



# Virtual Acute Knee Clinic Referral

Referral source:   RVH     
                           MIH     
                           AAH     
                           MUH     
                           Other   \_\_\_\_\_

Patient Details
Name: _____
DOB: _____
H&C: _____
Telephone No: _____

Date of injury: \_\_\_ / \_\_\_ / \_\_\_    Date & Time of ED attendance: \_\_\_ / \_\_\_ / \_\_\_    \_\_\_:\_\_\_

Employment: \_\_\_\_\_

Referral Form to be emailed to: [FractureEDReferrals@BelfastTrust.hscni.net](mailto:FractureEDReferrals@BelfastTrust.hscni.net)

<b>Mechanism of injury:</b>	
<b>Range of movement:</b>	
<b>Can patient straight leg raise:</b>	
<b>ED management:</b>	

Patient information leaflet given     
 Analgesia prescribed and dispensed   

VTE prophylaxis (if appropriate)     
 Interpreter required? \_\_\_\_\_   

**Acute Knee Clinic Referral Reason:**

ACL injury	
PCL injury	
Meniscal tear causing locking	
MCL injury	
LCL injury	
Patellar dislocation with suspected intra-articular fracture (Skyline view X-Ray done)	

- **If patient is too painful to adequately examine at presentation they should be reviewed locally in 7-10 days to allow reassessment**
- **Chronic or Degenerative Knee Injuries should be referred to ICATS or Orthopaedics - MPH**

**VFC use only**

Consultant name: \_\_\_\_\_    Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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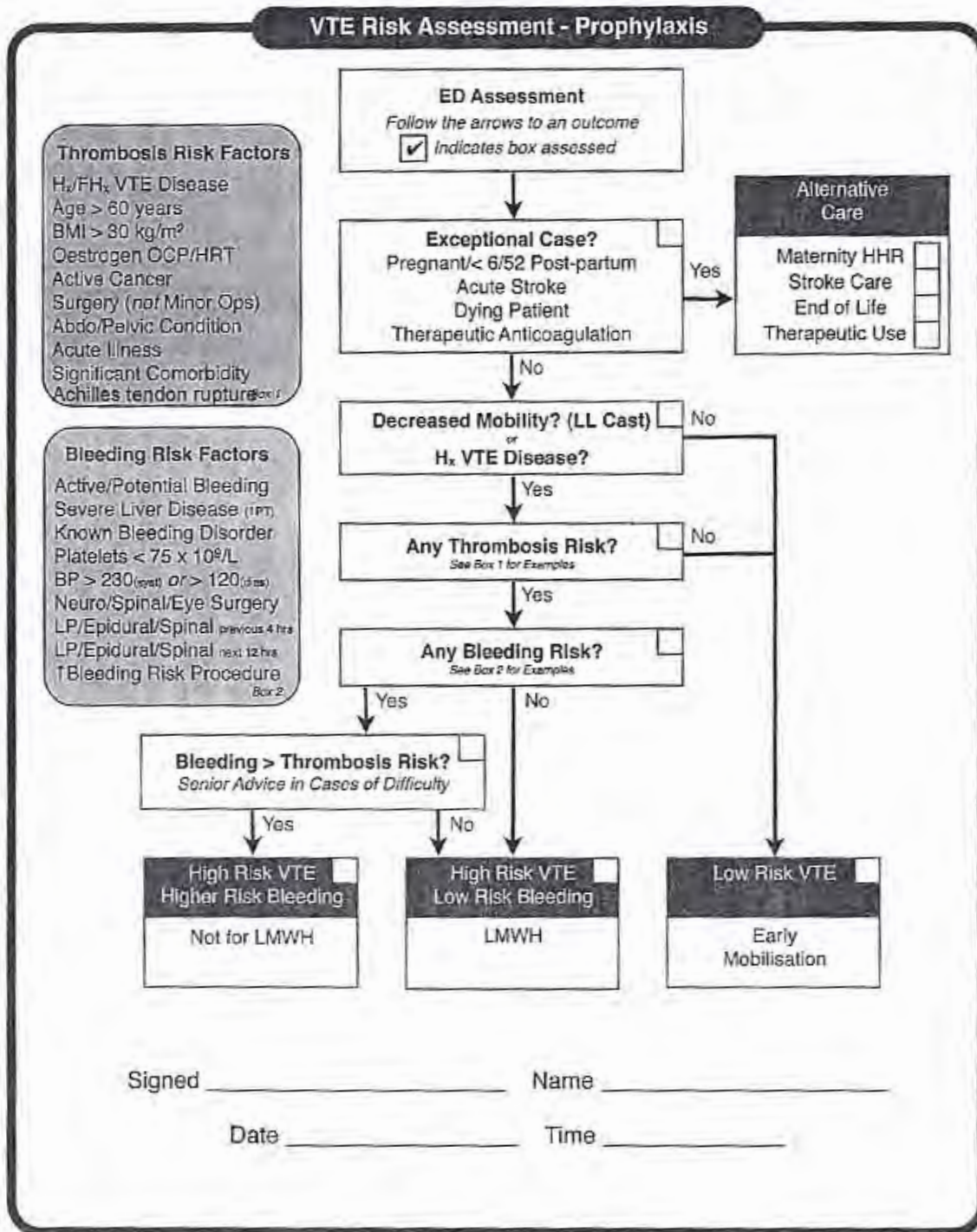
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Signed \_\_\_\_\_ Name \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Prophylactic LMWH Regimen: Subcutaneous Enoxaparin prescribed Once Daily				
Weight (kg)	<50	50-100	>100	>150
Dose (mg)	20	40	80	Consider 0.5mg/kg
eGFR < 30ml/min/1.73m <sup>2</sup>	20	20	40	Consider 0.25mg/kg



