Belfast Health and Social Care Trust

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Reference No: SG 29/11

Title:	**Protocol to support Emergency Nurse Practitioners working within the Emergency Service to Request CT Scan for Scaphoid Injuries for specific patients.**		
Author(s)	[redacted] Nurse Consultant, Emergency Care		
Ownership:	[redacted] Director, Unscheduled and Acute Care		
Approval by:	Standards and Guidelines Committee Policy Committee Executive team Meeting	**Approval date:**	25/01/2017 01/02/2017 08/02/2017
Operational Date:	February 2017	**Next Review:**	February 2022
Version No.	2	**Supercedes**	V1 – January 2011 – January 2014
Key words:	Scaphoid, CT Scan, Emergency Nurse Practitioner, Emergency Department		
Links to other policies			

Date	Version	Author	Comments
02/07/2009	0.1	[redacted]	
19/01/2011	0.2		Feedback from [redacted] (ENP)
11/08/2014	1.1		Updated and reviewed
13/08/2014	1.2		Feedback from [redacted]
21/12/2016	1.3		Feedback from [redacted] (ENP)
February 2017	2		Final version

Replaced

1.0 INTRODUCTION / PURPOSE OF POLICY

This protocol relates **only** to those staff employed within the Trust's Emergency Service as Emergency Nurse Practitioners (ENP's) in the Royal hospital and Mater hospital. These individuals work autonomously within their Scope of Professional Practice as stipulated by NMC guidelines, to see, treat and discharge patients attending the Emergency Department who fall within their remit. This document makes reference to principles that must guide the practice of the ENP's in the requisition of CT scans only for scaphoid injuries under particular circumstances.

1.1 Background

This protocol relates to the management of patients who attend the Emergency Departments with scaphoid injuries when it is clinically indicated the need for further investigation using CT imaging.

1.2 Purpose

To ensure safe practice for patients through appropriate requisition of radiological investigations.

To provide guidance for those professionals involved in this process.

1.3 Objectives

To ensure that only those patients who fulfill specific agreed criteria are referred by the Emergency Nurse Practitioners to MPH for CT Scan Scaphoid.

2.0 SCOPE OF THE POLICY

This protocol applies only to staff employed within the Emergency Service within the Belfast Health and Social Care Trust as an Emergency Nurse Practitioner ie. staff within the Emergency Departments of the Royal and Mater hospital.

The protocol supports the practice of ENP's requesting CT scan scaphoid according to agreed specific criteria.

3.0 ROLES/RESPONSIBILITIES

The ENP's are responsible for ensuring that they have under taken IRMER training that supports their practice in requesting radiological investigations,

The ENP's are responsible for only requested CT Scans of scaphoid views for specific patients as agreed with Department of Radiology MPH.

MPH Department of Radiology are responsible for arranging CT scans and notifying patients of appointment slots.

Accepted

MPH Department of Radiology are responsible for ensuring timely reporting and dissemination of results of CT scans to RVH ED and Mater ED.

4.0 KEY POLICY PRINCIPLES

Policy Principles

1 . The ENP will take a full history from patients who present with wrist injuries to determine if scaphoid injury is possible. This assessment will include mechanism of injury, location of pain, other associated injuries and relevant factors such as PMH.

2. The ENP will carry out a full clinical assessment of the patient including assessment for wrist, scaphoid tenderness and tenderness of ASB.

3.The ENP will initially request necessary plain xray views for individual patients based upon clinical examination and findings.

4. The ENP will interpret the plain xray films and initiate appropriate course of treatment if a fracture is visible.

5. For patients who have no visible facture on plain films but who have scaphoid tenderness and/or ASB tenderness, they will be advised to reattend the ED for review appointment in 14 days. If the patient still complains of clinical scaphoid symptoms ie, ASB tenderness, scaphoid tubercule tenderness, pain ASB on axial loading and restricted movement, they will be referred for a second scaphoid view plain film x-ray. If the second scaphoid plain film x-ray shows no bony scaphoid injury an xray referral form will be completed requesting CT Scan Scaphoid. This will be emailed through to:

[redacted]
Department of Radiology
Musgrave Park Hospital

6. Patients will be advised by the ENP that they will be contacted by Department of Radiology MPH regarding an appointment for the CT Scan.

7. Patients will be advised to contact RVH ED or Mater ED to arrange a review appointment once the CT Scan has been carried out.

8. The results of the CT Scan will be emailed through to the RVH ED and Mater ED Consultants secretary once reporting is completed.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

ENP's RVH/ MIH Emergency Departments
Emergency Department Clinical Leads
Department of Radiology, MPH

Redacted

5.2 Resources
No additional resources required in the implementation of this protocol.

5.3 Exceptions
None of note

6.0 MONITORING

This protocol will be subject to ongoing monitoring and changes made accordingly if required.

7.0 EVIDENCE BASE / REFERENCES

NMC (2015), The Code, Nursing and Midwifery Council.

Society and College of Radiographers.(2012) IR(ME)R 2000 & IR(ME)R Amendment Regulations 2006 &2011.

8.0 CONSULTATION PROCESS

Emergency Nurse Practitioners
Emergency Department Clinical Leads
Department of Radiology MPH

9.0 APPENDICES / ATTACHMENTS

None

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. x

Rejected

SIGNATORIES
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

[redacted]

_____ **Date: _____February 2017_____**
Author

[redacted]

_____ **Date: _____February 2017_____**
Director

Redacted