

FOI 3724

2nd June 2026

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

Could you confirm the name of each hospital with an emergency department within your trust?

Response:

Craigavon Area Hospital (CAH)

Daisy Hill Hospital (DHH)

South Tyrone Hospital (STH) – Minor Injuries Unit only

For each hospital in your trust with an emergency department could you please answer the following:

Section 1: Department details

1. Type of department

- Paediatric ED
- Mixed ED with paediatric area
- General ED seeing children
- Minor injury unit or urgent treatment centre
- Other

Response:

CAH - Mixed ED with paediatric area

DHH - Mixed ED with paediatric area

STH – Mixed ED with paediatric area

2. Does your department have a written local guideline for paediatric upper limb fractures?

- Yes
- No
- Unsure

If Yes - would you be able to share it please with us?

Response:

CAH – Yes – parcial

DHH – Yes – parcial

STH – Yes – parcial

Clavicle & Buckle Fractures written by orthopaedics

Minor Injuries – Emergency Nurse Practitioners

3. Which guidance most strongly informs local practice?

- **NICE (National institute of Clinical Excellence)**
- **BOAST (British Orthopaedic Association)**
- **BSCOS (British society of Children's orthopaedics) template or local adaptation**
- **Local orthopaedic guideline**
- **Local Emergency Department guideline**
- **Other**

Response:

CAH - Local orthopaedic guideline

Local Emergency Department guideline

DHH - Local orthopaedic guideline

Local Emergency Department guideline

STH - Local orthopaedic guideline

Local Emergency Department guideline

4. Is a virtual fracture clinic available for paediatric fractures?

- **Yes**
- **No**
- **Only for selected fracture types - could you specified which ones please?**

Response:

CAH – Yes

DHH – Yes

STH – Yes

5. Are written discharge leaflets routinely given for paediatric fractures?

- **Always**
- **Usually**
- **Sometimes**
- **Never**

Response:

CAH – Usually

DHH – Usually

STH – Usually

For each of the following fractures for each of your departments could you answer the questions?

Clavicular fracture (uncomplicated closed midshaft clavicle fracture)

1. Usual immobilisation

- **No immobilisation**
- **Broad arm sling**
- **Collar and cuff**
- **Figure-of-8 brace**
- **Other**

Response:

CAH - Collar and cuff

DHH - Collar and cuff

STH - Collar and cuff

2. Usual follow-up

- **No routine follow-up**
- **Virtual fracture clinic**
- **Face-to-face fracture clinic**
- **Orthopaedic clinic only if adolescent or displaced**
- **Other**

Response:

CAH – No routine follow-up

DHH – No routine follow-up

STH – No routine follow-up

3. Is orthopaedic discussion routinely required from ED?

- **No**
- **Only if significantly displaced, skin compromise, open fracture, or neurovascular concern**
- **Yes for most clavicle fractures**
- **Other**

Response:

CAH - No

DHH - No

STH - No

Closed Supracondylar humerus fracture

1. Gartland I or radiologically occult but clinically suspicious supracondylar injury: usual immobilisation

- Collar and cuff
- Posterior backslab
- Above-elbow cast
- Other

Response:

CAH – Posterior backslab

DHH – Posterior backslab

STH – Posterior backslab

2. Gartland I: usual follow-up

- No routine follow-up
- Virtual fracture clinic
- Face-to-face fracture clinic
- Other

Response:

CAH – Virtual fracture clinic

DHH – Virtual fracture clinic

STH – Virtual fracture clinic

3. Gartland II or III: usual first ED step

- Backslab and refer orthopaedics
- Immediate orthopaedic review in ED
- Admit under orthopaedics
- Transfer to another centre
- Other

Response:

CAH – Transfer to another centre

DHH – Transfer to another centre

STH – Transfer to another centre

4. For Gartland II or III injuries, is reduction or manipulation attempted in ED before theatre or admission?

- **Never**
- **Occasionally in selected cases**
- **Usually**
- **Unsure**

Response:

CAH – Never

DHH – Never

STH – Never

5. Is neurovascular status formally documented before and after immobilisation or reduction?

- **Always**
- **Usually**
- **Sometimes**
- **Never**

Response:

CAH - Always

DHH - Always

STH - Always

Lateral closed condyle fracture

1. Undisplaced lateral condyle fracture: usual ED immobilisation

- **Backslab**
- **Above-elbow cast**
- **Sling only**
- **Other**

Response:

CAH – Backslab

Above-elbow cast

DHH – Backslab

Above-elbow cast

STH – Backslab

Above-elbow cast

2. Undisplaced lateral condyle fracture: usual follow-up

- **Face-to-face fracture clinic within 1 week**
- **Virtual fracture clinic**
- **No routine follow-up**
- **Other**

Response:

CAH – Virtual fracture clinic

DHH – Virtual fracture clinic

STH – Virtual fracture clinic

3. Displaced or uncertain lateral condyle fracture: usual ED pathway

- **Backslab and orthopaedic discussion**
- **Immediate orthopaedic review**
- **Admit or transfer**
- **Other**

Response:

CAH – Other – Discussed with another Centre

DHH – Other – Discussed with another Centre

STH – Other – Discussed with another Centre

Radial neck or radial head fracture

1. Undisplaced or minimally angulated fracture: usual immobilisation

- **Collar and cuff**
- **Broad arm sling**
- **Backslab**
- **Other**

Response:

CAH – Collar and cuff

DHH – Collar and cuff

STH – Collar and cuff

2. Undisplaced or minimally angulated fracture: usual follow-up

- **No routine follow-up**
- **Virtual fracture clinic**
- **Face-to-face fracture clinic**

- Other

Response:

CAH – Virtual fracture clinic

DHH – Virtual fracture clinic

STH – Virtual fracture clinic

3. For more displaced or intra-articular injuries, what is the usual ED pathway?

- Orthopaedic discussion then discharge in immobilisation
- Admit under orthopaedics
- Transfer to another centre
- Other

Response:

CAH – Transfer to another centre

DHH – Transfer to another centre

STH – Transfer to another centre

Buckle fractures

1. Usual immobilisation

- No immobilisation
- Soft bandage
- Removable wrist splint
- Soft cast or backslab
- Circumferential cast
- Other

Response:

CAH – Removable wrist splint

DHH – Removable wrist splint

STH – Removable wrist splint

2. Is the child usually discharged from ED with no planned follow-up?

- Yes
- No
- Depends on clinician
- Unsure

Response:

CAH - Yes

DHH - Yes

STH - Yes

3. If follow-up is arranged, what is usual?

- **No follow-up**
- **Virtual fracture clinic**
- **Face-to-face fracture clinic**
- **GP follow-up**
- **Other**

Response:

CAH – No follow up

DHH – No follow up

STH – No follow up

4. Are parents or carers advised to remove immobilisation at home?

- **Yes**
- **No**
- **Depends on device used**

Response:

CAH - Yes

DHH - Yes

STH - Yes

5. Is a written buckle fracture advice leaflet routinely given?

- **Always**
- **Usually**
- **Sometimes**
- **Never**

Response:

CAH – Always

DHH – Always

STH – Always

Distal radius greenstick or undisplaced metaphyseal fracture

1. Usual immobilisation

- **Removable wrist splint**
- **Below-elbow backslab or soft cast**
- **Below-elbow full cast**
- **Above-elbow cast**
- **Other**

Response:

CAH – Below-elbow full cast

DHH – Below-elbow full cast

STH – Below-elbow full cast

2. Usual follow-up

- **No routine follow-up**
- **Virtual fracture clinic**
- **Face-to-face fracture clinic**
- **Other**

Response:

CAH – Virtual fracture clinic

DHH – Virtual fracture clinic

STH – Virtual fracture clinic

3. Is home removal of immobilisation routinely advised?

- **Yes**
- **No**
- **Depends on fracture pattern**

Response:

CAH – No

DHH – No

STH – No

Distal radius closed displaced fracture or distal radial physeal injury

1. If reduction is required, is this usually attempted in ED?

- **Yes, usually**
- **Yes, in selected cases only**
- **No, usually managed by orthopaedics after admission**
- **Unsure**

Response:

CAH – Yes, usually

DHH – Yes, usually

STH – Yes, usually

2. Post-reduction immobilisation

- **Below-elbow backslab**
- **Below-elbow full cast**
- **Above-elbow backslab**
- **Above-elbow full cast**
- **Other**

Response:

CAH – Below-elbow full cast

DHH – Below-elbow full cast

STH – Below-elbow full cast

3. Usual follow-up

- **Virtual fracture clinic**
- **Face-to-face fracture clinic within 1 week**
- **Admit under orthopaedics**
- **Other**

Response:

CAH – Virtual fracture clinic

DHH – Virtual fracture clinic

STH – Virtual fracture clinic

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