

## 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 Accountable Director on:

23<sup>rd</sup> January 2018

Review Date:

23<sup>rd</sup> January 2020

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

### Key Amendments to this Document:

Date	Amendment	By:
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	

## **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, as this is a nurse led unit. In such cases contact will be made with the Middle Grade or Consultant at either Worcestershire Royal Hospital (WRH) or Alexandra Hospital (AH) Accident & Emergency department (A&E) for further advice.

Ankle sprains are a common presentation to A&E and accounts for a large proportion of attendances (Elden- Lee 2005)

It has been suggested that ankle sprains account for approximately 600,000 attendances at A&E every year (Wilson and Cook 1998), so the total number of ankle injuries will be in excess of this figure.

### **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 patients pain should be assessed and should be offered analgesia and given according to Patient Group Directives. 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

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 A&E.

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4. Outcome of consultation should be documented clearly:
  - i) If a soft tissue injury is diagnosed follow Wardthorpe & English (1998) guidelines: Rest – Ice – Pain Relief – Elevation. (R.I.P.E)  
  
Stirrup strapping can be used to offer support (splintage) to those patients with lateral ligament injuries.  
  
An appointment can be made onto Soft Tissue Clinic for further management if severe sprain is diagnosed.
  - ii) If a simple fracture is diagnosed, where no immediate intervention required, appropriate support applied to limb, plaster cast or bandage and Trauma Clinic appointment made for next working day.
  - iii) In the case of complicated or displaced fractures the advice of the Middle Grade or Consultant at either WRH or AH A&E department can be sought, by them looking on the x-ray (PACS) system. Some patients may need transferring for further management.
  - iv) If patient requires transferring to one of the other sites appropriate transport should be used in accordance with Transport from MIU Guideline.
5. Patient should be advised re: analgesia which can be supplied using PGD's or advised to obtain from pharmacy. Ibuprofen can also be suggested.
6. An ankle injury leaflet should be given to patient to help reinforce verbal instructions on continuing management. If walking aids provided then appropriate advice on correct use of these should be given.
7. Patients should be assessed for safety and mobility. Relevant referrals to other agencies must be carried out if there is any doubt (Cioffi 1997)

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**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	Carolyn Bullock (ENP)	Ward Manager Matron and Consultant	Yearly

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### REFERENCES

- Cioffi J. (1997) Heuristics, servants to intuition in clinical decision making. Journal of Advance Nursing. Vol. 26 p203-208
- Elden-Lee S. (2005) Diagnosis and management options of ankle sprain injury. Nursing Times; 101: 24, 38-40
- Stiell 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
- Wadrope J. English B. (1998) Muscular-Skeletal Problems in Emergency Medicine. Oxford University Press
- Wilson S. Cook M. (1998) Double bandaging of sprained ankles. British Medical Journal; 317: 1722-1723

**CONTRIBUTION LIST****Key individuals involved in developing the document**

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Mr. R. Morrell	Consultant A&E AH
Mr. G. O'Byrne	Consultant A&E AH
Mr. C. Hetherington	Consultant A&E AH
Mrs C Bush	Matron A&E WRH
Mr. M Tarrant	Matron 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

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### 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.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	NO	
	• Ethnic origins (including gypsies and travellers)	NO	
	• Nationality	NO	
	• Gender	NO	
	• Culture	NO	
	• Religion or belief	NO	
	• Sexual orientation including lesbian, gay and bisexual people	NO	
	• Age	NO	
2.	<b>Is there any evidence that some groups are affected differently?</b>	NO	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	NO	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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### 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.

	<b>Title of document:</b>	<b>Yes/No</b>
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.