

Distal Radius Fracture in Adults Questionnaire

1. Which hospital do you work at?

Wrightington, Wigan & Leigh NHS Trust

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?

50

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

Yes	x
No	
Verbal Only	

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

BOAST/ locally derived

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	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	
Procedural sedation and analgesia (please specify)	x
General anaesthetic	

Please specify:

No specific method of analgesia specified	
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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:
Not performed

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

NA

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	x	Manipulation not carried out overnight	
Trauma and Orthopaedics		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:

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	

Within 24 hours	
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16. Following presentation to hospital with a distal radius fracture, how soon after the injury are patients seen in the Fracture Clinic?

Within 48 hours	
Within 72 hours	x
More than 3 days later	