Maidstone and WES Tunbridge Wells

NHS Trust

Ref: FOI/GS/ID 4952

Please reply to:

FOI Administrator Trust Management Maidstone Hospital Hermitage Lane Maidstone Kent ME16 9QQ

Email: mtw-tr.foiadmin@nhs.net

07 January 2019

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Distal Radius Fracture.

You asked:

Distal Radius Fracture in Adults Questionnaire

- 1. Which hospital do you work at?
- 2. Does your hospital accept or manage trauma patients?
- 3. Is your hospital a designated major trauma centre?
- 4. How many adults with closed distal radius fracture does your hospital manage in a month?
- 5. Does your department have a written guideline for the investigation and management of potential closed distal radius fracture following trauma?
- 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?
- 8. Which specialty is responsible for the initial manipulation of the fracture?
- 9. What form of analgesia is most commonly used for the manipulation procedure?
- 10. If a Bier's block is performed, which specialty performs the Bier's block?
- 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?
- 13. Overnight, which specialty is responsible for the initial manipulation of the fracture?
- 14. Overnight, what form of analgesia is used for the manipulation procedure?
- 15. If patients do not receive manipulation out-of-hours where and when do they return?
- 16. Following presentation to hospital with a distal radius fracture, how soon after the injury are patients seen in the Fracture Clinic?

- 1. Which hospital do you work at?
- 2. Does your hospital accept or manage paediatric trauma patients?
- 3. Is your hospital a designated major trauma centre?
- 4. Approximately how many paediatric patients with a closed forearm fracture does your hospital manage in a month?
- 5. Does your department have a written guideline for the investigation and management of potential closed forearm fracture in children?
- 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.
- 8. For patients requiring a closed manipulation of their fracture that present during the day, where is this manipulation carried out?
- 9. Which specialty is responsible for the initial manipulation of the fracture?
- 10. What form of analgesia is most commonly used for the manipulation procedure?
- 11. For buckle fractures, what immobilisation, if any, is provided?
- 12. How are closed, overriding fractures of the distal radius metaphysis managed?

(Please answer for both age ranges)

- 13. If a patient requires manipulation or treatment in theatre (closed injury, without neurovascular compromise), what is the usual pathway?
- 14. Does any of your guideline differ out-of-hours (outside 8:00-17:00, Monday Friday)?

If so, please specify:

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

Trust response:

	<u>Distal Radius Fracture in Adults Qu</u>	<u>iestic</u>	<u>nnaiı</u>	<u>'e</u>		
1.	Which hospital do you work at?					
	Tunbridge Wells					
2.	Does your hospital accept or manage	Yes	Χ	No		
	trauma patients?		1	ı		•
3.	Is your hospital a designated major	Yes		No	Χ	
	trauma centre?					
4. How many adults with closed distal radius fracture does your hosp					hosp	ital
	manage in a month?					
	ABOUT 50					
5.	Does your department have a written guideling	ne for	the ir	vesti	gation	n and
	management of potential closed distal radius	Г	/00		1	\neg
	fracture following trauma?	<u> </u>	es_		\ \	
		<u> </u>	No .		X	
			/erba			
6.	If yes, where is your guideline taken from?	(Only			
	(For example, BOAST, locally derived guideli	ine et	c.)			

7.	For patients requiring a								
Γ	present during the day,	wne	<u>ere</u> is this m	anıpu	iatio	n ca	arrie	a out?	
	Plaster room								
-	In the emergency depa	rtme	nt						
	(excluding resuscitation area)								
-	Resuscitation bay in the			Χ					
	department	J 0	orgonoy						
-	Operating Theatre								
-	Other (please specify)								
8. Which specialty is responsible for the <u>initial</u> manipulation of the					of the				
	fracture?		_		,	•			
	Emergency X	Trau	ıma and			(Othe	r (please	
	Medicine	Orth	opaedics			5	spec	ify)	
9.	What form of analgesia	is m	ost commo	nly us	sed f	or t	he n	nanipulation	
_	procedure?								
	Regional nerve blockad	е							
	Regional intravenous aublock)	naes	thesia (Biei	r's					
	Local haematoma block	(X				
	Procedural sedation and	d an	algesia						
	(please specify)								
	General anaesthetic								
	No specific method of a	nalg	esia specifi	ed					
10	. If a Bier's block is perfo	rme	d, which spe	ecialty	y per	fori	ns tl	ne <u>Bier's</u>	
-	block?								
-	Emergency Medicine		Anaesthet						
	Trauma and		Other (plea	ase					
	Orthopaedics		specify)			<u> </u>			
11	.What grade of doctor is Bier's Block?	mos	st commonly	y resp	ons	ible	for	performing the	
12	.For patients requiring a								
Г	present overnight, when	<u>'e</u> is	this manipu	ılatior	n car	riec	out	?	
-	Plaster room								
	In the emergency depa	rtme	nt (excludin	ıg					
-	resuscitation area)				1	_	· ·		
-	Resuscitation bay in the	e em	ergency de	partm	ient	_	X		
-	Operating Theatre								
-	Other (please specify) Manipulation not carried	4 0114	tovornight						
12	.Overnight, which specia			lo for	thoi	initi	 ol m	aninulation of	
13	the fracture?							·	
	Emergency Medicine	X	Manipulati overnight	on no	t car	rrie	uo b	t	
	Trauma and		Other (plea	ase s	pecif	fy)			
	Orthopaedics								
14	.Overnight, what form of procedure?	ana	ılgesia is us	ed fo	r the	ma	nipu	ılation	
	Regional nerve blockad	le							
_					_				

