

Paediatric Forearm Fracture Questionnaire

1. Which hospital do you work at?

Darlington Memorial

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

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

Yes		No	✓
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4. Approximately how many paediatric patients with a closed forearm fracture does your hospital manage in a month?

30

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

Yes	
No	✓
Verbal Only	

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

N/A

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

No

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	
Operating Theatre	✓
Other (please specify)	

Please specify:

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

Emergency Medicine		Trauma and Orthopaedics	✓	Other (please specify)	
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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	✓

Please specify:

No specific method of analgesia specified	
Other (please specify)	

11. For buckle fractures, what immobilisation, if any, is provided?

Split	<input checked="" type="checkbox"/>
Plaster of Paris	<input checked="" type="checkbox"/>
Wool and crêpe bandage	
Other (please specify)	

Please specify: Presumably mean *splint*. Either at consultant's preference

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)	<input checked="" type="checkbox"/>	Formal manipulation and k-wire fixation (in theatre)	<input checked="" type="checkbox"/>
Other (please specify)	<input checked="" type="checkbox"/>	Other (please specify)	<input checked="" type="checkbox"/>
Please specify: Manipulation in theatre		Please specify: Manipulation in theatre	

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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:

No

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

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