

Reference:	FOI.20143.26
Subject:	Paediatric fractures
Date of Request:	8 April 2026

Requested:

1. 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:

Department details

2. Type of department
 - a. Paediatric ED
 - b. Mixed ED with paediatric area
 - c. General ED seeing children
 - d. Minor injury unit or urgent treatment centre
 - e. Other
3. Does your department have a written local guideline for paediatric upper limb fractures?
 - a. Yes
 - b. No
 - c. Unsure
4. If Yes - would you be able to share it please with us?
5. Which guidance most strongly informs local practice?
 - a. NICE (National institute of Clinical Excellence)
 - b. BOAST (British Orthopaedic Association)
 - c. BSCOS (British society of Children’s orthopaedics) template or local adaptation
 - d. Local orthopaedic guideline
 - e. Local Emergency Department guideline
 - f. Other
6. Is a virtual fracture clinic available for paediatric fractures?
 - a. Yes
 - b. No
 - c. Only for selected fracture types - could you specified which ones please?
7. Are written discharge leaflets routinely given for paediatric fractures?
 - a. Always
 - b. Usually
 - c. Sometimes
 - d. Never

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

Clavicular fracture (uncomplicated closed midshaft clavicle fracture)

8. Usual immobilisation
 - a. No immobilisation
 - b. Broad arm sling

- c. Collar and cuff
- d. Figure-of-8 brace
- e. Other

9. Usual follow-up

- a. No routine follow-up
- b. Virtual fracture clinic
- c. Face-to-face fracture clinic
- d. Orthopaedic clinic only if adolescent or displaced
- e. Other

10. Is orthopaedic discussion routinely required from ED?

- a. No
- b. Only if significantly displaced, skin compromise, open fracture, or neurovascular concern
- c. Yes for most clavicle fractures
- d. Other

Closed Supracondylar humerus fracture

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

- a. Collar and cuff
- b. Posterior backslab
- c. Above-elbow cast
- d. Other

12. Gartland I: usual follow-up

- a. No routine follow-up
- b. Virtual fracture clinic
- c. Face-to-face fracture clinic
- d. Other

13. Gartland II or III: usual first ED step

- a. Backslab and refer orthopaedics
- b. Immediate orthopaedic review in ED
- c. Admit under orthopaedics
- d. Transfer to another centre
- e. Other

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

- a. Never
- b. Occasionally in selected cases
- c. Usually
- d. Unsure

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

- a. Always
- b. Usually
- c. Sometimes
- d. Never

Lateral closed condyle fracture

16. Undisplaced lateral condyle fracture: usual ED immobilisation
- Backslab
 - Above-elbow cast
 - Sling only
 - Other
17. Undisplaced lateral condyle fracture: usual follow-up
- Face-to-face fracture clinic within 1 week
 - Virtual fracture clinic
 - No routine follow-up
 - Other
18. Displaced or uncertain lateral condyle fracture: usual ED pathway
- Backslab and orthopaedic discussion
 - Immediate orthopaedic review
 - Admit or transfer
 - Other

Radial neck or radial head fracture

19. Undisplaced or minimally angulated fracture: usual immobilisation
- Collar and cuff
 - Broad arm sling
 - Backslab
 - Other
20. Undisplaced or minimally angulated fracture: usual follow-up
- No routine follow-up
 - Virtual fracture clinic
 - Face-to-face fracture clinic
 - Other
21. For more displaced or intra-articular injuries, what is the usual ED pathway?
- Orthopaedic discussion then discharge in immobilisation
 - Admit under orthopaedics
 - Transfer to another centre
 - Other

Buckle fractures

22. Usual immobilisation
- No immobilisation
 - Soft bandage
 - Removable wrist splint
 - Soft cast or backslab
 - Circumferential cast
 - Other
23. Is the child usually discharged from ED with no planned follow-up?
- Yes
 - No
 - Depends on clinician

d. Unsure

24. If follow-up is arranged, what is usual?

- a. No follow-up
- b. Virtual fracture clinic
- c. Face-to-face fracture clinic
- d. GP follow-up
- e. Other

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

- a. Yes
- b. No
- c. Depends on device used

26. Is a written buckle fracture advice leaflet routinely given?

- a. Always
- b. Usually
- c. Sometimes
- d. Never

Distal radius greenstick or undisplaced metaphyseal fracture

27. Usual immobilisation

- a. Removable wrist splint
- b. Below-elbow backslab or soft cast
- c. Below-elbow full cast
- d. Above-elbow cast
- e. Other

