

INCLUSION CRITERIA

- Type 1, 2 and 3 supracondylar fractures
- Ipsilateral fracture and forearm fracture
- Closed supracondylar fracture

EXCLUSION CRITERIA

- Polytraumas to other extremities, trunk, or head
- Malignancies or pathological fractures
- Acute or chronic skin or bone infections
- Open Fractures

MEASURES

- ED arrival to OR in less than 18 hours
- Percent of patients who received an inpatient antibiotic postoperatively
- Percent of patients who received a narcotic prescription for pain management at discharge

¹TYPE 2B OUTPATIENT SURGERY (DV ONLY)

Orthopedic team to Coordinate surgery within 2 Days as an add on Class F

⁴NEUROVASCULAR COMPROMISE

- 'Pink but pulseless' consider urgent OR add on
- Dysvascular limb, if Vascular Surgery is not available, consider transfer to outside facility

²CONSIDERATION FOR ADMISSION

- Open Treatment
- Neurovascular abnormality
- Concern for compartment syndrome
- Concern for NAT
- Concerning high-risk condition for anesthesia
- Social factors
- Ipsilateral fracture and forearm fracture

³SCREENING FOR NON-ACCIDENTAL TRAUMA

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

- Social Work consult
- Skeletal survey

ED Triage

- Assess for neurovascular compromise and pain
- Apply Ice
- Give pain management if appropriate
- Obtain x-ray of elbow and forearm

History & Physical

- Obtain comprehensive history
- Screen for non-accidental trauma (NAT) if indicated³
- Physical exam

OPEN FRACTURES

Refer to open fracture protocol

Type 1 Fracture (Non-displaced)

Splint

Place posterior long arm splint

Type 2a Fracture

- Ortho to determine if closed reduction is needed
- Ortho to place long arm cast versus surgical treatment

Type 2, Type 3, Flexion, and/or Neurovascular Compromise (Displaced)

Consult Orthopedics

¹Type 2b, Type 3, and Flexion Fracture

- Place splint
- Monitor pulses
- N/V exam
- Place order for case request

Neurovascular Compromise⁴
OFF PATHWAY

Surgery

- Must be within **18 hours of arrival to the ED**
- Notify ED charge nurse and provider, OR charge nurse, ortho, and anesthesia
- OR Charge to monitor timing and notify surgeon of potential delay

Surgery?

No

Yes

Discharge Patient

Follow-up appointment with Ortho within 1 week

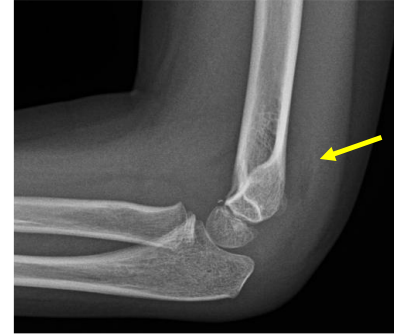
Consider

For any pre- or post-op neurovascular compromise or for open treatment, consider admission for post-op neurovascular monitoring

Discharge Patient²

- Orthopedic team to contact the family for a follow-up appointment in 3 weeks for a pin pull out of cast
- Not routinely recommended to discharge with opioid prescription

TYPE I Non-displaced



TYPE II A

Intact posterior cortex, hinged in extension. No rotation or translation.



TYPE II B

Intact posterior cortex, hinged in extension, with some degree of rotational displacement or translation.



TYPE III

Complete displacement.



FLEXION TYPE

Hyperflexion of the elbow



Disclaimer: The clinical pathways are based upon publicly available medical evidence and/or a consensus of medical practitioners at Nemours Children's Health ("Nemours") and are current at the time of publication. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the patient is located.

VERSION MANAGEMENT

- Version 1.0 (6/19/2024): Go Live.
- Version 2.0 (8/10/2026): Look back review completed – added availability of Vascular Surgery in DV region.

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

AUTHORS & REFERENCES

Central Florida Authors: Kamal Chavda (Emergency Medicine), Nicole Couzzo (Clinical Pathways), John Lovejoy (Orthopedics), Jason Malone (Orthopedics), Judit Szolnoki (Anesthesia)

Delaware Valley Authors: John Loisel (Emergency Medicine), Kevin McCormick (Continuous Improvement), Arianna Trionfo (Orthopedics), Arezoo Zomorodi (Emergency Medicine)

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