How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

Looking after the splint/plaster

Your child will need to be in the splint or plaster for 3 to 4 weeks. Taking good care of the splint or plaster will prevent skin problems and discomfort.

**Do:**
- Keep the plaster/splint clean & dry
- Watch for signs of damage — call the plaster room if you think the plaster/splint is broken
- Let your child attend school & use the arm as usual, but avoid contact sports e.g. football, gym
- Keep the splint on at all times except when washing

**Don’t:**
- Push anything between the plaster/splint and the skin. It can cause serious injury, which may not been seen until the splint is removed.
- Get the plaster wet — it isn’t waterproof

After 3 to 4 weeks the splint/plaster can be removed.
Buckle Fractures

Your child has been diagnosed with a ‘Buckle Fracture’ of the forearm. This leaflet is designed to tell you what a ‘Buckle’ Fracture is, how it is treated, and how long it will take to get better. It also tells you what to do if you’re concerned or have any questions.

Which Bone is broken?
There are two bones in the forearm, the radius and the ulna. If you look at your right forearm with your palm facing you, your radius bone runs between the wrist closest to the base of the thumb and the elbow. The ulna bone runs between the little finger side of the wrist and the elbow. Your child has broken their radius bone, closer to the wrist than the elbow. Sometimes, this is called a ‘Distal Radius’ Fracture.

What is a Buckle Fracture?
Buckle fractures of the forearm are very common injuries in children. Children have softer bones than adults, and heavy falls can cause the bone to ‘buckle’ or bunch up on one side. This is known as a buckle fracture. It is sometimes also called a ‘torus’ fracture or ‘incomplete’ fracture, as the bone is not broken all the way through.

What Treatment Will My Child Have?
• Your child will have been placed in a plaster or splint before leaving the hospital.
• Sometimes additional x-rays are taken, to check position.
• At home, give your child pain relieving medicines such as paracetamol, providing they’re not allergic to this. Follow the instructions on the packet for how much to give.
• Keep the arm high in a sling for 24 hours to reduce swelling.

How long will it take to heal
Buckle fractures usually heal in 3 to 4 weeks.

Will my child need an operation?
No, not usually. If an operation is needed, we will talk to you about this in detail.

Can I send my child to school?
Yes, but they shouldn’t take part in PE (Physical Education) lessons whilst in the plaster / splint.

Is it normal to feel a lump?
Yes. You may be able to feel a lump over the fracture as it heals; this is normal and will reduce with time.

What can I expect once the plaster/splint is removed?
It may be stiff at first, this will settle. Rub the skin with simple moisturiser to treat any flaky or dry skin. Your child should then use the arm as normal, but avoiding contact sports/PE for 3 weeks.

Where to go for more help / information
For questions regarding the splint or plaster:
Please call your nearest plaster room. Stoke Mandeville – 01296 315743, or Wycombe – 01494 425452 (Monday-Friday 9am-5pm).

If you are concerned that your child’s fracture isn’t healing properly:
Please call the plaster room & they will arrange for a further appointment to be sent out to you.

In an emergency attend your nearest A&E Department, but for other concerns contact your child’s GP.