

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## SCOPE

### 1 Guideline title

Non-complex fractures: diagnosis, management and follow-up of non-complex fractures

#### 1.1 *Short title*

Non-complex fractures

### 2 The remit

The Department of Health has asked NICE: 'To produce guidance on the diagnosis, management and follow-up of fractures (excluding head and hip, pelvis, open and spinal).'

NICE is developing 5 pieces of guidance relating to trauma, with expected publication dates in June and October 2015 (to be confirmed). Each piece of guidance will focus on a different aspect of trauma care.

- [Complex fractures: assessment and management of complex fractures \(including pelvic fractures and open fractures of limbs\)](#)
- [Fractures: diagnosis, management and follow up of fractures \(excluding head and hip, pelvis, open and spinal\)](#)
- [Major trauma: assessment and management of major trauma including resuscitation following major blood loss with trauma](#)
- [Spinal injury assessment: assessment and imaging of patients at high risk of spinal injury](#)
- [Trauma services: service delivery of trauma services](#)

NICE has commissioned the National Clinical Guideline Centre (NCGC) to develop the trauma guidance. The fractures, complex fractures, spinal injury

assessment and major trauma guidelines will start development approximately 6 months before the development of the trauma service delivery guideline.

### **3 Clinical need for guidance**

#### **3.1 *Epidemiology***

- a) The annual fracture incidence (excluding head and hip) estimates for all ages ranged from 2.1 per 100 people to 3.6 per 100. Lifetime fracture prevalence among men ranged from 20.7% to over 50%, while the range for women was more than 40% to 53.2%. These estimates were derived using different methodologies and populations, which may account for some of the variation in figures. There are variations in fracture-related mortality by age and sex.
- b) Fractures are not recorded as main causes of death, but fractures are recorded as secondary or associated causes of mortality in death certificates. In 2010 there were 4260 recorded deaths for which fracture was an associated or secondary cause of death.

#### **3.2 *Current practice***

- a) The vast majority of fractures are initially seen and diagnosed in accident and emergency departments. A minority may initially present to GPs who may refer them on for further care.
- b) Diagnosis of fractures will typically involve triage, physical assessment, X-ray or CT scan, or another type of imaging depending on the type of fracture.
- c) Multiple treatment options exist for fractures, both surgical and non-surgical.

- d) There is wide variation in fracture management, associated analgesia and anaesthesia as well as the timing of inpatient surgery within the NHS.
- e) There are variations in type, timing and duration of follow-up, fracture healing and physiotherapy required for each type of fracture and the selected treatment.

## **4 The guideline**

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

### **4.1 *Population***

#### **4.1.1 Groups that will be covered**

All adults, young people and children who present with a suspected non-complex fractures (for example, fracture of the ankle and wrist).

#### **4.1.2 Groups that will not be covered**

Any person with a complex fracture including:

- head and neck
- hip fracture
- spinal injury
- open fracture.

### **4.2 *Healthcare setting***

All settings in which NHS care is received or commissioned.

### **4.3      *Clinical management***

#### **4.3.1      Key clinical issues that will be covered**

- a)      Initial triage.
- b)      Acute-stage clinical assessment.
- c)      Acute-stage imaging assessment (including choice and timing of imaging modality and imaging parameters), using:
  - X-ray
  - CT
  - MRI.
- d)      Initial management and treatment plan (such as pain relief).
- e)      Ongoing management and treatment plan (such as timing of mobilisation).
- f)      Patient information and support.
- g)      Skill levels and training of the assessing clinician.

#### **4.3.2      Clinical issues that will not be covered**

- a)      Prevention of fractures.
- b)      Management and follow-up of pathological conditions (such as osteoporosis and arthritis).
- c)      Management and follow-up of dislocations.

### **4.4      *Main outcomes***

- a)      Adverse effects associated with assessment and management.
- b)      Functional scales that quantify level of disability, such as the Expanded Disability Status Scale (EDSS).
- c)      Health-related quality of life.

- d) Duration of contact with a healthcare professional and continuity of contact.
- e) Morbidity.
- f) Mortality.
- g) Patient-reported outcomes.
- h) Resuming normal activities.

#### **4.5      *Economic aspects***

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

#### **4.6      *Status***

##### **4.6.1    *Scope***

This is a draft scope. The consultation dates are 28th February to 28th March 2013.

##### **4.6.2    *Timing***

The development of the guideline recommendations will begin in June 2013.

### **5          *Related NICE guidance***

#### **5.1      *Published guidance***

- [Osteoporosis](#). NICE clinical guideline 146 (2012).

- [Patient experience in adult NHS services](#). NICE clinical guideline 138 (2012). [Hip fracture](#). NICE clinical guideline 124 (2011).
- [Head injury](#). NICE clinical guideline 56 (2007).
- [Falls](#). NICE clinical guideline 21 (2004).

## **5.2 Guidance under development**

NICE is currently developing the following related guidance (details available from the [NICE website](#)):

- Head injury. NICE clinical guideline. Publication expected January 2014.
- Spinal injury assessment. NICE clinical guideline. Publication expected May 2015.
- Complex fractures. NICE clinical guideline. Publication expected June 2015.
- Major trauma. NICE clinical guideline. Publication expected June 2015.
- Trauma services. NICE clinical guideline. Publication expected October 2015.

## **6 Further information**

Information on the guideline development process is provided in the following documents, available from the NICE website:

- [How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS](#)
- [The guidelines manual](#).

Information on the progress of the guideline will also be available from the [NICE website](#).