the alex Emergency Department

Brighton and Sussex University Hospitals NHS Trust

CED policy on fracture / dislocation manipulation

There are a number of injuries that we see in the department that we routinely manipulate with Entonox or a regional block, and that we don't always involve the Orthopaedic team.
These include digital injuries, elbow and shoulder dislocations or any limb threatening injury such as ankle fracture dislocations.

This is standard ED management for these injuries.

If however, a child has a fracture that is deemed to require manipulation by the Orthopaedic team, such as a distal radius fracture that will require very little force to reduce it and doing so may avoid surgery, **an individualised management plan based on a senior discussion between the orthopaedic and CED clinicians must be made**.

If the child is likely to need surgery anyway, the injury should be treated with a gravity-assisted backslab and they should go to theatre, rather than have any sort of manipulation under suboptimal analgesia / sedation.

If "moulding" or movement of a fracture is deemed sensible in the CED, a discussion around available analgesia / sedation / staffing should be had between senior clinicians, **but if any of these are inadequate, manipulation or moulding should not be attempted.**

This decision lies with the CED senior clinician, as they are in charge of the department and will have a clear view of any issues.

The Orthopaedic registrars should know that under no circumstances is it appropriate to manipulate or mould a fracture or plaster without senior discussion beforehand.

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