

Bone & Joint Open



Supplementary Material

HAWAII ACP

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Hand and Wrist Trauma: Antimicrobials and Infection



ACP
Audit of Clinical Practice

Adult or Paediatric patient?

- Adult

Section I. Presentation

Paediatric (< 18 years of age)

Sex

- Female
 Male

Date of injury - please include month and year of injury (e.g. June 2023)

Referral pathway

- Emergency department
 Urgent care centre
 General practitioner
 Other specialty: Orthopaedic surgery
 Other specialty: General surgery
 Other specialty: Other

Section 2. Injury details

Injury site

- Right
 Left
 Bilateral

Anatomical location of injury

- Hand (injury distal to and including CMCJ)
 Wrist (injury proximal to CMCJ)
 Hand and wrist (injuries distal to and proximal to CMCJ)

Injured structures
(Choose all that apply)

- Skin
 Tendon
 Nerve
 Artery
 Muscle
 Ligament
 Joint
 Bone

Injury type

- Open (full-thickness skin injury)
 Closed (skin intact)

If open, injury contamination:

- Contaminated (all open, fresh, accidental wounds)
 Dirty (old traumatic wounds, environmental contamination)

Section 3. Initial management

Was first aid given during initial management?

- Yes
 No
 Unknown

If yes, first aid details:
(Choose all that apply.)

- Wound irrigation
 Tetanus vaccine
 Protective sterile dressing
 Elevation
 Splint/cast
 Other
 Unknown

During initial management, were prophylactic antibiotics given?

- Yes
 No
 Unknown

If yes, give prophylactic antibiotics details:

- Co-amoxiclav
 Flucloxacillin
 Clindamycin
 Other
 Unknown

Duration (days)

(Give duration of antibiotic course in days)

Section 4. Hand trauma team management

Was first aid performed by the hand trauma team during assessment?

- Yes
 No
 Unknown

If yes, provide details:
(Choose all that apply.)

- Wound irrigation
 Tetanus vaccine
 Protective sterile dressing
 Elevation
 Splint/cast
 Other
 Unknown

Were prophylactic antibiotics prescribed by the hand trauma team?

- Yes
 No
 Unknown

If yes, which prophylactic antibiotic was prescribed:

- Co-amoxiclav
 Flucloxacillin
 Clindamycin
 Other
 Unknown

Duration (days)

(Give duration of antibiotic course in days)

Has the patient been admitted to hospital following hand trauma team assessment?

- Admitted
 Discharged home, to come in for surgery at a later stage

Section 5. Operative management

Operation - number of hours since injury

Grade of leading surgeon

- Consultant/Senior Surgeon
 Associate specialist
 Registrar
 Core surgical trainee/SHO
 Foundation doctor
 Advanced nurse practitioner

Operating room setting:

- Main operating theatre
 Minor operating theatre
 Trauma clinic/Outpatient room
 Emergency department room

Anaesthetic:

- General anaesthesia
- Local anaesthesia (including WALANT)
- Regional anaesthesia
- Other

How was hair removed from the operative site?

- Clipper
- Shaving
- Hair was not removed

Surgical preparation fluid:

- Alcoholic povidone-iodine
- Alcoholic chlorhexidine
- Aqueous povidone-iodine
- Aqueous chlorhexidine
- Other

Sterile field preparation:

- Full sterile drape
- Aperture drape only
- None
- Other

During scrubbing, was double gloving used?

- Yes
- No

Were antibiotics given at induction of anaesthesia?

- Yes
- No
- Unknown

Antibiotic given at induction (select all that apply)

- Co-amoxiclav
- Flucloxacillin
- Clindamycin
- Gentamicin
- Teicoplanin
- Other

Was wound washout performed?

- Yes
- No
- Unknown

What type of washout was used?

- Sterile saline
- Aqueous povidone-iodine
- Antibiotic irrigation
- Other

If other, please specify

What volume of washout was performed?

- < 1 Litre
- 1-3 Litres
- >3 Litres
- Unknown

Type of operation
(Choose all that apply.)

- Wound debridement and washout
- Joint washout
- Repair of nerve(s)
- Repair of artery(s)
- Repair of tendon(s)
- Repair of muscle
- Repair of ligament(s)
- Repair of joint capsule/ volar plate
- Manipulation under anaesthesia
- Open reduction and internal fixation (ORIF) of fracture
- Open reduction and external fixation of fracture
- Open reduction and K-wire of fracture (buried)
- Open reduction and K-wire of fracture (exposed)

Were sutures used for repairing tendon, nerve, vessel or other structures? Yes
 No
 Unknown

Was suture used antimicrobial or standard? Antimicrobial
 Standard
 Combination

Was the suture absorbable/non-absorbable? Absorbable
 Non-absorbable

Were sutures used for skin closure? Yes
 No
 Unknown

Was suture used antimicrobial or standard? Antimicrobial
 Standard
 Combination

Was the suture absorbable/non-absorbable? Absorbable
 Non-absorbable

Postoperative Management

Was a dressing applied? Yes
 No
 Unknown

Which dressing type was applied? Standard non-adherent dressing
 Antimicrobial non-adherent dressing
 Other

What was the name of the contact dressing applied?

Was a paste applied with the dressing? (e.g. chloramphenicol, betadine paste) Yes
 No
 Unknown

Was a splint applied? Yes
 No
 Unknown

What kind of splint was it? Plaster of Paris cast
 Thermoplastic splint
 Bulky bandage
 Zimmer splint
 Other
 Unknown

Was there postoperative elevation? Yes
 No
 Unknown

What type of elevation was it? High-arm sling / Bradford sling
 Not specified

Were postoperative antibiotics prescribed? Yes
 No - already prescribed
 No - not indicated

What antibiotic was given? Co-amoxiclav
 Flucloxacillin
 Clindamycin
 Gentamicin
 Teicoplanin
 Other
 Unknown

Duration of antibiotic (number of days) _____

Postoperative destination Patient's usual place of residence
 Inpatient ward
 Other
 Unknown

Please give details _____

Followup plan Review by clinical team within 1 week
 Review by clinical team in 1-2 weeks
 Review by clinical team by more than 2 weeks
 Referral to hand therapy for follow up and rehabilitation
 GP review in 1-2 weeks
 No follow up required
 Other
 Unknown

Please give details _____

WHO GUIDELINES CHECKLIST:

In the sections below, please tick every recommendation in the WHO guidelines that you have completed for this patient.

Although many of these may not be relevant to most hand trauma cases, please tick those that you have used during this operation

For further information on the contents of checkboxes, see the attached table.

Preoperative measures

- SAP (surgical antibiotic prophylaxis) administered within 120 minutes before incision
- Pre-incision surgical site preparation with an antiseptic fluid based on chlorhexidine gluconate
- Surgical site hair shaving avoided immediately prior to incision
- Surgical hand preparation with an antiseptic fluid

Perioperative / Intraoperative measures

- Perioperative discontinuation of immunosuppressive agents
- Perioperative oxygenation
- Maintaining normal body temperature
- Use of protocols for intensive perioperative blood glucose control
- Drapes and gowns
- Maintaining adequate circulating volume control/normovolemia
- Incisional wound irrigation
- Antimicrobial coated sutures
- Prophylactic negative pressure wound therapy

Postoperative measures

- Discontinuation SAP (surgical antibiotic prophylaxis)
- Standard dressings

End of survey

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