Developed by MF Wiese and F Davies

LRI Emergency Department

Management of glenohumeral joint dislocations

Version 26

To be used by ED clinicians as soon as a dislocation is clinically suspected

Disclaimer:
This is a clinical template; clinicians should always use judgment when managing individual patients

Reapproved by ED guidelines committee on 26Apr23
Review due Apr26 . Trust Ref: C75/2016

Patient details

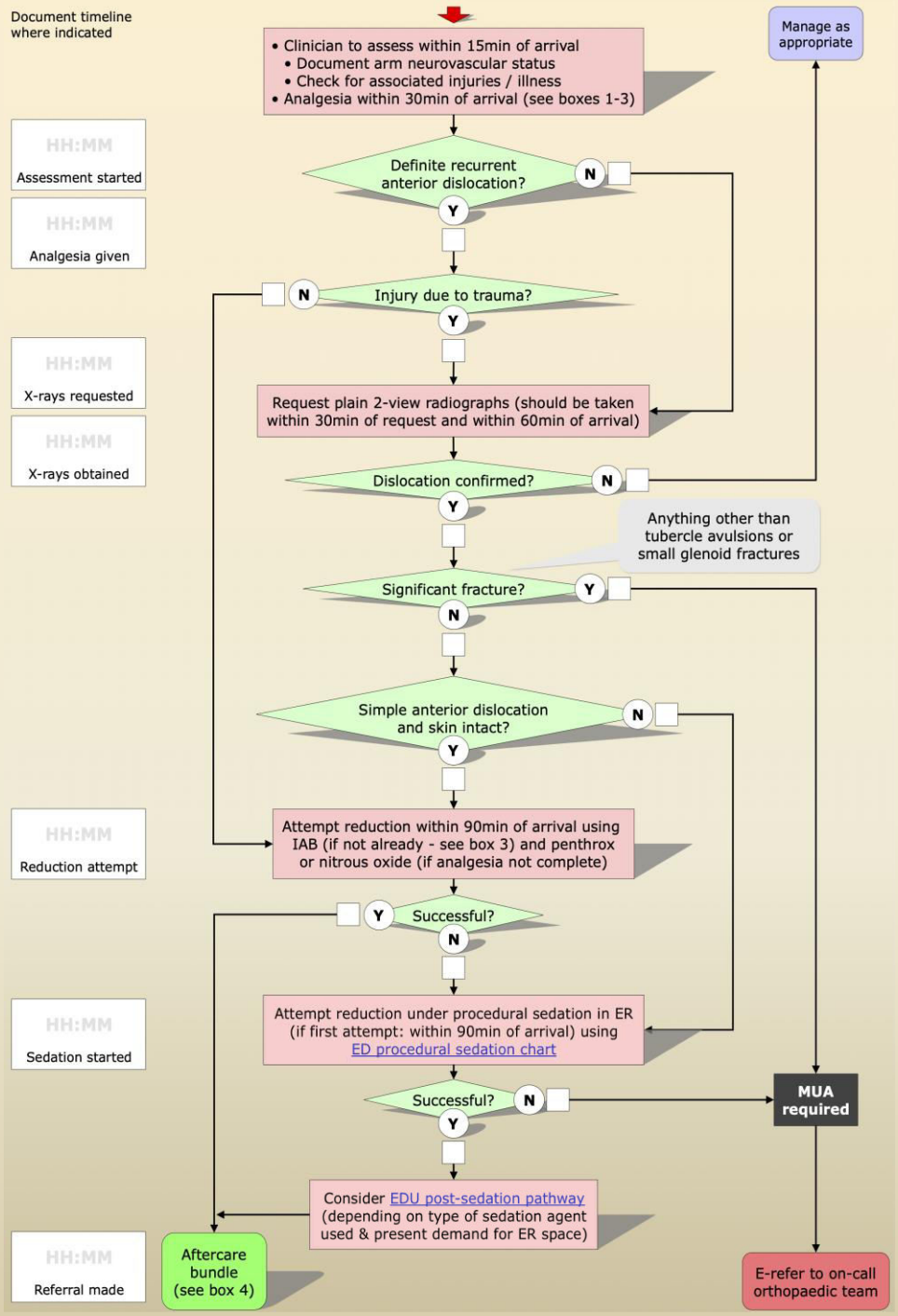
Full name

DoB

Unit number

(use sticker if available)

Document timeline where indicated



① Analgesia bundle

- Penthrox (see user proforma) or nitrous oxide as needed until pain well controlled through the additional measures below
- Systemic analgesia bundle
  - Paracetamol
  - Ibuprofen if safe (see box 2)
  - Oramorph
- Consider offering intra-articular block (**IAB**) if obvious anterior dislocation & skin intact (box 3)
- If pain score still > 6/10 and patient not suitable for **IAB**: Morphine IV titrated

② Notes on NSAID

***DO NOT** prescribe NSAID if*

- Patient allergic to any NSAID
- Exacerbation of asthma after use of any NSAID in the past
- Known current peptic ulcer
- Known or obvious heart failure
- Currently treated with aspirin
- Known abnormal renal function
- Current illness with risk of AKI
- Aged >65 (consider NSAID for up to 5 days if normal renal function)

③ Intra-articular block

- You must demonstrate your competence to an experienced practitioner before applying this technique on your own
- Obtain verbal consent after informing patient about potential adverse outcomes
  - Block failure (i.e. need to add procedural sedation – 1 in 20)
  - Joint infection (< 1 in 4000)
- Use Lidocaine 1% solution - normally 20mL (**NB**: total dose must not exceed 3mg/kg)
- Use aseptic technique and clean area thoroughly with chlorhexidine

④ Aftercare bundle

- ☐ Immobilise patient's shoulder using 'Actimove ® Umerus' device
- ☐ Reassess and document absence of new neurovascular deficit (**NB**: Inform ED senior if new deficit!)
- ☐ Obtain shoulder radiographs to demonstrate successful reduction
- ☐ Manage any associated injuries or illness as appropriate
- ☐ Assess patient's ability to function in their usual environment; EDU / EFU or admission on 'non-weight-bearing pathway' to AFU might be necessary
- ☐ Provide patient with both shoulder dislocation and fracture clinic PILs
- ☐ Complete ICE fracture clinic referral
- ☐ For discharged patients, advise over-the-counter analgesics or prescribe TTO as indicated

Patient was managed by

Print name | Signature | Position | Date | Time completed