

Interpretation of Paediatric X-rays

by

Registered Advanced Nurse Practitioners

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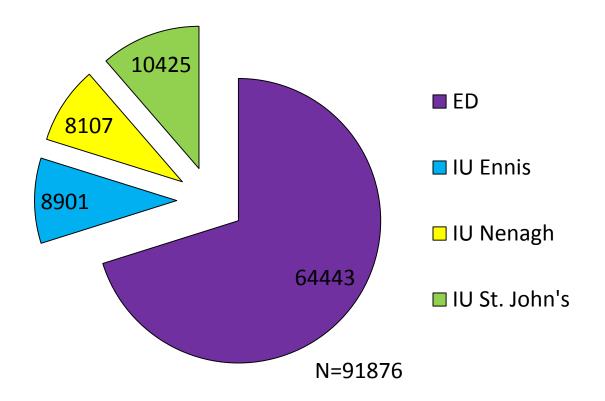




UL Hospitals Group Emergency Care Network



Total Attendances for 2016







- Limitations to X-ray prescribing in UL Hospitals Group excluding St. John's Hospital
- High resource activity
- High service activity
- High risk activity
- Based on best practice and clinical effectiveness
- Transparency in clinical practice





- To gather information regarding paediatric patients aged between 5-15 years that were seen and prescribed an x-ray by RANPs within the ECN during a specific timeframe.
- To demonstrate adherence to the RANP ionising radiation (X-Ray) scope of practice.
- To determine the accuracy of RANP X-Ray interpretation.
- To develop an action plan to address areas not in line with standard.



Audit Objectives



To expand our scope of paediatric x-ray prescribing to match our scope of clinical practice.

Paediatric patient 5 years and over

Minor head injury with no LOCFacial injury

Injury/pain to shoulder, upper & lower arm, wrist, hand, fingers.
Injury/pain to knee, lower leg, ankle, foot, toes

 Lacerations, cuts, abrasions all areas, nail bed repair
Foreign body to eye and ear
Abscess, paronychia, wound infection, cellulitis
Animal / insect bite





Methodology



- Retrospective peer review of the NIMIS database and clinical case notes.
- Inclusion

Paediatric patients aged between 5 and 15 years prescribed an x-ray by RANPs over a 3 month period.

