Data Collection Guide

This document should provide a guide as to what information is required for each column of the data collection Excel sheet.

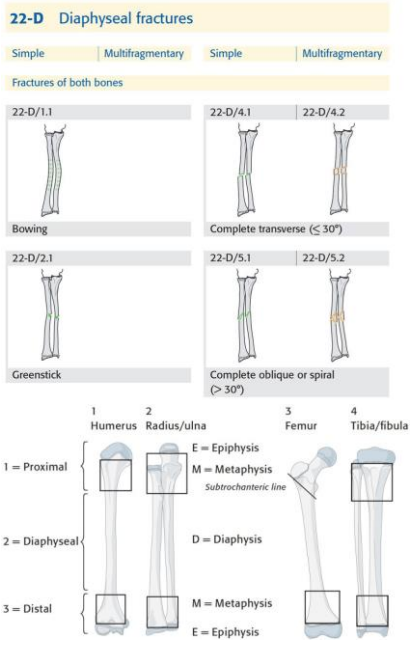
Inclusion Criteria: Aged 0-16 years old with forearm or distal radius fracture attending fracture clinic, with injuries sustained between 00:00 1st March 2024 and 23:59 30th April 2024.

Please complete demographic information and eligibility for manipulation for all patients.
If a manipulation is performed please complete the manipulation details section then either ED process **OR** theatre process section and the pathway summary info.
If patients have a manipulation in ED and then in theatre please complete ED process **AND** theatre process sections.

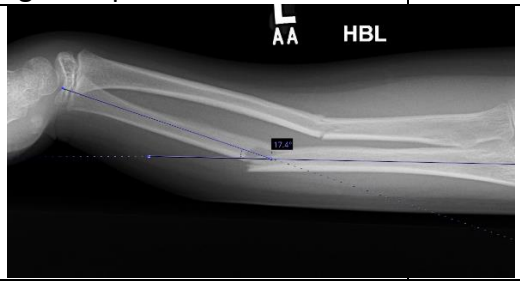
Please **do not** change the dropdown options or cell formatting. This may invalidate your data entry to the project. If you have any queries about the data collection form please contact the CURFFED project team (CURFFEDproject@gmail.com).

	Data field	Data required/ Definition	Where can I get this?
Local ID	**Hospital No (to complete for local records)**	Local Hospital number. To be removed prior to sending data.	Clinical Notes
Demographic Info	**Age**	Age in years	Clinical Notes
	Sex	Designated at birth	Clinical Notes
	Date of Injury	DD/MM/YYYY	Clinical Notes
	Arrival Date	DD/MM/YYYY	Clinical Notes
	Arrival Time	24hr clock HH:MM	Clinical Notes

	Diagnosis	**Salter Harris I & II** **Metaphyseal** 	Imaging

		Diaphyseal  **Intra-articular** **Other**	
Eligibility	**Patient eligible for forearm manipulation in ED setting?**	**Y/N** Eligible if:	

		- Angulated diaphyseal fracture of forearm - Angulated metaphyseal fracture of the wrist Not eligible if: - Fracture already has acceptable alignment - Fracture older than 48hrs - Fracture requires complex reduction manoeuvres - Complex fracture requiring surgical fixation - Open fracture requiring debridement - Salter Harris type I & II injuries with no shortening - Enrolled in CRAFFT trial If **No** selected then only the demographic data needs to be collected for this patient.	
Manipulation Details	**Location of manipulation**	**ED, Theatre, Unknown, ED and Theatre** Was manipulation performed in ED? If Yes complete ED process section , if performed in theatre complete theatre process section. If both, complete both sections. Then complete the pathway summary section for **all** eligible patients.	Clinical Notes
	If not performed in ED, please note reason (resources/parental/clinical decision/other/not stated)	Lack of staff, lack of space, other resource limit, parental choice, clinical decision, unknown, other (comment at end of row)	Clinical Notes
	Manipulation Date	DD/MM/YYYY	Clinical Notes
	Manipulation time	24hr clock HH:MM	Clinical Notes
	Environment Appropriate for manipulation (BOAST point 6)	Y/N	Clinical Notes

ED Process	**Specialty of individual performing manipulation**	T&O, ED after T&O advise, ED, other, unknown	Clinical Notes
	Grade of individual performing manipulation	FY1-2, CST/ST1-2, ST3-5, ST6+, specialty doctor, associate specialist, consultant, AHP, other, unknown	Clinical Notes
	Drugs used for manipulation	Intranasal opioid and nitrous oxide, IV ketamine, IV propofol, IV midazolam, IV opioid and IV sedation, haematoma block +/- IN opioid, entonox only, IM ketamine, IV ketofol, other (comment at end of row), unknown	Clinical Notes Drug chart
	Pain scores frequently (ie. >1) documented (BOAST point 3)	Y/N Yes- if pain scores were recorded more than once i.e. twice or more	Clinical Notes
	Analgesia administered and documented	Y/N	Clinical Notes
	Documented assessment of NV status pre-manipulation	NV= neurovascular **Yes- complete** ie. "Motor function median, ulnar, radial, AIN intact, sensation intact in median, ulnar, radial distributions, radial pulse palpable, CRT <2 secs" **Yes- partial** ie. some description of NV status but not fully described **No**	Clinical Notes
	Consent process documented (BOAST point 5)	**Y/N** Documented verbal or formal written consent	Clinical Notes
	Orthogonal X-ray pre-manipulation (BOAST point 4)	**Y/N** Orthogonal = 2 views, 90 degrees apart	Imaging
	Degree of fracture angulation pre-manipulation		