Regional intravenous anaesthesia (Bier's	
block)	
Local haematoma block	Χ
Procedural sedation (please specify)	
General anaesthetic	
No specific method of analgesia specified	
Manipulation not carried out overnight	

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

Where	/	When	
Emergency Department		Following morning	
Fracture clinic		Next working day (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 the Fracture Clinic?

Within 24 hours

17.X-RAYS are reviewed in virtual fracture clinic the next day

Within 24 hours	
Within 48 hours	
Within 72 hours	
More than 3 days	Х
later	

Paediatric Forearm Fracture Questionnaire

1.	Which hospital do you work at?
	Tunbridge Wells
2	Does your begritel except or manage positive. Veg. y. No.
۷.	Does your hospital accept or manage paediatric Yes x No trauma patients?
_	No. 1
3.	Is your hospital a designated major trauma Yes No x centre?
4.	Approximately how many paediatric patients with a closed forearm fracture does your hospital manage in a month?
	nacture does your nospital manage in a month:
	25

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

Yes	Χ
No	
Verbal	
Only	

derived guideline etc.)				xample		
Locally derived						
Does your guideline s the emergency depar specify.		-		_		
yes						
For patients requiring present during the day	_	•				nat
Plaster room					Please specify	:
In the emergence	y departm	nent (e	xcludin	g		
resuscitation area) Resuscitation bay in the	ho omorgon					
		cv denart	ment	X		l
Operating Theatre	ne emergen	cy depart	ment	X		
		cy depart	ment	X		
Operating Theatre					ulation of the	he
Operating Theatre Other (please specify) Which specialty is fracture? Emergency	responsible	for the		manip	· (ple	
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine	responsible Trauma Orthopaed	for the	initial	manip Other speci	(ple	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine	responsible Trauma Orthopaed	for the	initial	manip Other speci	(ple	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine What form of analges	Trauma Orthopaed	for the	initial	Other specifor the	(ple	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine .What form of analges procedure? Nasal diamorphine an Nasal fentanyl and En	Trauma Orthopaed sia is most	for the	initial and x y used	Other specifor the	r (ple fy) e manipulatio	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine .What form of analges procedure? Nasal diamorphine and Nasal fentanyl and Enterprocedural sedation (procedural sedation)	Trauma Orthopaed sia is most	for the	initial and x y used	Other specifor the	r (ple fy) e manipulatio	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine .What form of analges procedure? Nasal diamorphine an Nasal fentanyl and En	Trauma Orthopaed sia is most d Entonox tonox olease speci	for the	initial and x y used	Other specifor the	r (ple fy) e manipulatio	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine .What form of analges procedure? Nasal diamorphine and Nasal fentanyl and Emprocedural sedation (procedural anaesthetic	Trauma Orthopaed sia is most d Entonox tonox olease speci	for the	initial and x y used	Other specifor the	r (ple fy) e manipulatio	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine What form of analges procedure? Nasal diamorphine an Nasal fentanyl and En Procedural sedation (please of the specific method of	Trauma Orthopaed sia is most d Entonox tonox olease speci	for the dics commonl fy)	initial and x y used	Other specifor the	e manipulation	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine What form of analges procedure? Nasal diamorphine an Nasal fentanyl and En Procedural sedation (please specify) For buckle fractures, visit of the procedures of the procedures of the procedure of the procedure of the procedural sedation (please specify) For buckle fractures, visit of the please specify	Trauma Orthopaed sia is most d Entonox tonox olease speci	for the dics commonl fy)	initial and x y used x f any, is	Other specifor the	e manipulation	ase
Operating Theatre Other (please specify) Which specialty is fracture? Emergency Medicine .What form of analges procedure? Nasal diamorphine an Nasal fentanyl and En Procedural sedation (procedural specific method of Other (please specify)	Trauma Orthopaed sia is most d Entonox tonox olease speci	for the lics commonl	initial and x y used x f any, is	Other specifor the	e manipulation	ase

Wool	and	crêpe	
bandag	ge		
Other (please	specify)	

12. How are closed, overriding fractures of the distal radius metaphysis managed?

(Please answer for both age ranges)

_ (,	
Under 10 years old		10 years old and over	
Moulded cast	Χ	Moulded cast	Χ
Formal manipulation (not in		Formal manipulation (not in	
theatre)		theatre)	
Formal manipulation and k-wire		Formal manipulation and k-wire	
fixation (in theatre)		fixation (in theatre)	
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	X			
list				
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:

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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	Χ	No	
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