

## **PRACTICE GUIDELINE: OPEN FRACTURE**



### **OBJECTIVE:**

Define the expectations for the management of open fracture in regards to stabilization, wound care and antibiotic therapy.

### **DEFINITION:**

Open Fracture: Is one in which the fracture fragments communicate with the environment through a break in the skin. The presence of an open fracture either isolated or as part of a multiple injury complex increases the risk of infection and soft tissue complications.

### **GUIDELINES:**

1. The Orthopedic Consult should occur within 30 minutes of notification of the request.
2. The fracture should be stabilized.
3. The patient's tetanus should be determined and updated as necessary.
4. Wound management:
  - a. Washout and debridement within 24 hours
  - b. Flap closure within 7 days when deemed necessary.
5. Determine the type of fracture utilizing Gustilo Classification.
  - a. Type I & II: antibiotic coverage for gram positive organisms started within 60 minutes and continue for 24 hours after successful skin closure.
  - b. Type III: antibiotic coverage for both gram positive and negative organisms started within 60 minutes and continue for 72 hours subsequent to injury or 24 hours after successful skin closure.
6. High dose penicillin should be added for any open fracture with presence of fecal or potential clostridial contamination.

Type I	Open fracture with skin wound <1 cm in length and clean.
Type II	Open fracture with laceration >1 cm in length without extensive soft tissue damage, flaps, or avulsions.
Type III	Open segmental fracture with ≥10 cm wound with extensive soft tissue injury or a traumatic amputation (special categories in Type III include gunshot fractures and open fractures caused by farm injuries).
IIIa	Adequate soft tissue coverage
IIIb	Significant soft tissue loss with exposed bone that requires soft tissue transfer to achieve coverage.
IIIc	Associated vascular injury that requires repair for limb preservation.

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