

Paediatric Forearm Fracture Manipulation in the ED



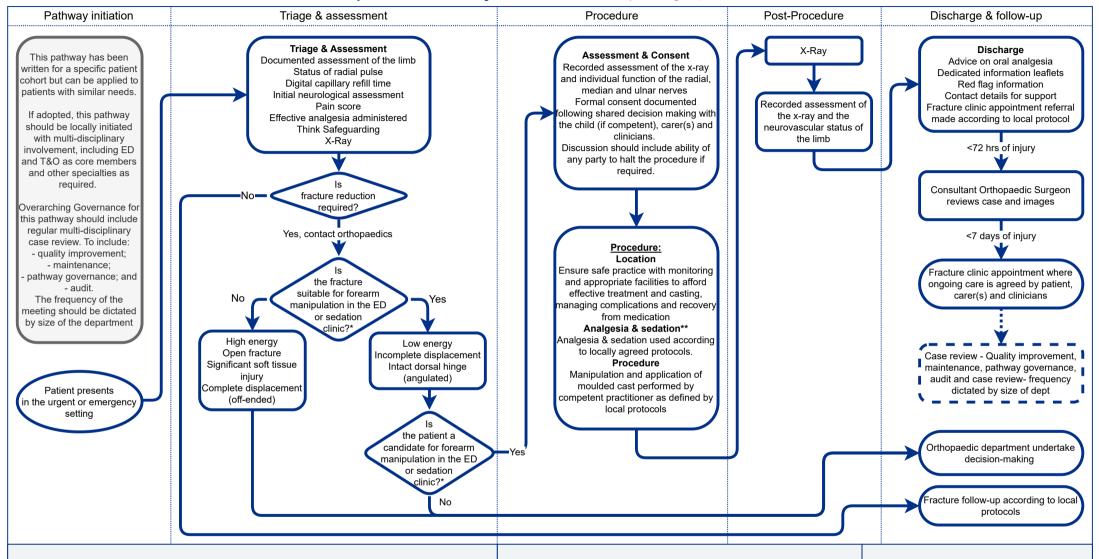
Emergency Medicine







Paediatric Trauma & Orthopaedics - February 2023



Consent in Adults, Adolescents and Children in Emergency Departments < link> Early Management of the Paediatric Forearm Fracture - BOA Standard < link>

Facing the Future - standards for children and young people in emergency care settings - RCPCH <link>

Forearm Fracture Manipulation in the Children's Emergency Department - BestMSK <video link> Intravenous Regional Anaesthesia for Distal Forearm Fracture - RCEM < link>

Ketamine Procedural Sedation for Children in EDs - RCEM < link>

Management of Pain in Children - RCEM < link>

NICE guideline [NG38] - Fractures (non-complex): assessment and management <link>

Paediatric Trauma and Orthopaedic Surgery GIRFT Report < link>

Procedural Sedation in the Emergency Department - RCEM < link>

*Is the fracture / patient a candidate a forearm manipulation in the ED?

The decision to manipulate in the ED or under anaesthetic should be taken by the ED, the orthopaedics department, the patient and their carer.

Inclusion criteria:

- Able to comply with analgesia/sedation

*Analgesia & sedation

RCEM analgesia & sedation protocols <link>

Typical selections for analgesia protocols could include:

- intranasal opiate and nitrous oxide; and
- ketamine.

Kurien T, Price KR, Pearson RG, Dieppe C, Hunter JB. Manipulation and reduction of paediatric fractures of the distal radius and forearm using intranasal diamorphine and 50% oxygen and nitrous oxide in the emergency department: a 2.5year study. Bone Joint J. 2016 Jan;98-B(1):131-6. doi: 10.1302/0301-620X.98B1.36118. PMID: 26733526. <link>