

# RSTNCOVID Hand Service Evaluation

Record ID

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Paired REDCap ID

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(If a patient has had more than one of the same injury you will need to add multiple records. Please enter the first REDCap ID for the patient so that they can be linked.)

Age

- 0-4 weeks  
 4-52 weeks  
 1-9 years  
 10-16 years  
 17-19 years  
 20-29 years  
 30-39 years  
 40-49 years  
 50-59 years  
 60-69 years  
 70-79 years  
 80-89 years  
 90+

Sex

- Female    Male

Date of injury

- 23rd - 29th March  
 30th March - 5th April  
 6th - 12th April  
 13th - 19th April  
 20th - 26th April  
 27th - 3rd May  
 4th - 10th May  
 11th - 17th May  
 18th - 24th May  
 25th - 31st May

Date of first review by hand team

- Same day  
 1-2 days post referral  
 3-4 days post referral  
 5+ days post referral

## Type of first review

	Before COVID	After COVID	N/A
Face to face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Virtual review with patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Virtual advice to referring unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other type of first review

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**Staff member carrying out review**

	Before COVID	During COVID	N/A
SHO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registrar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ENP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other staff member carrying out review \_\_\_\_\_

**Injury**

Mechanism of injury

- Bite
- Deliberate self harm
- Home related injury (including DIY)
- Fall
- Interpersonal violence
- Transportation related injury
- Sports injury
- Workplace injury
- Other
- Unknown

Injury (may select more than one option if applicable)

- Simple hand laceration
  - Nail bed injury
  - Hand infection
  - Extensor tendon injury
  - Flexor tendon injury
  - Digital nerve injury
  - Ligamentous injury (including dislocations)
  - Digital amputation
  - Carpal bone fracture
  - Metacarpal fracture
  - Phalangeal fracture
  - Other injury
- (Please only use 'other injury' if the injury cannot be described by the above options)

Other injury \_\_\_\_\_

(Please give detailed description, including preferred/ pre-COVID management & management received during COVID (including details of any procedures). )

**Simple hand laceration**

Anatomical location

- Digit  
 Palmar aspect of hand  
 Dorsal aspect of hand

**Treatment of simple hand laceration**

	Before COVID	During COVID	N/A
Conservative treatment (e.g. dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suture closure of simple hand laceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Nail bed injury**

Was an x-ray performed?

- Yes    No    Don't know

Was there an associated distal phalanx fracture?

- Yes    No    Don't know

**Treatment of nail bed injury**

	Before COVID	During COVID	N/A
Conservative treatment (e.g. dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical repair of nail bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Hand infection**

Type of hand infection

- Paronychia  
 Felon  
 Flexor sheath  
 Deep space infection  
 Superficial cellulitis

Risk factors

- Diabetic  
 Steroid use  
 Immunocompromised  
 Intravenous drug use  
 Smoking

Organism

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**Treatment of hand infection**

	Before COVID	During COVID	N/A
Conservative treatment (e.g. dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical washout and debridement of hand infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Extensor tendon injury**

Open or closed injury  Open  Closed

**Digit(s) and zone(s)**

	Zone I	Zone II	Zone III	Zone IV	Zone V	Zone VI+	N/A
Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of mallet injury  Soft tissue  
 Bony < 25%  
 Bony 25-50%  
 Bony >50% or subluxed

**Management of extensor tendon injury**

	Before COVID	During COVID	N/A
Conservative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other management of extensor tendon injury \_\_\_\_\_

**Flexor tendon injury**

Open or closed injury  Open  Closed

Digit(s) and zone(s)					
	Zone I	Zone II	Zone III	Zone IV+	N/A
Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tendons injured			
	Partial division	Total division	N/A
FPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Digital nerve injury Digit and side				
	Ulnar	Radial	Bilateral	N/A
Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Management of digital nerve injury			
	Before COVID	During COVID	N/A
Clean and dress wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical exploration, washout and repair of nerve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical exploration, washout and no repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ligamentous injury	
Open or closed injury	<input type="radio"/> Open <input type="radio"/> Closed
Ligament injury	<input type="radio"/> Scapholunate ligament injury <input type="radio"/> Thumb MCPJ ulnar collateral ligament <input type="radio"/> Bony volar plate injury of PIPJ <input type="radio"/> Soft tissue volar plate injury of PIPJ <input type="radio"/> Joint dislocation <input type="radio"/> Other
Thumb MCPJ UCL Injury	<input type="radio"/> Suspected partial rupture <input type="radio"/> Suspected complete rupture

**Investigation of ligament injury**

	Before COVID	During COVID	N/A
Clinical assessment alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical exploration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Management of ligamentous injury**

	Before COVID	During COVID	N/A
Splint and discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splint and hand therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical repair and hand therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Digital amputation**

Digit  Thumb  Single digit  
 Multiple digits

Level of amputation  Distal to FDP insertion  
 Distal to FDS insertion  
 Proximal to FDS insertion

Please describe injury.

