

Date: 11/10/2018

FREEDOM OF INFORMATION REQUEST FOI/014353 – Fracture survey

I am interested in your trust guidelines regarding the treatment of forearm fractures in adults and children, and I have created surveys on this topic.

Please see responses below:-

Distal Radius Fracture in Adults Questionnaire
 Freedom of Information request 014353

1. Which hospital do you work at?

Russells Hall Hospital

2. Does your hospital accept or manage trauma patients?

Yes	x	No	
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3. Is your hospital a designated major trauma centre?

Yes		No	x
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4. How many adults with closed distal radius fracture does your hospital manage in a month?

The trust provides detailed clinical coding of diagnoses for admitted patient care, however not all patients with a distal radius fracture would necessarily be admitted. Emergency visits may have an A&E diagnosis code recorded but this is more general and will include a broader cohort of patients, therefore we can only provide a rough figure. Adult defined as 16 years and older.

A&E Diagnosis Code "05315 - Closed Wrist Fracture" or "05314 - Closed Forearm Fracture" = Average of 74 ED visits per month.

Admitted from A&E – ICD10 code "S52.50 – Closed fracture of lower end of radius" = Average of 6 admissions per month.

5. Does your department have a written guideline for the investigation and management of potential closed distal radius fracture following trauma?

Yes	
No	x
Verbal Only	

6. If yes, where is your guideline taken from? (For example, BOAST, locally derived guideline etc.)

N/A

7. For patients requiring a closed manipulation of their fracture that present *during the day*, where is this manipulation carried out?

Plaster room

Please specify:

In the emergency department (excluding resuscitation area)	x
Resuscitation bay in the emergency department	
Operating Theatre	
Other (please specify)	

8. Which specialty is responsible for the initial manipulation of the fracture?

Emergency Medicine	x	Trauma and Orthopaedics	x	Other (please specify)	
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9. What form of analgesia is most commonly used for the manipulation procedure?

Regional nerve blockade	
Regional intravenous anaesthesia (Bier's block)	
Local haematoma block	x
Procedural sedation and analgesia (please specify)	
General anaesthetic	
No specific method of analgesia specified	

Please specify:

10. If a Bier's block is performed, which specialty performs the Bier's block?

Emergency Medicine		Anaesthetics	
Trauma and Orthopaedics		Other (please specify)	

Please specify:

11. What grade of doctor is most commonly responsible for performing the Bier's Block?

12. For patients requiring a closed manipulation of their fracture that present *overnight*, where is this manipulation carried out?

Plaster room	
In the emergency department (excluding resuscitation area)	x
Resuscitation bay in the emergency department	
Operating Theatre	
Other (please specify)	
Manipulation not carried out overnight	

Please specify:

13. Overnight, which specialty is responsible for the initial manipulation of the fracture?

Emergency Medicine		Manipulation not carried out overnight	
Trauma and Orthopaedics		Other (please specify)	X

Either ED or Orthopaedics depending on competency or time pressures on ED

14. Overnight, what form of analgesia is used for the manipulation procedure?

Regional nerve blockade	
Regional intravenous anaesthesia (Bier's block)	
Local haematoma block	X
Procedural sedation (please specify)	
General anaesthetic	
No specific method of analgesia specified	
Manipulation not carried out overnight	

Please specify:

15. If patients do not receive manipulation out-of-hours where and when do they return?

<i>Where</i>		<i>When</i>	
Emergency Department		Following morning	
Fracture clinic		Next working day (i.e. on Monday if seen over the weekend)	
Plaster room		Next available routine fracture clinic	

16. Following presentation to hospital with a distal radius fracture, how soon after the injury are patients seen in the Fracture Clinic?

We have a virtual fracture clinic service and all referrals seen within 72 hours in a virtual clinic setting.

Within 24 hours	
Within 48 hours	
Within 72 hours	
More than 3 days later	

from ED are

Paediatric Forearm Fracture Questionnaire

Freedom of Information request 014353

1. Which hospital do you work at?

Russells Hall Hospital

2. Does your hospital accept or manage paediatric trauma patients?

Yes	x	No	
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3. Is your hospital a designated major trauma centre?

Yes		No	x
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4. Approximately how many paediatric patients with a closed forearm fracture does your hospital manage in a month?

The trust provides detailed clinical coding of diagnoses for admitted patient care, however not all patients with a closed forearm fracture would necessarily be admitted. Emergency visits may have an A&E diagnosis code recorded but this is more general and will include a broader cohort of patients, therefore we can only provide a rough figure. Paed defined as under 16 years old.

A&E Diagnosis Code "05315 - Closed Wrist Fracture" or "05314 - Closed Forearm Fracture" = Average of 50 ED visits per month.

Admitted from A&E – ICD10 code "S52.*0 – Closed fracture of forearm" as primary diagnosis = Average of 7 admissions per month.

5. Does your department have a written guideline for the investigation and management of potential closed forearm fracture in children?

Yes	
No	x
Verbal Only	

6. If yes, where is your guideline taken from? (For example, NICE, locally derived guideline etc.)

N/A

7. Does your guideline specify criteria for performing closed reduction in the emergency department of closed forearm fractures? If so, please specify.

Not performed in ED.

8. For patients requiring a closed manipulation of their fracture that present *during the day*, where is this manipulation carried out?

Plaster room	
In the emergency department (excluding resuscitation area)	
Resuscitation bay in the emergency department	
Operating Theatre	x
Other (please specify)	

Please specify:

9. Which specialty is responsible for the initial manipulation of the fracture?

Emergency Medicine		Trauma and Orthopaedics	x	Other (please specify)	
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10. What form of analgesia is most commonly used for the manipulation procedure?

Nasal diamorphine and Entonox	
Nasal fentanyl and Entonox	
Procedural sedation (please specify)	
General anaesthetic	x
No specific method of analgesia specified	
Other (please specify)	

Please specify:

11. For buckle fractures, what immobilisation, if any, is provided?

Split	x
Plaster of Paris	
Wool and crêpe bandage	
Other (please specify)	

Please specify:

12. How are closed, overriding fractures of the distal radius metaphysis managed?

This question is not clear; the management obviously depends on the degree of displacement and this can vary. Age is not the only criteria.

(Please answer for both age ranges)

<i>Under 10 years old</i>		<i>10 years old and over</i>	
Moulded cast		Moulded cast	
Formal manipulation (not in theatre)		Formal manipulation (not in theatre)	
Formal manipulation and k-wire fixation (in theatre)	x	Formal manipulation and k-wire fixation (in theatre)	x
Other (please specify)		Other (please specify)	

13. If a patient requires manipulation or treatment in theatre (closed injury, without neurovascular compromise), what is the usual pathway?

To some extent depends on severity of displacement and neurovascular status. Some do require manipulation on the same day.

Admitted to inpatient ward for next available daytime trauma list	x	Please specify:
Admitted to inpatient ward for surgery on an emergent basis (for example, manipulation performed overnight)		
Patient discharged to attend outpatient clinic prior to definitive		Please specify:

treatment	
Patient discharged and added to rolling trauma list (no follow-up in clinic prior to treatment)	
Other (please specify)	

14. Does any of your guideline differ out-of-hours (outside 8:00-17:00, Monday – Friday)?
If so, please specify:

Dependant on neurovascular status, degree of displacement and starving status of child. No manipulations are performed out of hours after 2000 hrs unless there is neurovascular compromise.

15. Is there a mechanism in your hospital (e.g. audit process) whereby cases requiring revision manipulations/procedures are collected and reviewed?

Yes	x	No	
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