

## **Freedom of Information Request: Our Reference CTHB\_43\_19**

### **You asked:**

I am interested in your Health Board's guidelines regarding the treatment of forearm fractures in adults and children, and I have created two surveys on this topic (please see attached).

**Also, I would be grateful if you could send your Health Board's guidelines for distal radius fracture / paediatric forearm fracture, if you do indeed have one?**

If your Health Board manages multiple hospitals, please could a survey be completed for each hospital that manages distal radius fractures.

### **Our response:**

Please find attached the two completed surveys as requested.

## Distal Radius Fracture in Adults Questionnaire

1. Which hospital do you work at?

Prince Charles Hospital

2. Does your hospital accept or manage trauma patients?

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

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

Approximately 6.6 a month

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

Yes	
No	✓
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	✓
In the emergency department (excluding resuscitation area)	✓
Resuscitation bay in the emergency department	✓
Operating Theatre	✓
Other (please specify)	

Please specify:

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

Emergency Medicine	✓	Trauma and Orthopaedics		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	✓
Procedural sedation and analgesia (please specify)	✓
General anaesthetic	
No specific method of analgesia specified	

Please specify:

N2O

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

N/A
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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)	√
Resuscitation bay in the emergency department	√
Operating Theatre	√
Other (please specify)	
Manipulation not carried out overnight	

Please specify:
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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)	

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

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

Please specify: As per day
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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?

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

## Paediatric Forearm Fracture Questionnaire

1. Which hospital do you work at?

Prince Charles Hospital

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

Yes

✓

No

3. Is your hospital a designated major trauma centre?

Yes

No

✓

4. Approximately how many paediatric patients with a closed forearm fracture does your hospital manage in a month?

Approximately 0.5 a month

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

Yes	
No	✓
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.

N/A

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	✓
Other (please specify)	

Please specify:

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

Emergency Medicine

Trauma and Orthopaedics

✓

Other (please specify)

Please specify:

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	
No specific method of analgesia specified	√
Other (please specify)	

Please specify:

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

Splint	√
Plaster of Paris	
Wool and crêpe bandage	
Other (please specify)	√

Please specify:  
Soft cast

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

(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)	√	Formal manipulation and k-wire fixation (in theatre)	√
Other (please specify)		Other (please specify)	
Please specify:		Please specify:	

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

Admitted to inpatient ward for next available daytime trauma list	√
Admitted to inpatient ward for surgery on an emergent basis (for example, manipulation performed overnight)	
Patient discharged to attend outpatient clinic prior to definitive treatment	
Patient discharged and added to rolling trauma list (no follow-up in clinic prior to treatment)	
Other (please specify)	

Please specify:

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

If so, please specify:

No

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

Yes	√	No	
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