

How good is the Ealing Orthopaedic Department at following BOAST Guidelines for distal radius fractures? (Re-audit)

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Abstract:

This report must be sent to lnwh-tr.clinicalaudit@nhs.net and also to the Specialty Audit Lead / Service Lead e.g. consultant/service lead responsible for the audit programme. N.B. The help notes below each of the headings can be deleted once you have followed them so that it leaves your report with your action plan and audit tool.

Introduction

The British Orthopaedic Association Audit Standards for Trauma (BOAST) produced guidelines in 2017, for the management of distal radius fractures highlighting 15 standards. We performed a retrospective re-audit to assess how successfully our local orthopaedic department followed the guidelines and whether our interventions had made any improvements in conforming with guidelines. Our original findings are outlined here (numbered by the original BOAST guideline)

- 4. Patients should be referred to the Fracture Clinic service and assessed within 72 hours (BOAST for Fracture Clinic Services). Conformity = 98.9% 9. Volar displaced fractures are unstable and should be considered for open reduction and plate fixation. Conformity = 75%
- 11. If surgical intervention is undertaken, this should be performed within 72 hours of injury for intraarticular fractures and within one week for extra-articular fractures. When operative management is indicated for re-displacement following manipulation, surgery should be undertaken within 72 hours of the decision to operate. Conformity = 40%. 12. Repeat radiographs of the wrist between 1-2 weeks after injury



(or manipulation) where it is thought that the fracture pattern is unstable AND when subsequent displacement will lead to surgical intervention. Conformity = 18.92%. 13. A radiograph of the patient's wrist at the time of removing immobilisation is not required unless there is clinical cause for concern. Conformity = 58.8%. 14. Patients should be assessed for falls risks and bone health, and referred to the fracture liaison services and or falls service where appropriate. Conformity = 50.8%. Our interventions were as follows: -Teaching for the Orthopaedic team on the BOAST guidelines including how to define an unstable fracture and the need for repeat radiographs Contact with our eTrauma co-ordinators to ensure algorithms were corrected to ensure all over 60 suffering a low energy distal radius fracture were referred to Fracture Liaison Service-Poster created to be put in fracture clinic for DRF pathway

Biography

Hamza Sheikh is working at Ealing Hospital. UK

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