

Distal Radius Fracture in Adults Questionnaire

1. Which hospital do you work at?

Bronglais General Hospital

2. Does your hospital accept or manage trauma patients?

Yes	X	No	
-----	---	----	--

3. Is your hospital a designated major trauma centre?

Yes		No	X
-----	--	----	---

4. How many adults with closed distal radius fracture does your hospital manage in a month?

Estimated 20-25 (rough figures; please speak to the coding department if more accurate figures are required).

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	X

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

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	X
Operating Theatre	
Other (please specify)	

Please specify:

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

Emergency Medicine		Trauma and Orthopaedics	X	Other (please specify)	
--------------------	--	-------------------------	---	------------------------	--

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)	X
General anaesthetic	
No specific method of analgesia specified	

Please specify: Morphine / Midazolam / Entonox

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:

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

--

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	X
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		Manipulation not carried out overnight	
Trauma and Orthopaedics	X	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	
Procedural sedation (please specify)	X
General anaesthetic	
No specific method of analgesia specified	
Manipulation not carried out overnight	

Please specify: Morphine / Midazolam / Entonox

15. If patients do not receive manipulation out-of-hours where and when do they return?

<i>Where</i>		<i>When</i>	
Emergency Department	X	Following morning	X
Fracture clinic		Next working day (i.e. on Monday if seen over the weekend)	
Plaster room		Next available routine fracture clinic	

Within 24 hours	
Within 48 hours	

16. Following presentation to hospital with a distal fracture, how soon after the injury are patients the Fracture Clinic?

Within 72 hours (majority)	X
More than 3 days later	

radius seen in