






Clavicle and AC Joint Injuries

Queensland Ambulance Service

Exclusion from transport to General Practice

-  Associated injuries of ribs or cervical spine
-  Severe “tenting” (skin is white at the fracture site)
-  Compound fracture (skin broken over deformity)
-  Neurovascular compromise (no sensation or warmth in corresponding upper limb)
-  Complete inability to mobilize independently.

Management

- Analgesia as required
- Immobilisation of shoulder girdle.

General Practice

Assessment

1. Continually assess the neurovascular status of associated upper limb
2. Exclude associated rib fractures and/or any cervical spine injury
3. Identify if injury is confined to the clavicle or the AC joint
4. Imaging as required.

Management

Clavicle fracture – medial third:

- Call Orthopaedic Registrar (5470 6600)

Clavicle fracture – middle third:

- Complete displacement with >2cm shortening:
 - Consider appropriate analgesia +/- NSAID
 - Apply collar and cuff immobilisation
 - Provide supplied information handout to patient
 - Refer to **SCHHS Fracture Clinic**.

- Complete displacement with no shortening:
 - Consider appropriate analgesia +/- NSAID
 - Apply collar and cuff immobilisation
 - Provide supplied information handout to patient
 - Refer to **Community Fracture Clinic**.
- Minimal displacement or greenstick:
 - Consider appropriate analgesia +/- NSAID
 - Provide supplied information handout to patient
 - Review with usual G.P. in 1 week (if symptoms persist at 3 weeks, consider X-ray).

Clavicle fracture – lateral third:

- Call Orthopaedic Registrar (5470 6600)

AC joint injury – Types I to III:

Type I = Normal

Type II = Subluxation of the AC joint space is <1cm and normal coracoclavicular space

Type III = Subluxation of the AC joint space is >1cm and widening of the coracoclavicular space is >50%.

- Consider appropriate analgesia +/- NSAID
- Shoulder sling
- Exercises
- Provide supplied information handout to patient
- Type III patients who are active sportpeople or manual labourers – **consider referring to SCHHS Fracture Clinic**.

AC Joint Injury - Types IV to VI:

Types IV to VI = Subluxation of the AC joint space is >1cm and widening of the coracoclavicular space is >50% and there is associated displacement of the clavicle.

- Consider appropriate analgesia +/- NSAID
- Refer to **SCHHS Fracture Clinic**.

Escalation triggers

Refer to the Emergency Department

If the patient has any of the following, please call the orthopaedic registrar (5470 6600) prior to referral to the emergency department:

- Rib fractures
- Cervical spine injury
- Clavicle fractures in the medial and lateral thirds
- Significantly displaced fractures
- Fracture-dislocation of the shoulder
- Neurovascular deterioration
- Worsening pain requiring intramuscular analgesics
- Any other serious clinical concerns not already listed.

Disclaimer:

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.



Governance for Safety and Quality in Health Service

Organisations - Standard 1

Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.



Service Delivery - Standard 11

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.



Provision of Care - Standard 12

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.



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