Femoral Shaft Fracture, ED

Last Updated: 08/10/26

INCLUSION CRITERIA

- Closed femoral shaft fracture.

EXCLUSION CRITERIA

- Polytraumas to other extremities, trunk, or head.
- Underlying malignancies, metabolic bone or neuromuscular disease.
- Acute or chronic skin or bone infections.
- Open fractures.

MEASURES

- ED arrival to OR arrival within 18-hours.
- Percent of patients who receive a narcotic prescription for closed reduction pain management at discharge.
- Hospital length of stay.
- 30-day returns to ED.
- 30-day readmissions.

OPEN FRACTURE

- Refer to open fracture protocol.

[1] SCREENING FOR NON-ACCIDENTAL TRAUMA

If there are concerns based on history and physical exam, consider:

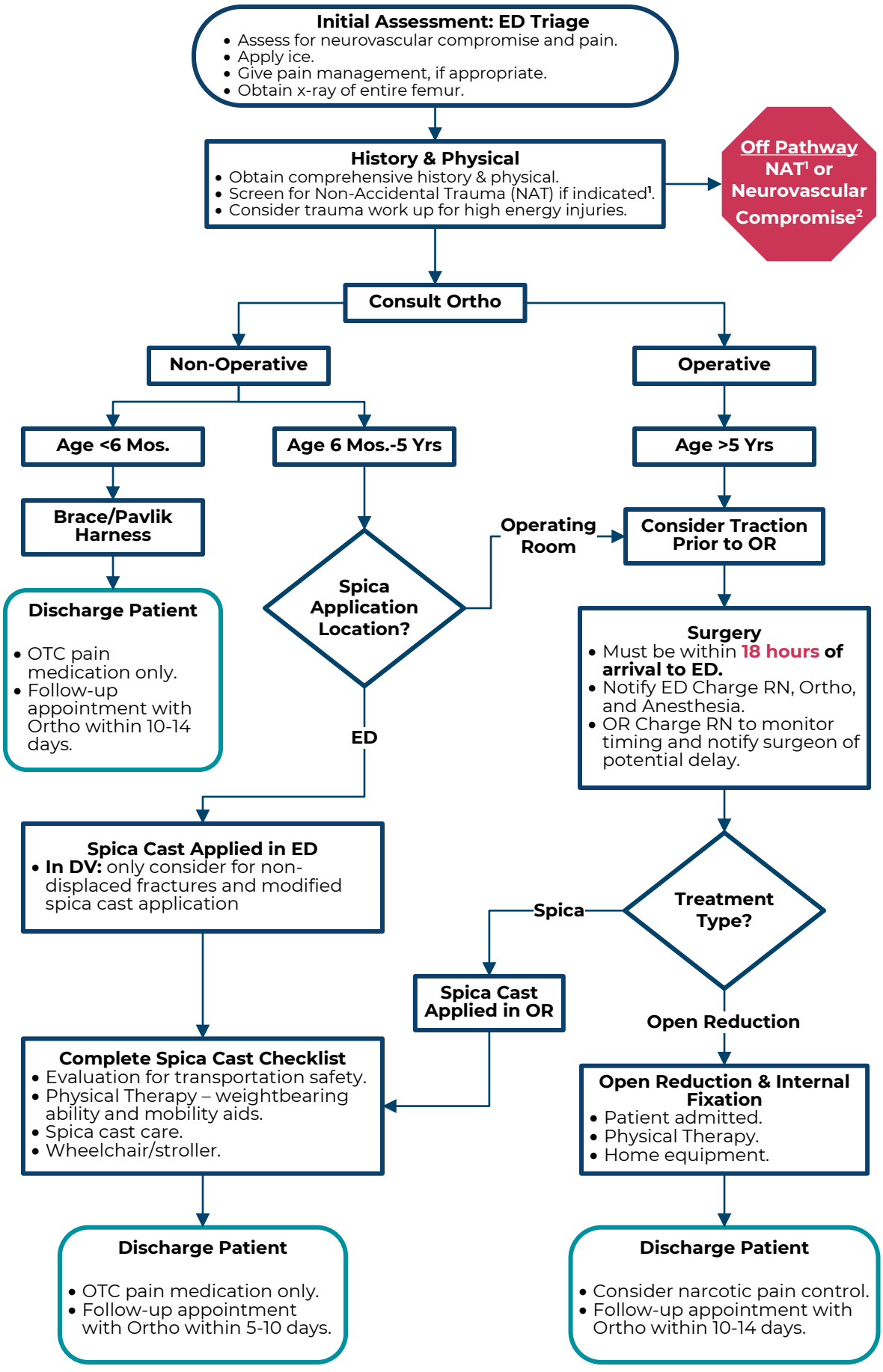
- CARE/Social Work consult.
- Skeletal survey.
- Suspected Physical Abuse pathway.

[2] Neurovascular Compromise

- Concern for neurovascular compromise, consider urgent OR add on.
- Dysvascular limb, if Vascular Surgery is not available, consider transfer to outside facility.

CONSIDERATIONS FOR ADMISSION

- Open treatment.
- Neurovascular abnormality.
- Concern for compartment syndrome.
- Concern for NAT.
- Concerning high-risk condition for anesthesia.
- Social factors.
- Physical Therapy evaluations.
- Equipment & Spica cast training.



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VERSION MANAGEMENT

- Version 1.0 (4/29/2025): Go Live.
- Version 1.1 (8/10/2026): Updated wording in Neurovascular Compromise Box to reflect the availability of in-house Vascular Surgery services in the Delaware Valley region. "Dysvascular Limb, if Vascular Surgery is not available, consider transfer to outside facility'.

Questions about this pathway should be directed to **clinicalpathways@nemours.org**.

AUTHORS & REFERENCES

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