachel Ferreday r.ferreday@nhs.net

Julian Pasiut julianpasiut@nhs.net

Carrie Fawbert carriefawbert@nhs.net

If you are sick or going to be absent, please contact the department as soon as possible on 01246 512023 to speak to the nurse in charge. It is also your responsibility to inform your university of any days that you don’t attend placement.

Please be aware that if your sickness is caused by D&V, then it is policy that you must remain off work for 48 hours after your last symptoms.

Hospital emergency contact numbers

2222 – Medical emergency e.g. cardiac arrest

7777- security emergency

2000 - Fire

To bleep a number dial 85 and follow the prompts, enter the three digit bleep number followed by the extension number from which you are dialling.

0 – orator (Voice activated system) state clearly whom you wish to speak

All other regularly used numbers are displayed at the side of the nurses’ station.

The emergency ‘resus’ trolley is in the clinic corridor, opposite the patient toilets.

Differentiating the staff

Senior Matron – Navy uniform with blue piping

Matron – Navy uniform with red piping

Sisters – Navy uniform with white piping

Staff Nurses – Blue and white stripes

Nurse Associates – Grey with green piping

Healthcare Assistants – Green and white stripes

Physio’s – white tops, blue trousers/piping

OT’s – White tops, green trousers/piping

Receptionist – black top and trousers

Doctors – Navy scrubs

Orthopaedic Consultants

FMA – Mr Ali – soft tissue knee

GRA – Miss Aspinall – Hip & knee – including revisions

JAG – Mr Garcia – Hand and wrist

MWM – Mr Morris – foot and ankle

DIW – Mr Wood – Hip and knee - including revision

SAS – Mr Shahane – upper limb

PMW – Mr Williams – Hip and knee

JDW – Mr Wright – upper limb

APS – Mr Sinha – upper limb

JDM – Mr May – foot and ankle

ESH – Mr Holloway – hip and knee

JVC – Mr Chandrasenen – soft tissue knee

How the department is run

The co-ordinator is usually the most senior nurse on duty for that shift, and they take charge. They delegate duties, oversee activities, co-ordinate the running of the clinics, and sort out staffing problems.

The Health Care Assistants work with the doctors to provide a chaperone for patients and to ensure patients receive all the information required after their appointment. This includes information about coming in for operations, directions to other departments, information about scans including wait times and what to do if they don’t not hear from the imaging department. Health cares also apply splints and slings.

The trained staff take care of patients requiring injections or dressings. They take out sutures/clips and apply splints/slings and record patients body mass index (BMI). They refer patients to community nursing/practice nursing. Sometimes other referrals are necessary such as for safe guarding reasons or because the patient is a venerable adult etc.

Staff in the plaster room treat patients from the clinic and also from ED. They also have patients returning with problems, podiatry patients, ward patients and patients from children’s’ out patient department (The Den).

The clinics have either 1 or 2 doctors assigned to each. This is usually the consultant and their registrar. Between them they see the patients on that sessions list.

General routine

08.30 – staff set up for clinic

09.00 – clinics commence

12.30 – lunchtime, varies on work load

13.30 – clinics recommence

17.00 – clinic close, some exceptions for over running!

Documentation

All patients with an out patient appointment will have a reconciliation form on the front of their notes. This has to be filled in as the information is required to be fed back in to Medway which is the computer system we use in the Trust for appointments. This then generates the income for the appointment. Please take a minute to familiarise yourself with this.

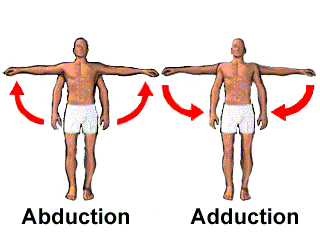
Orthopaedic Information and abbreviations

ACL – Anterior cruciate ligament



Abduction – Moving away from the midline

Adduction – Moving towards the midline



Ankylosing Spondylitis – Rheumatoid degenerative fusing of the vertebrae, resulting in loss of function and position

Arthritis – Inflammation of a joint, usually accompanied by pain and often changes in structure

Arthro – pertaining to a joint

Arthrodesis – Surgical fixation of a joint by fusion

Arthroplasty – An operation to restore or reform a joint to make an artificial joint

Arthroscopy – An operation to look inside a joint with an arthroscope

Arthrotomy – An operation in which a joint is opened surgically.

Aspiration – To drain pus or fluid via a needle

Avascular Necrosis – death of bone cells and bone due to cessation of a blood supply.

Avulsion – Forceful separation or tearing away of two connecting parts

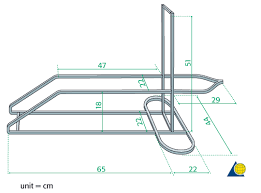
Bradford sling – A sling used to elevate the arm to prevent swelling



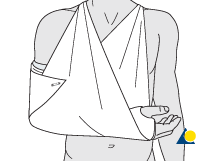
Bursa – Sac or cavity composed of synovial membrane containing synovial fluid that serves as a cushioning device between tendon and bone, tendon and ligaments or between two other structures where friction is likely to occur

Bursitis – inflammation of the bursa

Braun frame – a frame used to elevate the leg to prevent swelling



Broad arm sling – a sling used to support the arm



Callus – the osseous material formed between the ends of a structured bone or thickening of a horny layer of skin

Cannulated hip screws – a type of fixation used for hip fractures

Carpal tunnel syndrome – pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist. It causes soreness, tenderness and weakness of the thumb, index, middle and ring fingers

