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Fractures often missed about the elbow in the pediatric age group

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Because of the immature nature of the immature musculoskeletal system in the immature skeleton, there are often fractures especially in this age group that are missed (perhaps a better term to use from a legal point of view is unappreciated). Because of these changes the architecture of the distal humerus and proximal radius and ulna may make the assessment of the presence of a significant fracture or dislocation that needs orthopedic management sometimes difficult. Some of the unappreciated injuries if not properly diagnosed, can produce long lasting ill effects to the patient. This presentation will give some examples of these often unappreciated injuries seen in the skeletally immature patient. The common errors made the result in not appreciating the true nature of these often missed pediatric elbow injuries will also be included in this presentation.

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Discharge planning from Emergency Department following limb injury: The Saudi Arabia context

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Saudi Arabia spends \$6 billion per year on the management of road traffic accidents (RTAs). With approximately 19 deaths a day due this cause, Saudi roads are among the most dangerous in the world. Of those who survive, 50% have a major injury and 50% have a minor injury manageable with a brief period of hospitalization and can be discharged directly to home from the Emergency Department (ED). The aim of the study is to explore the approaches to discharge planning from the ED for limb injury for the first time and determine if it is systematic, evidence based and an efficient use of health services. A mixed methods design was utilized, a survey was distributed to patients (n=302) and orthopedic plaster nurses were interviewed. The key findings were not surprising, as discharge preparation rating went down, there was a higher likelihood for unplanned ED return ($p<0.01$). Further, verbal instructions in the participants' own language rated higher compared to other type of instructions. Discharge from nurses and doctors had significantly higher discharge preparation rating. It can also be concluded that, as age increases returning to ED increases and the chances of females are more to return to ED than males.

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