**Freedom of Information Request: Our Reference CTMUHB_220_26**

**You asked:**

Could you confirm the name of each hospital with an emergency department within your trust.
For each hospital in your trust with an emergency department could you please answer the following:

**Section 1: Department details**

The responses below are applicable to all our emergency departments (Hospitals listed below).

- Prince Charles Hospital
- Princess of Wales Hospital
- Royal Glamorgan Hospital

1. **Type of department**

    - Mixed ED with paediatric area- Yes

2. **Does your department have a written local guideline for paediatric upper limb fractures?**

    - Yes

**If Yes - would you be able to share it please with us?**

Please see attachment 1.

3. **Which guidance most strongly informs local practice?**

    - Other - Our guidance is based on combination of BOAST, BSCOS, All Wales Paediatric T&O Clinical Reference Group guidance and some local adaptions. It is joint guidance between ED and Orthopaedics

4. **Is a virtual fracture clinic available for paediatric fractures?**

    - No

5. **Are written discharge leaflets routinely given for paediatric fractures?**

    - Yes

**For each of the following fractures for each of your departments could you answer the questions?**

**A. Clavicular fracture (uncomplicated closed midshaft clavicle fracture)**

1. **Usual immobilisation**

    - Collar and cuff
    - Other: polysling

2. **Usual follow-up**

    - No routine follow-up
    - Face-to-face fracture clinic for certain fractures

3. **Is orthopaedic discussion routinely required from ED?**

    - Only if significantly displaced, skin compromise, open fracture, or neurovascular concern

**B. Closed Supracondylar humerus fracture**

1. **Gartland I or radiologically occult but clinically suspicious supracondylar injury: usual immobilisation**

    - Collar and cuff
    - Above-elbow cast

2. **Gartland I: usual follow-up**

    - Face-to-face fracture clinic

3. **Gartland II or III: usual first ED step**

    - Backslab and refer orthopaedics

4. **For Gartland II or III injuries, is reduction or manipulation attempted in ED before theatre or admission?**

    - Occasionally in selected cases

5. **Is neurovascular status formally documented before and after immobilisation or reduction?**

    - Usually

**C. Lateral closed condyle fracture**

1. **Undisplaced lateral condyle fracture: usual ED immobilisation**

    - Above-elbow cast

2. **Undisplaced lateral condyle fracture: usual follow-up**

    - Face-to-face fracture clinic within usually around 5 days

3. **Displaced or uncertain lateral condyle fracture: usual ED pathway**

- Backslab and orthopaedic referral

**D. Radial neck or radial head fracture**

1. **Undisplaced or minimally angulated fracture: usual immobilisation**

   - Collar and cuff
   - Broad arm sling

2. **Undisplaced or minimally angulated fracture: usual follow-up**

   - Face-to-face fracture clinic – within 5 days

3. **For more displaced or intra-articular injuries, what is the usual ED pathway?**

   - Other- referral to on call T&O Team

**E. Buckle fractures**

- No immobilisation
- Soft bandage
- Removable wrist splint

2. **Is the child usually discharged from ED with no planned follow-up?**

   - Yes

3. **If follow-up is arranged, what is usual?**

   - No follow-up
   - Face-to-face fracture clinic

4. **Are parents or carers advised to remove immobilisation at home?**

   - Yes

5. **Is a written buckle fracture advice leaflet routinely given?**

   - Always-recommendations to be always given out
   - Usually

**F. Distal radius greenstick or undisplaced metaphyseal fracture**

1. **Usual immobilisation**

   - Below-elbow backslab or soft cast

2. **Usual follow-up**

   - Face-to-face fracture clinic

3. **Is home removal of immobilisation routinely advised?**

- No

## G. Distal radius closed displaced fracture or distal radial physeal injury

### 1. If reduction is required, is this usually attempted in ED?

- Yes, usually with ED providing conscious sedation and T+O Team undertaking the reduction

### 2. Post-reduction immobilisation

- Below-elbow full cast – moulded cast

### 3. Usual follow-up

check x-ray review by T+O Team. if satisfactory – child can go home and have fracture clinic follow up within 5-7 days. Patient to be discussed and images to be reviewed at the trauma meeting the next day to confirm plan.

- Face-to-face fracture clinic
- Admit under orthopaedics – only if alignment is not acceptable depending on age of child