Cauda Equina – The collection of nerves at the bottom of the spinal cord

Cauda Equina Syndrome – Pressure on the nerves as above

Cellulitis – inflammation of cellular or connective tissue

Charnley wedge – abduction wedge used following hip operations to prevent dislocation



Closed fracture – a fracture without an open skin wound

Colles’ fracture – a fracture of the distal radius in the forearm

Compartment syndrome – increased venous pressure within an enclosed area or compartment that can lead to tissue necrosis if the pressure is not released

CPM – continuous passive movement

CSM – colour, sensation and movement

Debridement – Surgical cutting away of dead tissue or foreign body from a wound

Dislocation – the displacement of any part of bone from its normal position in the joint

Distal – situated away from the centre line of the body

DHS – Dynamic hip screw fixation used for neck of femur fractures

DIP – Distal interphalangeal joint (last finger joint)

DNAR – Do not attempt resuscitation

Effusion – An increase of synovial fluid

EUA – Examination under anaesthetic

Ex-Fix – External fixation to stabilise a fracture with pins attached to an external framework



Fasciotomy – Incision into one or more fascia (covering of muscle) to relieve pressure

Fracture (#) – a break in the continuity of the bone

Futura Splint – a splint used to support the wrist



FWB – Fully weight bearing

GA – General Anaesthetic

Ganglion – A small cyst – swelling near a joint

Gout – a disease caused by the deposition of sodium waste in and around joints, causing inflammation

Haemoarthrosis – a collection of blood in the joint

Haematoma – a swelling/collection that contains blood

Hyperextension – the extension of a limb beyond its normal position

Iliac crest – Bony ridges at the side of the abdomen on the outer portion of the pelvis

Intracapsular – Within the capsule of a joint, such as a hip or shoulder joint

IM nail – Intramedullary nail, insertion of a metal rod/nail into a fractured bone, see image below.



K-wire – Kirschner wire, a narrow wire used to hold bones together whilst they heal following a fracture or operation

Lateral – to the side

Medial – Inside/to the middle

MUA – Manipulation under anaesthetic

Muscle Atrophy – wearing away of muscle tissue because of disease or paralysis

NBM – Nil by mouth

MP – Metacarpophalangeal joint (joint at the base of the finger)

NOF – Neck of femur

NOH – Neck of humerus

NWB – Non weight bearing

Open fracture – A fracture with the presence of a wound

ORIF – Open reduction and internal fixation

Osteomyelitis – infection in the bone

Osteoporosis – A condition in which bones become soft and spongy

Osteotomy – Surgical opening of bone or cutting through bone

PCA – Patient controlled analgesia

Periprosthetic fracture – a fracture around a prosthetic joint

PIP – Proximal interphalangeal joint (middle finger joint)

Poly sling – A sling used to immobilise the arm

POP – Plaster of Paris



Proximal – Near, close to trunk

PWB – Partial weight bearing

Reduction – Putting a fracture or dislocation back into its correct position

Revision surgery – Surgery to repair/replace an artificial joint

RA – Rheumatoid arthritis

Richard’s Splint – used to immobilise the knee joint



Rotator cuff – Encircling muscles of the shoulder, which permit the shoulder joint to rotate and turn in a circular motion

Sciatica – Pain in the leg from along the sciatic nerve, travelling down the back of the thigh and down the leg

Skin traction - Is used in the temporary treatment of fractures/dislocations to apply traction. It prevents muscle spasms, immobilises the limb and reduces the fracture

Smith’s fracture – A fracture of the distal radius in the forearm

SOF – Shaft of femur

Spinal anaesthetic – an anaesthetic used to give numbness to the lower parts of the body

Sprain – partial tear of a ligament

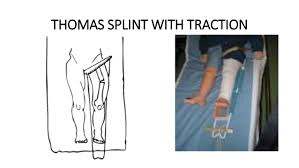
Stress fracture – A crack or break in a bone due to excessive stretching or pulling. See images below for types of fracture

Subluxation – Partial or incomplete dislocation

TBW – Tension band wiring

Tenotomy – surgical division of a tendon

Thomas splint – used to temporarily stabilise femoral shaft of femur fractures



Thompsons/Hemiarthroplasty – Fixation used for a fractured hip, replaces the head of the femur

THR – Total Hip replacement. Hip prosthesis that replaces both the ball and socket component of the hip

TKR – Total Knee replacement replaces the whole knee joint

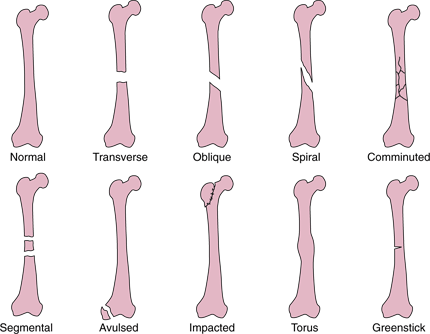
Traction – A mechanism for straightening broken bones

TWB – Touch weight bearing

USS – Ultra sound scan

WBAA/T – weight bear as able/tolerated

Types of Fractures



Infection Control

Please remember to wash hands or use alcohol gel when leaving and entering the department, and all areas.

Bear in mind the 5 moments for hand hygiene:

* before patient contact
* before a clean/aseptic procedure
* after bodily fluid exposure risk
* after patient contact
* after contact with patients surroundings

We encourage patients not to attend out patients if they have D & V. We recommend they are 48 hours symptom free.

Patient Information

We have lots of information that we give to patients. Please feel free to take any for yourself.

Please use this page to provide any feedback you have from your time in our out patients department to help us improve the experience.

Please give to sister. Thank you.

Name…………………………………………. date…………………..