

Ref: FOI/GS/ID 4952

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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?*

Paediatric Forearm Fracture Questionnaire

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:

Distal Radius Fracture in Adults Questionnaire

1. Which hospital do you work at?

Tunbridge Wells

2. Does your hospital accept or manage trauma patients?

Yes	X	No	
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3. Is your hospital a designated major trauma centre?

Yes		No	X
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4. How many adults with closed distal radius fracture does your hospital manage in a month?

ABOUT 50

5. Does your department have a written guideline for the investigation and management of potential closed distal radius fracture following trauma?

Yes	
No	X
Verbal Only	

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)	

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

Emergency Medicine	X	Trauma and Orthopaedics		Other (please specify)	
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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	X
Procedural sedation and analgesia (please specify)	
General anaesthetic	
No specific method of analgesia specified	

10. If a Bier's block is performed, which specialty performs the Bier's block?

Emergency Medicine		Anaesthetics	
Trauma and Orthopaedics		Other (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	

13. Overnight, which specialty is responsible for the initial manipulation of the fracture?

Emergency Medicine	X	Manipulation not carried out overnight	
Trauma and Orthopaedics		Other (please specify)	

14. Overnight, what form of analgesia is used for the manipulation procedure?

Regional nerve blockade	
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Regional intravenous anaesthesia (Bier's block)	
Local haematoma block	X
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?

<i>Where</i>	<i>When</i>
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 in the Fracture Clinic?

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

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

Paediatric Forearm Fracture Questionnaire

1. Which hospital do you work at?

Tunbridge Wells

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		No	x
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4. Approximately how many paediatric patients with a closed forearm fracture does your hospital 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	x
No	
Verbal Only	

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

Locally derived

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

yes

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	x
Operating Theatre	
Other (please specify)	

Please specify:

9. Which specialty 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	x
Nasal fentanyl and Entonox	
Procedural sedation (please specify)	
General anaesthetic	
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	

Please specify:

Please specify:

Wool and crêpe bandage	
Other (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	x	Moulded cast	x
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)		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	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:

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	
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