

## Clinical Guideline:

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**For use in:** EoE Trauma & Orthopaedic Units  
Guidance specific to the care of children with complex orthopaedic trauma

**Used by:** Trauma & Orthopaedic Consultants in the following units in East of England:

Queen Elizabeth Hospital King's Lynn NHS Foundation Trust  
James Paget University Hospitals NHS Foundation Trust  
East Suffolk & North Essex NHS Foundation Trust  
West Suffolk NHS Foundation Trust  
North West Anglia NHS Foundation Trust  
Norfolk & Norwich University Hospitals NHS Foundation Trust  
Cambridge University Hospitals NHS Foundation Trust  
Princess Alexandra Hospital NHS Trust  
Bedfordshire Hospitals NHS Trust  
East and North Hertfordshire NHS Trust  
Broomfield Hospital, Chelmsford

**Key Words:** Paediatrics; Trauma; Fracture

**Date of Ratification:** **June 2023**

**Review due:** **June 2026**

**Registration No:** **SiC-ODN-2023-1**

**Approved by:**

Surgery in Children Clinical Oversight Group	
Clinical Lead Milind Kulkarni	<b>Milind Kulkarni</b>

**Ratified by ODN Board:**

<b>Date of meeting</b>	
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### **Audit Standards:**

- Documented evidence of Paediatric Orthopaedic specialist input in those cases defined as complex paediatric trauma within the guidelines
- Time from acceptance of referral to actual transfer less than 48hours

## East of England Surgery in Children Operational Delivery Network Guidelines

# Complex Paediatric Trauma

### Background

The Paediatric Orthopaedic GIRFT report published in April 2022 asked networks to develop policies/guidelines for complex fractures. The network was asked to review and agree transfer criteria for rare/complex fractures, and also agree transfer timescales.

A trauma working group was established and an open invitation sent to all clinical leads and paediatric orthopaedic surgeons across the East of England region. A meeting was held in June 2022, which has formed the basis of this document.

### Complex trauma

Major trauma has been excluded from this guidance as there are already established procedures in place for the management of this group of patients.

The working group defined the following as complex paediatric orthopaedic trauma:

- Supracondylar fracture with signs of ischaemia
- Monteggia fractures
- Significantly displaced physeal fractures of the elbow, shoulder, hip, knee or distal tibia
- Proximal femoral fractures- including neck of femur
- Fractures associated with skeletal dysplasia/lesions (e.g. OI, fibrous dysplasia, bone cysts)
- Slipped Capital Femoral Epiphysis

It is however recognised that some surgeons will need guidance or assistance with fractures or acute emergencies that are not on this list (eg infection requiring surgical procedures). In these cases, the same guidance outlined below should be followed.

### Advice & Guidance

Many non-Paediatric specialist T&O consultants have the necessary skills and knowledge to competently manage the cases listed above. Nonetheless, we would advise discussion with a paediatric orthopaedic specialist for these cases whenever possible. This would be considered best practice.

Every T&O department in the region has at least one paediatric orthopaedic surgeon, or has network arrangements for cover. That Paediatric Orthopaedic Surgeon should be the first point of contact for discussion about these cases.

If the local/networked paediatric orthopaedic surgeon is unavailable, the consultant in charge of the case should contact one of the Paediatric Orthopaedic Surgeons either at Cambridge University Hospital or The Norfolk & Norwich University Hospital.

## **Transfers**

It is best for children to be cared for as close to home as possible. Transfers should only be when the appropriate care cannot be provided at the local centre, (lack of supporting services, lack of necessary skills/expertise).

If the consultant in charge feels that transfer to a different centre would be in the patient's best interests, they should contact the tertiary centre directly (details below).

Care should be provided within the East of England ODN region as far as possible, unless it is felt that a centre outside of the region would be more convenient for the patient and family.

If the transfer is for anaesthetic reasons, the consultant anaesthetist from the local centre should contact the paediatric anaesthetic consultant at the tertiary centre directly to make the referral. Once the referral has been accepted, the Orthopaedic Consultant at the referring centre should speak directly to the Orthopaedic team at the receiving centre (see contacts below).

Injuries associated with a vascular compromise must be transferred as a matter of urgency.

Other injuries must be accepted and arrangements made for transfer within 48 hours of the referral.

Until the patient is transferred, they remain under the care of the local Orthopaedic Consultant, who must ensure that all appropriate measures are taken as directed by the accepting team (eg first-aid fracture reduction, further imaging).

## **Contacts for Advice/Referrals**

There are two tertiary Paediatric Orthopaedic services in the EoE ODN. A network arrangement already exists between the NNUH and JPUH, QEHL and WSH. Consultant Orthopaedic Surgeons from other centres looking for advice/guidance or to make a referral for complex trauma should contact either Cambridge University Hospitals or the Norfolk & Norwich.

- **Cambridge University Hospitals**

During working hours, all enquiries should be directed via the Paediatric Orthopaedic Nurse Specialist.

Out of hours, referrals should be directed to the Orthopaedic Registrar on-call.

- **Norfolk & Norwich University Hospitals**

Referrals are on a consultant to consultant basis, via the NNUH switchboard (01603 286710), asking for the Paediatric Orthopaedic Consultant on-call

### **Working Group**

Elizabeth Ashby, Cambridge University Hospitals

Helen Chase, Cambridge University Hospitals

Piers Mitchell, North West Anglia Foundation Hospitals

Anish Sanghrajka, Norfolk & Norwich University Hospitals (Chair)

Kuldeep Stohr, Cambridge University Hospitals

## References

<https://www.gettingitrightfirsttime.co.uk/surgical-specialty/paediatric-trauma-orthopaedics/>

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Surname:	Telephone contact number:
Title of document to be excepted from:	
Rationale why Trust is unable to adhere to the document:	
Signature of speciality Clinical Lead:	Signature of Trust Nursing / Medical Director:
Date:	Date:
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