



East Sussex Healthcare
NHS Trust

FOI REF: 26/262

7th May 2026

Eastbourne District General Hospital

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Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
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Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, in the attached document - 'FOI 26-262 - Response'.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Could you confirm the name of each hospital with an emergency department within your trust.

For each hospital in your trust with an emergency department could you please answer the following:

Hospital: **Conquest Hospital**

1. Type of department

- Paediatric ED
- **Mixed ED with paediatric area** X
- General ED seeing children
- Minor injury unit or urgent treatment centre
- Other

2. Does your department have a written local guideline for paediatric upper limb fractures?

- Yes
- **No** X
- Unsure

If Yes - would you be able to share it please with us?

3. Which guidance most strongly informs local practice?

- **NICE (National institute of Clinical Excellence)** X
- BOAST (British Orthopaedic Association)
- BSCOS (British society of Children's orthopaedics) template or local adaptation
- **Local orthopaedic guideline** X
- Local Emergency Department guideline
- Other

4. Is a virtual fracture clinic available for paediatric fractures?

- Yes
- **No** X
- Only for selected fracture types - could you specified which ones please?

5. Are written discharge leaflets routinely given for paediatric fractures?

- Always
- **Usually** X
- Sometimes
- Never

For each of the following fractures for each of your departments could you answer the questions?

Clavicular fracture (uncomplicated closed midshaft clavicle fracture)

6. Usual immobilisation

- No immobilisation
- **Broad arm sling** X
- Collar and cuff
- Figure-of-8 brace
- Other

7. Usual follow-up

- No routine follow-up
- Virtual fracture clinic
- **Face-to-face fracture clinic** X
- Orthopaedic clinic only if adolescent or displaced
- Other

8. Is orthopaedic discussion routinely required from ED?

- No
- **Only if significantly displaced, skin compromise, open fracture, or neurovascular concern** X
- Yes for most clavicle fractures
- Other

Closed Supracondylar humerus fracture

9. Gartland I or radiologically occult but clinically suspicious supracondylar injury: usual immobilisation

- **Collar and cuff** X
- **Posterior backslab** X
- Above-elbow cast
- Other

10. Gartland I: usual follow-up

- No routine follow-up
- Virtual fracture clinic
- **Face-to-face fracture clinic** X
- Other

11. Gartland II or III: usual first ED step

- Backslab and refer orthopaedics
- **Immediate orthopaedic review in ED** X
- Admit under orthopaedics
- Transfer to another centre
- Other

12. For Gartland II or III injuries, is reduction or manipulation attempted in ED before theatre or admission?

- **Never** X
- Occasionally in selected cases
- Usually
- Unsure

13. Is neurovascular status formally documented before and after immobilisation or reduction?

- **Always** X
- Usually
- Sometimes
- Never

Lateral closed condyle fracture

14. Undisplaced lateral condyle fracture: usual ED immobilisation

- Backslab
- **Above-elbow cast** X
- Sling only
- Other

15. Undisplaced lateral condyle fracture: usual follow-up

- **Face-to-face fracture clinic within 1 week** X
- Virtual fracture clinic
- No routine follow-up
- Other

16. Displaced or uncertain lateral condyle fracture: usual ED pathway

- Backslab and orthopaedic discussion
- **Immediate orthopaedic review** X
- Admit or transfer
- Other

Radial neck or radial head fracture

17. Undisplaced or minimally angulated fracture: usual immobilisation

- Collar and cuff
- **Broad arm sling** x
- Backslab
- Other

18. Undisplaced or minimally angulated fracture: usual follow-up

- No routine follow-up
- Virtual fracture clinic
- **Face-to-face fracture clinic** X
- Other

19. For more displaced or intra-articular injuries, what is the usual ED pathway?

- **Orthopaedic discussion then discharge in immobilisation** X
- **Admit under orthopaedics** X
- Transfer to another centre
- Other

Buckle fractures

20. Usual immobilisation

- No immobilisation
- Soft bandage
- **Removable wrist splint** X
- Soft cast or backslab
- Circumferential cast
- Other

21. Is the child usually discharged from ED with no planned follow-up?

- Yes
- No
- **Depends on clinician** X
- Unsure

22. If follow-up is arranged, what is usual?

- No follow-up
- Virtual fracture clinic
- **Face-to-face fracture clinic** X
- GP follow-up
- Other

23. Are parents or carers advised to remove immobilisation at home?

- Yes
- No
- **Depends on device used** X

24. Is a written buckle fracture advice leaflet routinely given?

- Always
- **Usually** X
- Sometimes
- Never

Distal radius greenstick or undisplaced metaphyseal fracture

25. Usual immobilisation

- **Removable wrist splint** X
- Below-elbow backslab or soft cast
- Below-elbow full cast
- Above-elbow cast
- Other

26. Usual follow-up

- No routine follow-up
- Virtual fracture clinic
- **Face-to-face fracture clinic** X
- Other

27. Is home removal of immobilisation routinely advised?

- **Yes** X
- No
- Depends on fracture pattern

Distal radius closed displaced fracture or distal radial physeal injury

28. If reduction is required, is this usually attempted in ED?

- **Yes, usually** X
- Yes, in selected cases only
- No, usually managed by orthopaedics after admission
- Unsure

29. Post-reduction immobilisation

- Below-elbow backslab
- Below-elbow full cast
- Above-elbow backslab
- Above-elbow full cast
- Other

X

30. Usual follow-up

- Virtual fracture clinic
- Face-to-face fracture clinic within 1 week
- Admit under orthopaedics
- Other

X

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