

Paediatric Forearm Fracture Questionnaire

1. Which hospital do you work at?

| |
|--------------------|
| Withybush Hospital |
|--------------------|

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

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

3. Is your hospital a designated major trauma centre?

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

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

| |
|-----------|
| Approx 80 |
|-----------|

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

| | |
|-------------|-------------------------------------|
| Yes | <input type="checkbox"/> |
| No | <input checked="" type="checkbox"/> |
| Verbal Only | <input type="checkbox"/> |

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

| |
|--|
| |
|--|

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

| |
|---|
| <p>No. Children should be manipulated under general anaesthetic in Main Theatre, manipulation in A&E hazardous.</p> |
|---|

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

| | |
|--|-------------------------------------|
| Plaster room | <input type="checkbox"/> |
| In the emergency department (excluding resuscitation area) | <input type="checkbox"/> |
| Resuscitation bay in the emergency department | <input type="checkbox"/> |
| Operating Theatre | <input checked="" type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

| |
|-----------------|
| Please specify: |
|-----------------|

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

| | | | | | |
|--------------------|--------------------------|-------------------------|-------------------------------------|------------------------|--------------------------|
| Emergency Medicine | <input type="checkbox"/> | Trauma and Orthopaedics | <input checked="" type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
|--------------------|--------------------------|-------------------------|-------------------------------------|------------------------|--------------------------|

| |
|-----------------|
| 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 | x |
| 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 | x |
| 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) | x | Formal manipulation and k-wire fixation (in theatre) | x |
| 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) | x |
| 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:

Yes. Transfer to Glangwili General Hospital, Carmarthen

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 | |
|-----|---|----|--|