Exclusion

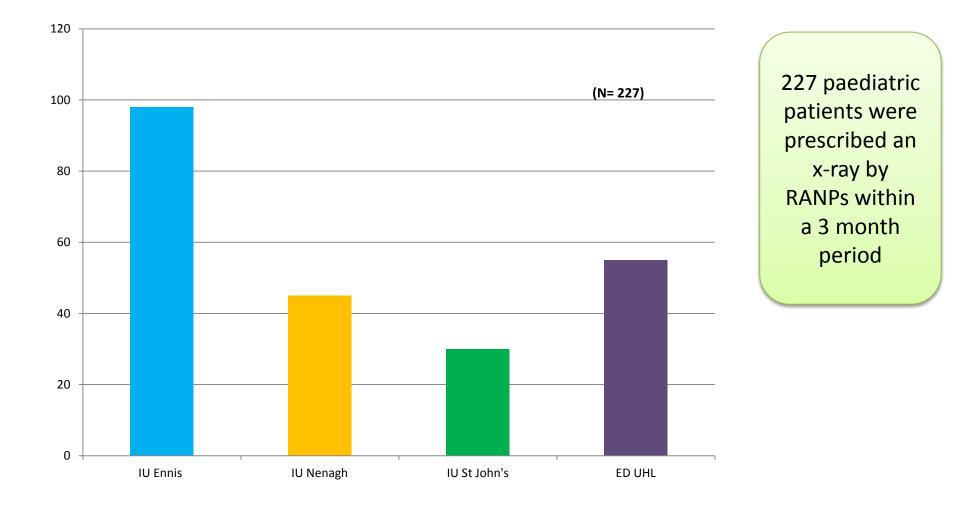
➢ Patients aged 16 and over

> All patients not prescribed an x-ray by RANPs



Findings

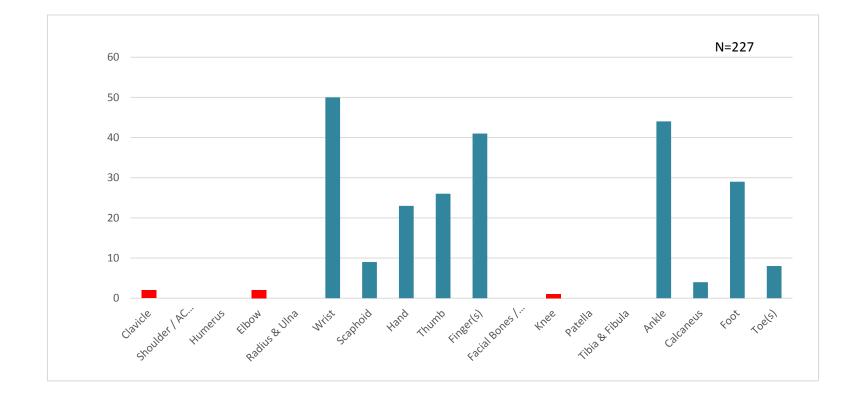






Ospidéil OL UL Hospitals Scope of prescribing practice

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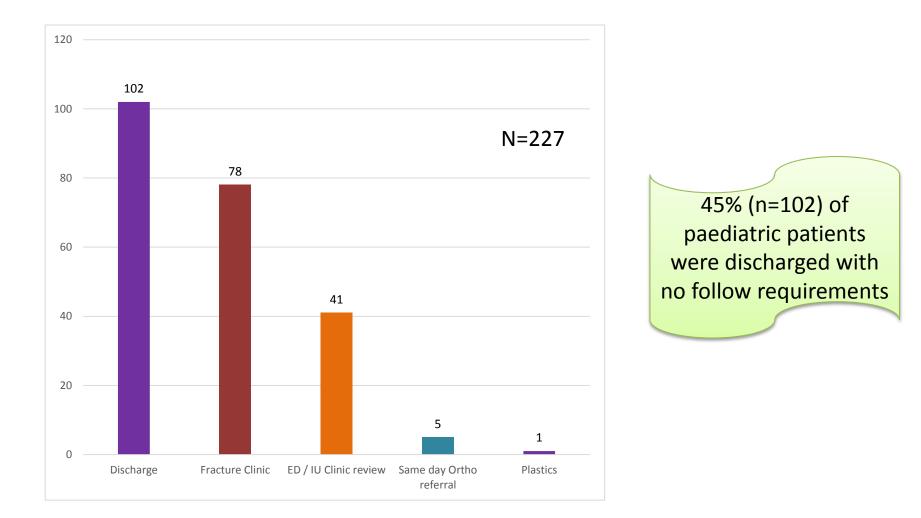


Less than 1% (n=1) of the x-rays prescribed by RANPs were outside the RANP scope of prescribing practice as outlined in the Groups Nurse prescribing ionising radiation policy.



Patient Outcome

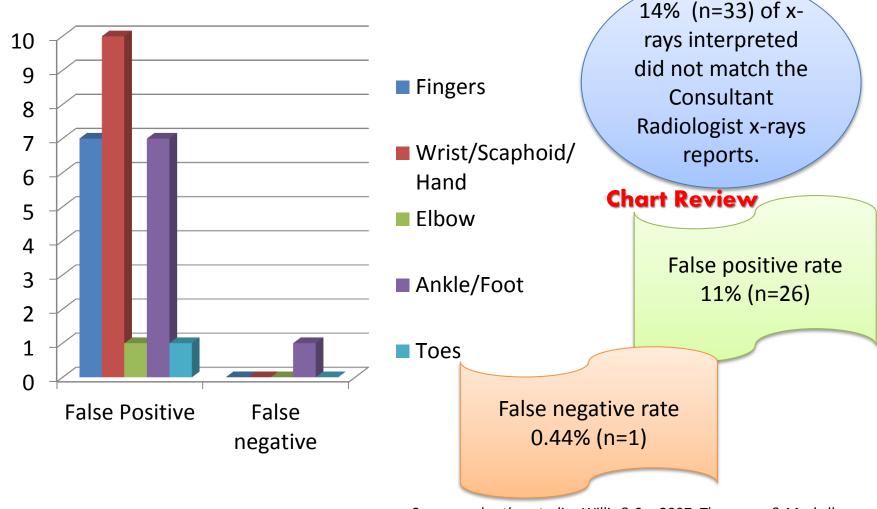






RANPs X-ray Interpretation V's Consultant Radiologist X-ray Report





Corresponds other studies Willis & Sur 2007; Thompson & Meskell 2012



Conclusion



There were no negative consequences for patients as a result of 'false positive' or 'false negative' interpretations.

However, the fracture clinic had an additional workload due to false positive referrals.



Outcome & Recommendations



- Audit report disseminated to X-ray Prescribing LIG and Medical Directorate.
- As a result, our x-ray prescribing scope was expanded to match our RANP clinical scope.
- Plan for re-audit in 2018.

RANP Scope of Paediatric X-ray Prescribing

Femur; Knee; Patella; Tibia & Fibula; Ankle; Calcaneum; Foot; Toes; Scapula; Clavicle; shoulder; AC joint; Humerus; Elbow; Radius & Ulna; Wrist; Scaphoid; Hand; Fingers/Thumb; Facial bones; Mandible; OPG; Orbits out rule FB;





