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Improving the management of shoulder dislocation by use of the BESS/BOA patient care pathway for the management of traumatic anterior shoulder instability

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Background: Shoulder dislocation and associated neurovascular injuries can have poor outcomes if missed. In 2015 the British Elbow and Shoulder Society and British Orthopedic Association (BESS/BOA) published a Patient Care Pathway for the Management of Traumatic Anterior Shoulder Instability. We audited our management of shoulder dislocations against these guidelines and implemented changes to improve patient care.

Methods: We conducted an initial audit of the management of shoulder dislocation in the Emergency Department (ED). We noted areas of poor performance for the documentation of neurovascular examination and for obtaining adequate X-ray views. We concentrated on improving these prior to audit 2. We produced a simple chart and pro forma to guide correct management conducted teaching sessions for ED staff. We also met with ED consultants, radiographers and radiology consultants to encourage the use of Axillary / modified Axillary view X-rays.

Results: Audit 1, n=22. Pre-reduction; the Axillary nerve was documented in 6 patients (27%). Median, Ulnar and Radial nerves 2(9%). AP X-ray was performed in 22(100%) and Axillary X-ray 4(19%). Post-reduction; the Axillary nerve was documented in 6(27%). Median, Ulnar and Radial nerves 1(4.5%). AP X-ray 22(100%), Axillary X-ray 3(15%).

Audit 2, n=20. There was a large improvement in all parameters.

Pre-reduction; the Axillary nerve was documented in 16(80%). Median, Ulnar and Radial nerves 15(75%). AP X-ray was performed in 19(95%), Axillary X-ray 16(80%). Post-reduction; the Axillary nerve was documented in 11(55%). Median, Ulnar and Radial nerves 11(55%). AP X-ray 22(100%), Axillary X-ray 17(85%).

Conclusion: We have greatly improved the documentation of neurovascular status after shoulder dislocation and the use of pre- and post-reduction X-rays, including a large increase in the use of Axillary / modified Axillary views.

Implications: By implementing the BESS/BOA guidelines we have improved the care of patients with shoulder dislocations.