### Distal Torus Fracture Pathway

**Patient evaluated for distal forearm injury**

- **Provide pain control as needed**
- **Complete neurovascular exam**
- **Ice pack & elevation**

**Is x-ray indicated?**

- **Mechanism that could cause distal radius fracture/pain in forearm with clinical suspicion for fracture**
- **Provide please order for 2 view x-ray**
- **Place in temporary splint (if available) if x-ray not readily available**
- **Complete neurovascular assessment after splinting**

**Remove splint (if present) and complete imaging**

- **Fracture present?**
  - **Yes**
  - **Radiologist uses PowerScribe note to document Acceptable or Unacceptable for pathway.**
  - **See after hours workflow for night/weekend procedures.**
  - **Contact Pedi Ortho and place consult order.**
  - **Manage off pathway.**
  - **Use Pedi Ortho PA inbox. Call with questions.**
  - **Follow up in 4 weeks with PCP (splint need, pain control, activity).**
  - **Reimaging only with continued point tenderness.**
  - **After Visit Summary to include “Bone Health Basics” statement.**

- **No**
  - **Manage off pathway.**

- **Unknown**
  - **Manage off pathway.**

**Inclusion**

- Patient any age with distal forearm injury and/or suspicion for forearm fracture

**Exclusion**

- All other fractures

**See Appendix A for x-ray images meeting Distal Torus Fracture Pathway**

**Manage off pathway.**

**Discharge Criteria**

- Pain tolerated well in splint
- Splint fits appropriately
- Appropriate neurovascular assessment

**Discharge Plan**

- Maintain splint
- Start Pain Management Therapy
- Provide Home Care Instructions (splint, vit. D, pain control)
- Follow up in 4 weeks with PCP (splint need, pain control, activity)
- Reimaging only with continued point tenderness

**Disclaimer:** Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

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Updated 10/2023
Distal Torus Fracture Pathway
After Hours Procedures for CP/UC

Order placed for x-ray at Children's and patient arrives after hours (Normal hours M-F until 1900)

Perform imaging

Ordering provider will read and interpret images*

Does fracture meet Distal Torus Fracture criteria?

- Yes
  - Provider follows the Distal Torus Fracture algorithm

- No
  - Provider maintains splint, consults Ortho and does not follow Distal Torus Fracture algorithm

Contact Numbers

Pedi Ortho (402) 955-6543

Children’s Radiology (402) 955-8039

*If image results are not readily available and provider is unsure if fracture is present, continue to splint arm until presence of fracture is determined and continue pathway

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Appendix A

Acceptable Radial Distal Buckle Fracture for splinting

- Dorsal Radial Buckle Fracture
  - Distal 1/3 of Radius
  - Less than 15% angulation

These fractures meet Distal Radial Fracture Pathway.

Acceptable Radial Distal Buckle Fracture for splinting

- Dorsal Radial Buckle Fracture
  - Distal 1/3 of Radius
  - Less than 15% angulation

Acceptable Radial Distal Buckle Fx for splinting

- Volar Radial Buckle Fracture
  - Distal 1/3 of radius
  - Less than 15% angulation