Northern Trust  
**Lower Limb Cast Immobilisation**  
OP VTE Risk Assessment - Prophylaxis

**Emergency Department**



Date:  /  /  Time (24hr):  :  Signed: \_\_\_\_\_ Grade: \_\_\_\_\_

- Therapeutic Anticoagulation
- Maternity Hand-Held Record
- Low Risk VTE
- High Risk VTE Higher Risk Bleeding

**High Risk VTE  
Low Risk Bleeding**

Weight	kg	Platelets	$\times 10^9/L$	eGFR	$ml/min/1.73m^2$
Drug	Dose (mg)	Route	Freq	Duration	Signature
Enoxaparin		S/C	OD	While in Cast	
Ambulatory Appointment for Pharmacy Education & Administration LMWH					
<input type="checkbox"/> At ED Presentation	<input type="checkbox"/> Next Day	<input type="checkbox"/> Mon with W/E TTO			

**Pharmacist**

- Education; LMWH prophylaxis & administration
- Discharge prescription for 10 days LMWH
- Sharps bin provided
- GP contacted regarding further prescribing
- GP copy of all relevant information

Outcome of LMWH Prophylaxis Consultation

Declined by patient     Self-administration     D/N administration

Date:  /  /  Signed: \_\_\_\_\_

**Fracture Clinic\***

\* First Fracture Clinic review **must** be within 7 days of cast application

Date	Reassess LMWH Status	Signed	Notes
	N/A - Continue - Discontinue		
	N/A - Continue - Discontinue		
	N/A - Continue - Discontinue		
	N/A - Continue - Discontinue		
	N/A - Continue - Discontinue		



# *Advice Sheet*

## **Venous Thromboembolism (VTE)**

### **Info Sheet**

## *Department of Emergency Medicine*

Patients with immobilisation of their legs with a Plaster of Paris, or an Aircast Boot, are at a slightly increased risk of clots forming in the deep veins of the leg.

A risk assessment will be carried out in the Emergency Department to see if you are particularly high risk and might need blood thinning medications to reduce this risk. Be aware that not everyone is suitable for preventative medications, as these increase your bleeding risk.

You should be on the lookout for some common signs and symptoms of clots in the legs, particularly while your limb is immobilised.

#### **These include:**

- Redness of the skin
- Increased swelling
- Increased pain in the limb
- New/severe shortness of breath or chest pain

#### **Ways you can help to prevent clots include:**

- Not smoking
- Eating a healthy, balanced diet
- Taking regular exercise
- Maintaining a healthy weight or losing weight if you are obese
- Keeping well hydrated.

If you develop any problems that suggest VTE, it is important that you are seen by healthcare staff and evaluated.

#### **This can be done at:**

- Emergency Department
- General Practice
- Fracture Clinic (if you have already been seen at clinic)