		Numerical angle (acute) Degree of angulation of the most deformed bone (radius or ulna) as measured by the angle between two lines of best fit running down the centre of the canal of the proximal and distal fragments. Measurements to be taken *or* reviewed by a registrar.	Imaging
	Orthogonal X-ray post manipulation (BOAST point 8)	**Y/N** Orthogonal = 2 views, 90 degrees apart	Imaging
	Degree of post-manipulation deformity	**Numerical angle (acute)** As per pre-manipulation measurement technique. If overcorrection has occurred (i.e. was dorsally displaced, now volarly angulated), please record this as a minus number	Imaging
	Documented assessment of NV status post manipulation (BOAST point 9)	NV= neurovascular **Yes - complete** ie. "motor function median, ulnar, radial, AIN intact, sensation intact in median, ulnar, radial distributions, CRT <2 sec" **Yes- partial** some description of NV status but not fully described ie. NV intact **No**	Clinical Notes
	Cast type	Backslab, complete, other	Clinical Notes
	Discharged with analgesia or advise given (BOAST point 10)	Yes- with analgesia, yes- with advice, yes- with analgesia and advice, no- neither analgesia nor advise	Clinical Notes
	Date of discharge from ED	DD/MM/YYYY	Clinical Notes
	Time of discharge from ED	24hr clock HH:MM	Clinical Notes
	Time of documented consultant review of case and images after manipulation	Within 24 hours, 24-48 hours, 48-72 hours, more than/> 72 hours to clinic, not prior to clinic	Clinical Notes / VFC letter
	Readmission (BOAST point 12)	Y/N	Clinical Notes

Theatre process	**Time to theatre**	In days (same day =0)	Clinical Notes
	Documented assessment of NV status pre-manipulation (BOAST point 2)	**Yes- complete** ie. "motor function median, ulnar, radial, AIN intact, sensation intact in median, ulnar, radial distributions, radial pulse palpable, CRT <2 sec" **Yes- partial** ie. some description of neurovascular status but not fully described **No**	Clinical Notes
	Consent process documented (BOAST point 5)	**Y/N**	Clinical Notes
	Orthogonal X-ray pre-manipulation (BOAST point 4)	**Y/N** Orthogonal = 2 views, 90 degrees apart	Imaging
	Degree of fracture angulation pre-manipulation	 **Numerical angle (acute)** Degree of angulation of the most deformed bone (radius or ulna) as measured by the angle between two lines of best fit running down the centre of the canal of the proximal and distal fragments. Measurements to be taken *or* reviewed by a registrar.	Imaging
	Orthogonal X-ray post manipulation (BOAST point 8)	**Y/N** Orthogonal = 2 views, 90 degrees apart	Imaging
	Degree of post-manipulation deformity	**Numerical angle (acute)** As per pre-manipulation measurement technique. If overcorrection has occurred (i.e. was dorsally displaced, now volarly angulated), please record this as a minus number	Imaging
	Documented assessment of NV status post manipulation (BOAST point 9)	**Yes- complete** ie. "motor function median, ulnar, radial, AIN intact, sensation intact in	Clinical Notes

		median, ulnar, radial distributions, CRT <2 sec" **Yes- partial** ie. some description of neurovascular status but not fully described **No**	
	Instrumentation required	No, Yes - flexible nails, Yes - plating, Yes - other (specify in comments)	Clinical Notes / Op Note
	Cast type	Backslab, complete, other (specify in comments)	Clinical Notes / Op Note
	Date of discharge	DD/MM/YYYY	Clinical Notes
	Time of discharge	24hr clock HH:MM	Clinical Notes
	Readmission	Y/N If yes, comment at end of row with reason for re-admission	Clinical Notes
	Further MUA (manipulation under anaesthetic) or surgical fixation required?	Y/N Did the patient require a further operation **after** the initial MUA in theatre? If yes, please comment at end of row with date and type of operation required.	Clinical Notes
Pathway Summary Info	**Time to 1st fracture clinic (BOAST point 10)**	In days	Clinical Notes / Letter
	Total number of fracture clinics	Number of fracture clinics	Clinical Notes/ Letters
	Total number of radiographs	Number of formal X-rays taken (AP and lateral counts as 2 X-rays). Exclude images taken in theatre on image intensifier.	Imaging
	Total cast time	In days, from injury	Clinical Notes
	Any complications during treatment pathway	Such as adverse reactions to sedation, readmissions, cast problems, aspiration in theatre, etc.	Clinical Notes
	Additional notes/comments		