### BSSH Audit of Open Hand Fractures

**Hospital:**

**Hospital Number:**

**REDCap ID:**

- Date and time of registration in Emergency Department: ___ / ___ / 2015 ___ : ___ (24hr)
- Date and time of hand service review: ___ / ___ / 2015 ___ : ___ (24hr)
- Date and time of operation: ___ / ___ / 2015 ___ : ___ (24hr)

Number of nights admitted: ............

Patient discharged with antibiotics?  No  Yes *(prophylactic)*  Yes *(treat infection)*

**Details of open hand fracture** *(see next page to record additional fractures)*

<table>
<thead>
<tr>
<th>Ray:</th>
<th>Thumb</th>
<th>Index</th>
<th>Middle</th>
<th>Ring</th>
<th>Little</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone:</td>
<td>Metacarpal</td>
<td>P1</td>
<td>P2</td>
<td>P3</td>
<td></td>
</tr>
<tr>
<td>Management:</td>
<td>Splint</td>
<td>K wire</td>
<td>ORIF</td>
<td>Ex fix</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Details of other management:**

- Grade of surgeon: FY or CT  ST3-5  ST6-8  Consultant or equivalent
- Postoperative plain radiograph before discharge?  Yes  No
- Date and time of first post operative hand therapy review: ___ / ___ / 2015 ___ : ___ (24hr)
- Patient given personalised rehabilitation plan before discharge?  Yes  No  Don’t know
- Formal outcome assessment offered at 3 months? *(e.g. DASH)*  Yes  No  Don’t know
- Complications within 30 days of surgery?
  - Soft tissue infection
  - Osteomyelitis
  - Revision of fixation
  - Failed splinting
  - Other

**If other, provide details:**

- Patient returned to work/normal activities *(weeks)*:  < 2  2-4  4-6  > 6

**Total active range of movement (TAM*) of affected digit at last follow up: ............ %**

*TAM is the sum of degrees of active MP, PIP and DIPJ flexion less the degrees from full extension as a percentage of TAM for contralateral uninjured digit
Additional open hand fractures

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- P2
- P3

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- K wire
- ORIF
- Ex fix
- Other

Details of other management:
Grade of surgeon: FY or CT
- ST3-5
- ST6-8
Consultant or equivalent
Complications within 30 days of surgery?
- Soft tissue infection
- Osteomyelitis
- Malunion
- Nonunion
- Delayed union
- Other

If other, provide details:
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