Part 1: ED Patient Safety Checklist

- Completed before the patient leaves the ED.
- The resident, nurse practitioner, or physician assistant completes the form.
- CIS triggers the form through the supracondylar fracture pathway orderable in the fracture order set.
- The attending reviews the responses and then adds his/her attestation.

1. Radiographic evaluation included AP/lateral views of the elbow.
   - Yes
   - No – Reason: __________________________________________________________

2. Examination of vascular status included wrist pulses and hand perfusion?
   - Yes
   - No – Reason: __________________________________________________________

   If yes,
   a. Result of examination of vascular status including wrist pulses and hand perfusion?
      - Normal
      - Abnormal - Document_____________________________________

3. Examination of neurological status included median nerve (including AIN), ulnar nerve, and radial nerve (including PIN)?

<table>
<thead>
<tr>
<th>Nerve</th>
<th>Motor</th>
<th>Sensory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median (including AIN)</td>
<td>“OK” sign: flexes thumb/index</td>
<td>Index finger</td>
</tr>
<tr>
<td>Radial (including PIN)</td>
<td>Thumb abduction: lift off palm</td>
<td>Dorsal web space</td>
</tr>
<tr>
<td>Ulnar</td>
<td>“Thumbs up”, extends thumb</td>
<td>between thumb and index</td>
</tr>
<tr>
<td></td>
<td>Make “scissors” with index and middle fingers</td>
<td>Small finger</td>
</tr>
</tbody>
</table>

   - Yes
   - No – Reason: __________________________________________________________

   If yes,
   a. Result of examination of neurological status including median nerve (including AIN), ulnar nerve, and radial nerve (including PIN)?
      - Normal
      - Abnormal - Document_____________________________________

4. Displaced fracture needing surgery?
Orthopedic Supracondylar Humerus Fracture - Patient Safety Checklist

☐ Yes
☐ No – Reason: ____________________________________________________________

5. Immobilization of fracture with elbow flexion not greater than 90°?
☐ Yes
☐ No – Reason: ____________________________________________________________

Attending Attestation:
☐ Yes
☐ Yes, with the following modifications/comments:

<table>
<thead>
<tr>
<th>H A N D - O F F  T O  O P E R A T I N G  R O O M  O R</th>
<th>S U R G I C A L  U N I T</th>
</tr>
</thead>
</table>
Part 2: Post-Operative Patient Safety Checklist

- Completed before the patient leaves the OR/PACU.
- The resident, nurse practitioner, or physician assistant completes the form.
- CIS triggers the form through the supracondylar fracture pathway orderable in the fracture order set.
- The attending reviews the responses and then adds his/her attestation.

1. Displaced fracture treated with closed reduction and percutaneous pin fixation using 2-3 lateral pins?
   - Yes
   - No – Reason: ________________________________________________________________

2. Residual malposition after attempted closed reduction treated with open reduction?
   - Yes
   - Unnecessary – not malpositioned

3. Reduction and pinning followed by immediate (intra-operative) reassessment and documentation of vascular status includes radial pulse, hand perfusion, and palpation of forearm compartments?
   - Yes
   - No – Reason: ________________________________________________________________

If yes:
   a. Result of examination of vascular status including radial pulse, hand perfusion, and palpation of forearm compartments?
      - Normal
      - Abnormal- Document________________________________________________________
4. Assessed for concomitant forearm fracture by fluoroscopy or plane x-ray?
   □ Yes
   □ No – Reason: ____________________________________________________________

   If yes:
   a. Concomitant forearm fracture found?
      □ No fracture found
      □ Fracture detected – Type of fracture: ____________________________

5. Immobilization of fracture with elbow flexion not greater than 90 degrees?
   □ Yes
   □ No – Reason: __________________________________________________________

Attending Attestation:
   □ Yes
   □ Yes, with the following modifications/comments:

H A N D - O F F  T O  S U R G I C A L  U N I T
Part 3: Discharge Patient Safety Checklist

- Completed before the patient is discharged.
- The resident, nurse practitioner, or physician assistant completes the form.
- CIS triggers the form through the supracondylar fracture pathway orderable in the fracture order set.
- The attending reviews the response and then adds his/her attestation.

1. Examination of post-operative neurological status included median nerve (including AIN), ulnar nerve, and radial nerve (including PIN) completed prior to discharge?

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</tr>
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</table>

- Yes
- No – Reason: __________________________________________________________

If yes:
   a. Result of examination of post-operative neurological status including median nerve (including AIN), ulnar nerve, and radial nerve (including PIN)?
     - Normal
     - Abnormal- Document ________________________________________________

Attending Attestation:
- Yes
- Yes, with the following modifications/comments:

**DISCHARGE TO HOME / CLINIC**

Medical Disclaimer
Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication.

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