

## **GUIDELINE FOR THE MANAGEMENT OF ANKLE INJURIES IN THE MINOR INJURY UNIT KIDDERMINSTER HOSPITAL**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### **INTRODUCTION**

The aim of the guideline is to aid the nurses working in Kidderminster Minor Injury Unit (MIU) provide evidenced-based, safe and effective care for patients presenting with ankle injuries

### **THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :**

The guidelines are to be used by Emergency Nurse Practitioners (ENP) working within the MIU, all practitioners should be aware of their Code of Professional Conduct (NMC 2002), which clearly requires nurses to act in a manner which safeguards the interests and well being of patients, ensuring no act or omission is detrimental to their safety.

#### **Lead Clinician(s)**

Sally Bloomer

Minor Injuries Unit Manager

Approved by Urgent Care Divisional Governance on:

31<sup>st</sup> January 2024

Review Date:

31<sup>st</sup> January 2027

This is the most current document and should be used until a revised version is available

**Key Amendments to this Document:**

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
August 2002	Approved by Clinical Effectiveness Committee	
July 2004	Reviewed at CEC	
April 2011	No amendments to guideline	J Powell
April 2013	Republish with minor amendments to guideline	Mr O'Byrne
May 2015	Rewording Section 4 (i)	J Powell
August 2019	Document extended for 6months in line with TMC approval	TMC
December 2017	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
January 2018	Document reviewed with no changes by Divisional Governance Review	
May 2020	Amendments made to page 1, 3, 4,7,8	Sally Bloomer & Mr Jalil
31 <sup>st</sup> January 2024	Document reviewed and amendments made to pages. <ul style="list-style-type: none"> <li>• Page 4 – updated RIPE management and follow up care sections</li> <li>• Page 5- ENP allocated for audits.</li> <li>• Page 7- clinical leads updated</li> </ul>	Divisional Governance Meeting & Sally Bloomer

## GUIDELINE FOR THE MANAGEMENT OF ANKLE INJURIES AT THE MINOR INJURY UNIT KIDDERMINSTER HOSPITAL

### INTRODUCTION

The aim of this guideline is to aid the nurses within Kidderminster Minor Injury Unit (MIU) to provide evidenced based, safe, and effective care to patients presenting with ankle injuries. The guideline is to be used in conjunction with the Clinical Presentation Guidelines.

A small percentage of patients presenting to MIU will fall outside the scope of the Unit. In such cases contact will be made with the Middle Grade or Consultant at the Emergency Department Alexandra Hospital for further advice or Trauma and Orthopaedics on call

### GUIDELINE

1. The ENP will carry out and document on the MIU record a **full history** from the patient to include:
  - How the injury occurred
  - When the injury occurred
  - Any and what type of pain
  - Whether they were able to weight bear at time of injury / on presentation
  - Any medical conditions
  - Any known allergies
  - Any previous injuries / operations
  - Any current or recent medications
  
2. The patient's pain should be assessed (using pain tools if needed) and offered analgesia according to Patient Group Directives and the patient's weight. Any analgesia given should be clearly documented on MIU card.
  
3. A full examination should be undertaken and documented clearly to include:
  - Ability to weight bear.
  - Peripheral circulation, including colour, temperature, pulses, and capillary refill.
  - Swelling
  - Sensation
  - Any bony tenderness
  - Any pain over ligaments
  - Ottawa ankle rules

Examination should be in accordance with Ottawa Ankle Rules (Stiell et al 1992) to determine the need for x-ray if any of following present x-ray indicated:

- Patients with tenderness over bony prominences of malleolus or posterior tenderness
- Pain up proximal fibula
- Specific tenderness of calcaneus, navicular, or base of fifth metatarsal
- Unable to weight bear immediately post injury or in MIU.

4. Outcome of consultation should be documented clearly:
5. Advise on initial 'PRICE' self-management strategies for the first 48–72 hours after injury.

**Follow up if clinically indicated:**

1. An appointment can be made onto Soft Tissue Clinic for further management if severe sprain is diagnosed.
2. Referred to physiotherapy.
3. If a simple fracture is diagnosed, where no immediate intervention required, appropriate Splint/boot applied to lower limb (or plaster cast) and either face to face or virtual fracture clinic appointment made for next working day.
4. In the case of complicated or displaced fractures the advice of the Trauma and Orthopaedics on call at WRH for both paediatrics and adults.
5. If patient requires transferring to one of the other sites appropriate transports should be used in accordance with Transport from MIU Guideline.
6. Patient should be advised re: analgesia which can be supplied using PGD's or over the counter medication via a pharmacy.
7. An ankle injury advice leaflet should be provided for all patients, reinforce verbal instructions on continual management.
8. If walking aids are provided, then appropriate advice on correct use of these should be given.
9. If a walking boot or below knee plaster is applied, a VTE assessment and treatment is required, and a plaster advice sheet should be given.
10. Patients should be assessed for safety and mobility for safe discharge and advice given on appropriate primary care follow up if needed.

Reference; Sprains and strains: Scenario: Management; September 2020  
Advise on initial 'PRICE' self-management strategies for the first 48–72 hours after injury.

It is the responsibility of every individual to check that this is the latest version/copy of this document.

**Monitoring Tool**

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	Monitor x-ray requesting Are Ottawa Rules being followed when ordering x-rays	Audits of documentation to ensure correct process followed	Yearly	Leanne Shuck (ENP)	Ward Manager Matron and Consultant	Yearly

## REFERENCES

- Stiehl I.G. Greenburg G.H. (1992) A study to develop Clinical Decision rules. Mcvight R.D : Nair R.C: McDowell I: Wallington R: For the use of radiology in acute ankle. Annals of Emergency Medicine. Vol. 21 (4) p384-390
- Wadrop J. English B. (1998) Muscular-Skeletal Problems in Emergency Medicine. Oxford University Press
- Shay et al ( 2016) Emergency Department Visits associated with ankle injuries cited in 'Value in health'
- NICE Guidelines Scenario: Management; Last revised in September 2020

## CONTRIBUTION LIST

### Key individuals involved in developing the document

Name	Designation
Mr Jalil	Consultant A&E AH
Sally Bloomer	Emergency Nurse Practitioner/MIU Ward Manager

### Circulated to the following individuals for comments

Name	Designation
Mr A. Jalil	Consultant A&E AH
Dave Raven	Division Medical Director
Mr. M Tarrant	Matron A&E AH
Mrs C Bush	DDN
Mr Jalil	Consultant A&E AH

### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department

### Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Alison Smith – Principal Pharmacist	Medicines Safety Group

**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
<b>Date assessment completed</b>			

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b>
What is the aim, purpose and/or intended outcomes of this Activity?	

Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)		
Summary of relevant findings		

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				



Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Sex</b>				
<b>Sexual Orientation</b>				
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

**Section 5** - Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9

protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.