28. Usual follow-up

- a. No routine follow-up
- b. Virtual fracture clinic
- c. Face-to-face fracture clinic
- d. Other

29. Is home removal of immobilisation routinely advised?

- a. Yes
- b. No
- c. Depends on fracture pattern

Distal radius closed displaced fracture or distal radial physeal injury

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

- a. Yes, usually
- b. Yes, in selected cases only
- c. No, usually managed by orthopaedics after admission
- d. Unsure

31. Post-reduction immobilisation

- a. Below-elbow backslab
- b. Below-elbow full cast
- c. Above-elbow backslab
- d. Above-elbow full cast

e. Other

32. Usual follow-up

- a. Virtual fracture clinic
- b. Face-to-face fracture clinic within 1 week
- c. Admit under orthopaedics
- d. Other

Clarification

Just paediatrics please.

Response:

1. Hywel Dda University Health Board (UHB) has Accident and Emergency (A&E) departments in Bronglais General Hospital (BGH), Glangwili General Hospital (GGH) and Worthybush General Hospital (WGH).
2. The UHB provides within the table below, the department type by each hospital with an A&E department.

Hospital	Department type
BGH	b. Mixed ED with paediatric area d. Minor Injuries Unit (MIU)
GGH	b. Mixed ED with paediatric area d. MIU e. Same Day Emergency Care (SDEC)
WGH	d. MIU e. SDEC - No paediatrics

3. The UHB has a UHB wide Fracture Guideline which includes paediatric upper limb fractures.
4. A copy of the current Fracture Guidelines has been provided, at Attachment 1. This guideline is currently under review.
5. The UHB provides within the table below, the type of guidance that most strongly informs local practice, for each hospital.

Hospital	Answer
BGH	d. Local orthopaedic guideline
GGH	d. Local orthopaedic guideline f. Other – Royal College of Emergency Medicine
WGH	d. Local orthopaedic guideline

6. The UHB provides within the table below, whether a virtual fracture clinic is available for paediatric fractures, for each hospital.

Hospital	Answer
BGH	a. Yes
GGH	
WGH	

7. The UHB provides within the table below, whether written discharge leaflets are routinely given for paediatric fractures, for each hospital.

Hospital	Answer
BGH	b. Usually
GGH	a. Always
WGH	b. Usually

8. The UHB provides within the table below, the immobilisation method routinely used for a clavicular fracture, for each hospital.

Hospital	Answer
BGH	b. Broad arm sling
GGH	
WGH	

9. The UHB provides within the table below, the type of follow up appointment provided for a clavicular fracture, for each hospital.

Hospital	Answer
BGH	b. Face-to-face fracture clinic
GGH	b. Virtual fracture clinic
WGH	

10. The UHB provides within the table below, whether an orthopaedic discussion is routinely required from A&E departments for a clavicular fracture, for each hospital.

Hospital	Answer
BGH	b. Only if significantly displaced, skin compromise, open fracture, or neurovascular concern
GGH	
WGH	

11. The UHB provides within the table below, the immobilisation method routinely used for a Gartland I or radiologically occult, clinically suspicious supracondylar injury, for a closed supracondylar humerus fracture, for each hospital.

Hospital	Answer
BGH	a. Collar and cuff
GGH	b. Posterio backslab c. Above-elbow cast
WGH	c. Above-elbow cast

12. The UHB provides within the table below, the type of follow up appointment provided for Gartland I injuries, for each hospital.

Hospital	Answer
BGH	c. Face-to-face fracture clinic- Being reviewed
GGH	b. Virtual fracture clinic
WGH	b. Virtual fracture clinic

13. The UHB provides within the table below, the initial A&E method routinely used for Gartland II or III injuries, for each hospital.

Hospital	Answer
BGH	a. Backslab and refer orthopaedics
GGH	
WGH	

14. The UHB provides within the table below, whether reduction or manipulation is attempted in A&E departments for Gartland II or III injuries before theatre or admission, for each hospital.

Hospital	Answer
BGH	b. Occasionally in selected cases
GGH	
WGH	

15. The UHB provides within the table below, whether the neurovascular status is formally documented before and after immobilisation or reduction, for each hospital.