(e.g. digits involved, level of injury )

**Management of digital amputation**

	Before COVID	During COVID	N/A
Wound toilet and dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical terminalisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical replantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Carpal bone fracture**

Open or closed injury  Open injury  Closed injury

Carpal bone fractured  Scaphoid, proximal pole  
 Scaphoid, waist  
 Scaphoid, distal pole  
 Trapezium  
 Other

Other carpal bone fractured \_\_\_\_\_

Displacement (>2mm) of scaphoid fracture  Yes  No

**Management of carpal bone fracture**

	Before COVID	During COVID	N/A
Splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percutaneous fixation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open fixation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other management of carpal bone fracture \_\_\_\_\_

**Metacarpal fracture**

Open or closed injury  Open injury  Closed injury

**Location of fracture**

	Intra-articular	Extra-articular	N/A
Thumb (1st MCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Index (2nd MCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle (3rd MCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring (4th MCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little (5th MCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Management of metacarpal fracture**

	Before COVID	During COVID	N/A
Mobilise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splint or cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUA and splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUA and k-wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORIF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other management of metacarpal fracture \_\_\_\_\_

**Phalangeal fracture(s)**

Open or closed injury  Open injury  Closed injury

**Location of phalangeal fracture**

	Proximal	Middle	Distal	N/A
Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fracture position

- Intra-articular  
 Extra-articular base  
 Extra-articular shaft or neck  
 Multiple phalanx fractures - please describe

Please describe location of multiple phalanx fractures e.g. intra-/ extra-articular.

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**Treatment of phalangeal fracture(s)**

	Before COVID	During COVID	N/A
Mobilise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splint or cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distraction splint (e.g. Poole Finger Traction Splint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUA and splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUA and k-wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORIF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other management of phalangeal fracture

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**Details of surgical procedure**

This section covers details of any operative procedure performed.

**Surgical tendon repair - choose N/A if tendon not repaired**

	Before COVID	During COVID	N/A
FPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of additional tendon injuries and their repair.

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Timing of surgical procedure			
	Before COVID	During COVID	N/A
Same day as first review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 3 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Setting for surgical procedure			
	Before COVID	During COVID	N/A
Main theatre (laminar flow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main theatre (standard ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day surgery theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor operation room (AC or natural ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic room (natural ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anaesthetic for surgical procedure			
	Before COVID	During COVID	N/A
Local anaesthetic alone +/- tourniquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local anaesthetic with adrenaline (no tourniquet) e.g. WALANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General anaesthesia (+/- local anaesthetic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of skin closure suture			
	Before COVID	During COVID	N/A
Non-absorbable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absorbable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the nail plate replaced?  Yes  No  Don't know

**Flexor tendon repair technique**

Core suture number of strands  2  4  6  8  
 other

Design of core suture  Modified Kessler  
 Cruciate  
 Adelaide  
 M Tang  
 other

Epitendinous suture?  Yes  No  Don't know

**Antibiotics following surgery**

Post-operative antibiotics  No, further doses given  
 Yes, less than 3 day course  
 Yes, 3-7 day course

**Details of additional surgical procedures during admission**

Additional surgery

(Please give details about further procedures during admission)

**Follow-up**

	Before COVID	During COVID	N/A
Discharge, no follow up of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face wound review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote wound review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No wound review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face hand therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote hand therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No hand therapy follow up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face surgical review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote surgical review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No surgical follow up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Time to initial hand therapy review**

	Before COVID	During COVID	N/A
Same day as procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 48 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 72 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beyond 7 days

**Complications within 30 days**

Any complications?

 Yes  No

Complication

- Surgical site dehiscence  
 Surgical site infection  
 Failure of treatment  
 Other  
 (If >1 complication, please also check 'other' and describe 2nd complication in freetext box)

Treatment of infection

- Wound debridement in clinic  
 Wound debridement in theatre  
 Oral antibiotics  
 IV antibiotics  
 Other

Please describe the complication(s) in more detail

(Please include above details where possible.)

Timing of complication

- Same day  
 1-3 days  
 4-7 days  
 8-10 days  
 10-14 days  
 14-21 days  
 21-28 days  
 >30 days  
 (Days post initial operation or conservative treatment)

Unplanned appointments

- No  
 Yes, for dressings  
 Yes, with surgical team  
 Yes, with hand therapy  
 Yes, other

Re-admission

 Yes  No

Return to theatre (number of procedures)

No  1  2  3  
 3+

Any additional comments about this case?