

Clinical guideline:

Upper limb fracture reduction using intranasal fentanyl

This clinical guideline applies to all upper limb fractures that require manipulation only and DOES NOT apply to any case that requires traction to successfully manage the fracture.

1. All upper limb fractures that require manipulation are referred to the orthopaedic SHO on bleep 630 as usual.
2. Patient must have no significant co-morbidities or underlying medical problems
3. The procedure is to be completed by the orthopaedic registrar or consultant only. It is the responsibility of the experienced practitioner to identify suitable cases. The manipulation of the fracture should **not** be undertaken by members of staff below this grade.
4. The decision to manipulate the fracture will depend upon the following factors:
 - Co-operation of both the parent and patient following appropriate discussion
 - The procedure must be clearly explained to the child.
 - Parental verbal consent must be obtained and clearly documented in the clinical notes
 - Discussion must occur with the nurse in charge of the paediatric area
5. Intra-nasal fentanyl is to be administered in accordance with the published 'administration of intranasal fentanyl in children' protocol on the intranet. A dose calculator is included in this protocol. Dose according to weight is additionally published and is available in the paediatric emergency department. Additional analgesia/sedation may be achieved using entonox in all children that are able to comply with this.
6. NO TRACTION to be applied at any stage. Manipulation to reduce the fracture may be used with a well moulded slab ($\frac{3}{4}$ circumference).
7. One attempt only should be undertaken under this guideline. The child should then have a post reduction film.
8. The orthopaedic team will then arrange either admission or appropriate follow-up following review of the post reduction films.