Hospital	Answer
BGH	a. Always
GGH	
WGH	

16. The UHB provides within the table below, the immobilisation method routinely used for a non-displaced lateral condyle fracture in an A&E department, for each hospital.

Hospital	Answer
BGH	a. Backslab
GGH	a. Backslab b. Above-elbow cast
WGH	b. Above-elbow cast

17. The UHB provides within the table below, the type of follow up appointment provided for a non-displaced lateral condyle fracture, for each hospital.

Hospital	Answer
BGH	a. Face-to-face fracture clinic within 1 week
GGH	b. Virtual fracture clinic
WGH	

18. The UHB provides within the table below, the A&E pathway used for a non-displaced lateral condyle fracture, by hospital.

Hospital	Answer
BGH	a. Backslab and orthopaedic discussion
GGH	
WGH	

19. The UHB provides within the table below, the immobilisation method routinely used for a non-displaced or minimally angulated radial neck or radial head fracture, for each hospital.

Hospital	Answer
BGH	a. Collar and cuff
GGH	b. Broad arm sling
WGH	

20. The UHB provides within the table below, the type of follow up appointment provided for a non-displaced or minimally angulated radial neck or radial head fracture, for each hospital.

Hospital	Answer
BGH	c. Face-to-face fracture clinic
GGH	b. Virtual fracture clinic
WGH	

21. The UHB provides within the table below, the A&E pathways used for a more displaced or intra-articular radial head or radial neck injury, for each hospital.

Hospital	Answer
BGH	b. Admit under orthopaedics
GGH	
WGH	a. Orthopaedic discussion then discharge in immobilisation b. Admit under orthopaedics

22. The UHB provides within the table below, the immobilisation method routinely used for buckle fractures, for each hospital.

Hospital	Answer
BGH	c. Removable wrist splint
GGH	c. Removable wrist splint d. Soft cast or backslab
WGH	c. Removeable wrist splint

23. The UHB provides within the table below, whether a child is usually discharged from an A&E department with a buckle fracture with no planned follow-up appointment, for each hospital.

Hospital	Answer
BGH	b. No
GGH	
WGH	a. Yes

24. The UHB provides within the table below, the type of follow up appointment provided for a buckle fracture, for each hospital.

Hospital	Answer
BGH	c. Face-to-face fracture clinic - Being reviewed
GGH	b. Virtual fracture clinic
WGH	b. Virtual fracture clinic (if a follow up is required)

25. The UHB provides within the table below, whether parents or carers are advised to remove immobilisation at home, for each hospital.

Hospital	Answer
BGH	c. Depends on device used
GGH	b. No. Follow up in 3 weeks for repeat X-ray
WGH	a. Yes

26. The UHB provides within the table below, whether written buckle fracture advice leaflets are routinely provided, for each hospital.

Hospital	Answer
BGH	a. Always
GGH	
WGH	

27. The UHB provides within the table below, the immobilisation method routinely used for a distal radius greenstick or non-displaced metaphyseal fracture, for each hospital.

Hospital	Answer
BGH	b. Below-elbow backslab or soft cast
GGH	
WGH	

28. The UHB provides within the table below, the type of follow up appointment provided for a distal radius greenstick or non-displaced metaphyseal fracture, for each hospital.

Hospital	Answer
BGH	c. Face-to-face fracture clinic
GGH	b. Virtual fracture clinic
WGH	

29. The UHB provides within the table overleaf, whether immobilisation home removal is routinely advised, for each hospital.

Hospital	Answer
BGH	b. No until seen in clinic
GGH	c. Depends on fracture pattern
WGH	

30. The UHB provides within the table below, whether a distal radius closed displaced fracture or distal radial physeal injury reduction is attempted in an A&E department, for each hospital.

Hospital	Answer
BGH	d. No, usually managed by orthopaedics after admission
GGH	b. Yes, in selected cases only
WGH	

31. The UHB provides within the table below, the post-reduction immobilisation method used for a distal radius closed displaced fracture or distal radial physeal injury, for each hospital.

Hospital	Answer
BGH	a. Below-elbow backslab
GGH	
WGH	

32. The UHB provides within the table below, the type of follow up appointment provided for a distal radius closed displaced fracture or distal radial physeal injury, for each hospital.

Hospital	Answer
BGH	b. Face-to-face fracture clinic within 1 week
GGH	a. Virtual fracture clinic
WGH	