

## 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*)

<b>Ray:</b>	Thumb	<input type="checkbox"/>	Index	<input type="checkbox"/>	Middle	<input type="checkbox"/>	Ring	<input type="checkbox"/>	Little	<input type="checkbox"/>
<b>Bone:</b>	Metacarpal	<input type="checkbox"/>	P1	<input type="checkbox"/>	P2	<input type="checkbox"/>	P3	<input type="checkbox"/>		
<b>Management:</b>	Splint	<input type="checkbox"/>	K wire	<input type="checkbox"/>	ORIF	<input type="checkbox"/>	Ex fix	<input type="checkbox"/>	Other	<input type="checkbox"/>

**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**

**Ray:** Thumb  Index  Middle  Ring  Little   
**Bone:** Metacarpal  P1  P2  P3   
**Management:** Splint  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:*

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

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**Ray:** Thumb  Index  Middle  Ring  Little   
**Bone:** Metacarpal  P1  P2  P3   
**Management:** Splint  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:*

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

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**Ray:** Thumb  Index  Middle  Ring  Little   
**Bone:** Metacarpal  P1  P2  P3   
**Management:** Splint  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:*

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