



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

(SUSPECTED) **DISTAL FOREARM FRACTURE**

Date: _____ Time: _____ Assessment nurse: _____ Sign: _____

INCLUSION CRITERIA

Clinical distal forearm fracture
(e.g. Colles' or Smith's)

EXCLUSION CRITERIA

Any major injury or acute medical instability

Select Treatment Pathway on Whiteboard
Enter actual time started
Data collected for Ministry of Health

STOP! Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT Aim < 30 minutes

History, examination, vital signs *Blood pressure in both arms*

Pain score *Use 1-10 scale. Dementia / non verbal patients: RN impression:
None: 0 Mild: 1-3 Moderate: 4-7 Severe: 8-10*

At rest
/10

On movement
/10

Administer analgesia *Nurse initiated Standing orders. Formulary on page 4*

Provide patient information booklet *In the Bundle pack, or on BCB page, EM intranet*

Request Radiology ASAP *Wrist AP and lateral*

Weight: *For Prilocaine calculation*

IV access *Bloods only if there was a collapse or clinical concern:
(in both arms if fracture is obvious) ✓ General panel, ✓ Coagulation studies if indicated:
• Warfarin: INR only
• Other anticoagulants / coagulation disorders: Coag studies*

RED FLAGS All Red Flags boxes must be populated = YES = NO

Head injury Decreased LOC (new) Chest pain (active / recent)

Collapse ? cause Other significant injuries Other concerns noted

NO RED FLAGS

Continue Best Care Bundle

RED FLAGS PRESENT (ANY) → Senior Dr review ASAP (SMO / Senior Registrar)

Dr Name: _____ Sign: _____

Continue Best Care Bundle. Intervention if any: _____

Exit Care Bundle: Reason: _____

↳ Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff

DISTAL FOREARM FRACTURE BEST CARE BUNDLE PATHWAY



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ISCHAEMIC ARM BLOCK

**** PLEASE COMPLETE THIS PAGE. KPI FOR THIS BEST CARE BUNDLE. USED FOR AUDIT PURPOSES**

? ANY CONTRAINDICATIONS

- Systolic BP in affected arm > 180mmHg
- Upper arm fracture / wound
- Known allergy to local anaesthetics
- Raynaud's or other connective tissue disorder
- Sickle cell anaemia
- Mastectomy / lymphnode clearance # arm

YES
to any

STOP!

Consider alternative reduction technique - such as procedural sedation, haematoma block or reduction in theatre.

Discuss with SMO:

NO

MONITORING *all patients*

- 22 G IV cannula in affected arm
- Working IV cannula in unaffected arm
- Cardiac monitoring (*continuous*)
- Blood pressure (*cycle q5 min*)
- SPO₂

RESUSCITATION EQUIPMENT *available in the room*

- Airway trolley & Resuscitation drugs
- Defibrillator
- Suction
- Cognitive aids for local anaesthetic toxicity
- Intralipid available - *kept on antidote shelf in main drug room (Acutes). Does not need to be in the procedure room.*

PROCEDURE NOTE

Consent: <i>(Document on page 3)</i>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Not obtained: <i>Treatment provided under right 7(4) of the code of health & disability services consumer's rights</i>
Performing clinician:	Signature: _____
Observer:	Pain score pre-procedure: _____
Confirm pre-procedure:	<input type="checkbox"/> ED senior / SMO aware procedure about to take place
Time: Cuff #1 up:	Pressure: Cuff #1: _____
Time: Cuff #2 up:	Pressure: Cuff #2: _____
Pulse palpable: Radial:	<input type="checkbox"/> No <input type="checkbox"/> Yes →
Brachial:	<input type="checkbox"/> No <input type="checkbox"/> Yes →
Prilocaine administered:	<i>3mg / kg. Max 40 mL (0.6 mL / kg). Standing order</i>
Dose:	mL
Reduction adequate:	<input type="checkbox"/> Yes <input type="checkbox"/> No → <i>Further attempt unless cuff time close to 60 mins. Consider alternative reduction technique.</i>
Time cuffs down:	Total cuff time: _____ <i>Minimum 20 mins. Max 60 mins</i>
Complications (if any):	<input type="checkbox"/> None
Additional notes:	
Pain score post:	/10 → <input type="checkbox"/> Additional oral analgesia charted
Plaster cast split:	<input type="checkbox"/> Yes



