



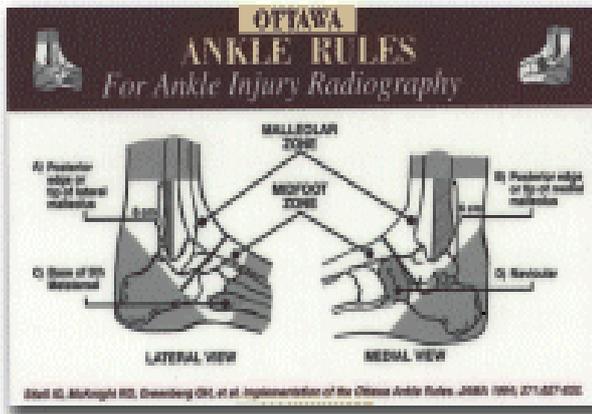
Ankle Injury

Background.

Ankle injuries are common presentations to the ED. A number of clinical decisions need to be made in order to manage these patients correctly. Patients with a fracture/dislocation of the ankle need immediate reduction and immobilisation in order to minimise neurovascular compromise. Further clinical assessment is then needed to determine which patients need to be X-rayed. Validated clinical diagnostic studies have demonstrated that clinical examination alone can be used to identify patients a group of patients who do not need to be X-rayed. Guidance on the examination (Ottawa rules) is included in this document. Correct management and disposal can also influence outcome in these patients.

Why audit this particular condition?

Previous audits have demonstrated problems with the initial assessment, diagnostic decision making and documentation in this patient group. This rolling audit will help us identify areas of the clinical care that need to be improved



Special points of interest:

- Ankle / Foot injuries are one of the most common presentation to the ED.
- Clinical decision rules can be used to identify patients who do not need to be X-rayed.
- Fractures around the ankle joint can easily be missed in the ED.

Ottawa Rules:

Ankle x-ray required ONLY if any pain in malleolar zone and any of these findings:

- Bone tenderness at posterior edge or tip of lateral malleolus
- Bone tenderness at posterior edge or tip of medial malleolus
- Inability to bear weight both immediately and in the ED



Methods

Retrospective audit

Sample: 30-50 Emergency Department patient records

Criteria

Inclusions: Patients with ankle injuries aged 16 years or over

Exclusions: Patients presenting with another medical condition.

Please ensure you register the audit with your Trust Clinical Audit Department

Notes can be obtained by computer search of the ED database. The coding system on the back of the ED cards should be searched using the terms:

The search should extend over a sufficient period to include the 30 most recent obtainable events as a minimum. Contact the ED information manager to obtain a list of case notes matching these criteria.

Cards may only be physically kept in the department for a couple of weeks and then sent for scanning and archiving electronically. This can take up to 4 weeks.

Once you have the cards for the relevant patients then you need to record the data in an accessible way. This should be entered into the excel spreadsheet that contains all the relevant cells and formulae. For some of the items on the spreadsheet you may want to include a number of options. To maintain a consistency between rolling audits we ask that you stick to the approved list of criteria.

Work plan

Week 1-2, background reading and ordering case notes

Week 3-4, accessing records and entering data onto spreadsheet

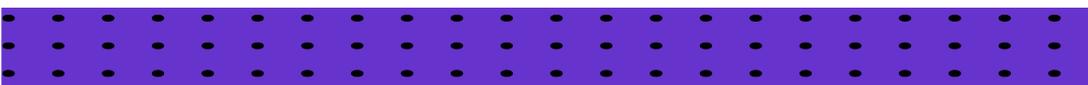
Week 5-6, preparing the Powerpoint presentation of your findings

Presentation of findings

The data should be collated and then presented using the associated PowerPoint presentation with the new data entered.

Data **MUST** then be uploaded onto www.stemlyns.org.uk/admin as instructed. Please obtain the username and password from your audit lead.

Further Information contact:





How to upload the audit data

- www.stemlyns.org/admin
- Username and Password
- Select Appropriate Audit Title
- Select EDIT RESULTS next to appropriate date
- Enter results and CONTINUE
- FINISH
- LOG OUT

Traffic lights within 5% of target  within 6-15%  within 16% + 

Criteria	Standard (%)	Standard Achieved Locally (%)	Standard Achieved Regionally (%)	Standard Met?	Status
Time of manipulation recorded, if applicable	100				
Pain score documented	100				
Ottawa rules applied and documented	100				
Ottawa rules negative and no x-ray	100				
Appropriate analgesia offered if applicable	100				

