

DR. AMBROSOLI MEMORIAL HOSPITAL

AGAGO District Tel: 0772204747 P.O.Box 47, Kalongo E-mail:kalongo.ambrosolihospital@gmail.com

SUGGESTED DATA COLLECTION PARAMETERS A. PATIENT DEMOGRAPHICS NAME:..... STUDY NUMBER:.... AGE..... SEX:..... ADDRESS..... NEXT OF KIN: CONTACT:.... LEVEL OF EDUCATION..... **B. FRACTURE CHARACTERISTICS** Bone Affected Radius 🗆 Ulna □ Both Radius and Ulna Segment of bone involved Middle [Distal \square Proximal Transverse ☐ Oblique ☐ Spiral \square Comminuted Pattern of fracture Greenstick [Nature of Fracture Open \square Close Other fractures **Associated Injuries** Head ☐ Chest ☐ Fall from tree ☐ RTA ☐ Beaten ☐ Causes of fracture Falling while playing \(\square\) Time from fracture to Intervention Amount of soft tissue swelling Growth plate involvement / Salter Harris fracture **C. SOCIAL DEMOGRAPHICS:** Occupation of patients/ care taker Distance from Kalongo hospital D. TRAETMENT DETAILS: Duration of treatment Number of casts changed Duration to definitive cast application Admitted or treated as out patients **E. COMPLICATIONS:**

Non-union 🗌	Cross Union	Muscle atrophy [
Limited grip strength	Joint pain 🗌	Mal-union 🗌
Skin reactions/problems	Limited pronation/Supination [
		Others
Limited extension/Flexion of the wrist and elbow (Joint stiffness)		

The complications can be noticed at periodic patient follow up reviews at 5 days, 4 weeks, 3 months and at 6 months.