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FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**

ALL MEDICATIONS MUST BE RECORDED ON THE NATIONAL (ELECTRONIC) MEDICATION CHART

ANALGESIA OPTIONS *For use in ED and ADU*

Medication	Dose	Route	Freq	Notes / indications
Paracetamol	1 g	Oral / IV	Q 4 - 6 hourly	Standing Order (oral only) Reduce dose if < 50 kg. Max 4g / day
Ibuprofen	400 mg	Oral	Q 6 - 8 hourly	Standing order. Up to 800 mg TDS. (Max 2400 mg / day) Ensure normal eGFR (> 60 ml / 1.73 m ²) and no contra-indication e.g known allergies, GI bleed, bronchospasm
Codeine phosphate	30 - 60 mg	Oral	Q 6 hourly	Standing order. Max 400 mg / day Constipating. Consider laxative or stool softeners
Morphine	0.5 - 2 mg	IV	Q 3 mins	Ensure RR > 8. Departmental protocol

ALTERNATIVE ANALGESIA *For ongoing pain relief and on discharge, in addition to Paracetamol*

Rapid release morphine (e.g. Sevredol ®)	5 - 10 mg	Oral	1 - 4 hourly	Max 60 mg / 24h. Care in renal impairment. Constipating. Preferred opioid for discharge in healthy patients
Rapid release oxycodone (e.g. Oxynorm ® liq or cap)	2.5 - 5 mg	Oral	1 hourly PRN	Max 30 mg / 24h. Safer than morphine in renal impairment Constipating. (Liquid formulation available in CD safe) 2.5 mg Liquid oxynorm equivalent to 5mg oral morphine

LOCAL ANAESTHETIC FOR REGIONAL ANAESTHESIA

Prilocaine 0.5%	3 mg / kg	IV	stat	0.6 mL / kg. Max 40 mL. Standing order. See medsafe data sheet for full details. Safety checklist and procedure note page 2
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ADVERSE REACTIONS *Indicated in severe / refractory cases. See cognitive aid*

Intralipid 20%	1.5 mL / kg	IV	Bolus / 1 min Repeat q 3-5 min	Refractory cardiac instability / arrest as a result of local anaesthetic toxicity. Initiate standard ACLS. Contra-indication: Egg / soy / peanut allergy Kept on antidote shelf, in main drug room (Acutes)
Then	0.25 mL/kg/min	IV	Until stable	PRN if remains unstable then increase to 0.5 mL/kg/min for refractory hypotension. >8 mL/kg unlikely beneficial. Adverse reactions include anaphylaxis or delayed pancreatitis.
Methylene blue trihydrate 1%	1 - 2 mg/kg (0.1 - 0.2 mL/kg)	IV	Bolus / 5 min Flush with saline	Symptomatic methaemoglobinaemia. (hypoxaemia, dyspnoea, confusion), or consider if MethB > 20% Contra-indicated in G6PD def . Reduce dose if renal impairment. Usually responds to single dose. Can repeat Q 30 - 60 mins Risk of serotonin syndrome w SSRIs

DISCHARGE CRITERIA **MUST MEET ALL**

- Senior doctor agrees with discharge plan
- Discharge coordinator team: No barriers to discharge
- All other injuries addressed
- Clear cause for fall / collapse and medically stable

ADMISSION CRITERIA

- Medical instability or collapse
- Compound fracture

DISCHARGE CHECKLIST

- Cast split
- Patient advice booklet provided *Patient information sheet, bundle pack or BCB page, EM CeDDS*

FOLLOW UP - please document this in the EDS

- Plaster check 24 hrs
- Fracture clinic referral done
Pre-populated referral form: Bundle pack