LRI Emergency Department

Clinical guideline for:

Acute ankle pain management in adults

Authors:	Abbie Crawford Martin Wiese Richard Wood
Approved by:	ED guideline committee
Trust reference:	C133/2016
Version:	18
Latest re-approval date:	Jul23
Next review date:	Jul26

Consider:

- Age
- Mechanism
- General health
- Any previous episodes & their management
- Fever
- Night pain
- Weight-bearing ability
- Diabetes

Trauma

Provide good analgesia

Apply Ottawa foot and ankle rules; request radiographs if

- Bone tenderness along the distal 6 cm of the posterior edge of the tibia or tip of the medial malleolus
- Bone tenderness along the distal 6 cm of the posterior edge of the fibula or tip of the lateral malleolus
- Bone tenderness at the base of the fifth metatarsal
- Bone tenderness at the navicular bone
- Inability to bear weight for 4 steps

BOTH immediately **AND** in the ED

Non-trauma (trauma might be 'red herring')

Consider:

- Serious pathology, e.g.
  - Septic arthritis
  - Bleeding disorder
  - Unexplained swelling and erythema in diabetics – consider Charcot process
- Gout
- Pseudogout
- Other soft tissue conditions, e.g. tendonopathies

Fracture-dislocation

- Refer to orthopaedic registrar **NOW**
- Reduction to be undertaken by orthopaedic registrar with ED staff assisting
  - **EITHER** in Injuries using penthrox if sufficient staff and capacity in Injuries
  - **OR** in the ER under procedural sedation
- Below-knee POP
- Post-reduction X-rays

Admit under orthopaedic team

Soft tissue injury

Weight-bearing at least partially and no medial pain

- Discharge with Ankle soft tissue injury PIL
- Provide crutches at your discretion
- GP follow-up if problems persist > 2/52
- If repeated injuries within last year, provide UHL physiotherapy self-referral form

Completely unable to bear weight, or medial pain

- Provide crutches
- Encourage weight-bearing as pain permits
- Refer to soft tissue injury review clinic in 10 - 14 days (place completed green A5 physiotherapy form marked 'STR clinic' at the top into the notes and write 'STR clinic' clearly on the front sheet)
- Discharge with Soft tissue review clinic PIL and an Ankle soft tissue injury PIL

Fracture

Follow quick reference guide Fractures and dislocations: ED immobilisation, patient advice and referral

If patient is discharged, complete ED proforma VTE risk management for ambulatory adults with immobilised leg

Discuss options with senior

- Immediate referral to appropriate clinician
- Referral to appropriate outpatient clinic
- Self-management with GP follow-up PRN