

Distal Radius Fracture in Adults Questionnaire

1. Which hospital do you work at?

RSUH

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

<p>We are unable to identify closed distal radius fractures, however we are able to identify a closed radius fracture, we would have to check the patient's notes to identify if it was a distal radius fracture and not a radius fracture. Section 12 exemption as detailed in attached letter.</p> <p>For the period August 2018 – 101 patients attended AE with a closed radius fracture.</p>
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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.)

emergency department investigate, treat and refer. We then manage on national guidelines
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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)	X
Resuscitation bay in the emergency department	
Operating Theatre	
Other (please specify)	

Please pecify:

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

Emergency Medicine	X	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	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)	

Not applicable

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

Not applicable

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

Please specify:

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	X	Next working day	X

		(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	X
More than 3 days later	

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