

Paediatric Forearm Fracture Questionnaire

1. Which hospital do you work at?

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

100

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.

We do not generally undertake Manipulation under anaesthesia (MUA) 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 speciality 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?
(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)	x	Other (please specify)	
Please specify: MUA and cast.		Please specify: MUA=/- fixation as appropriate to the fracture	

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	x
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:

n/a

Please specify:

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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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