Prompt and accurate diagnosis of scaphoid fractures are crucial in preventing complications such as non-union, avascular necrosis & early-onset arthritis. Research has shown that initial radiographs detect a fracture in 85-90% of cases, but it can be occult in up to 10–15%. In 2016 NICE recommended that MRI should be considered for first-line imaging in patients with suspected scaphoid fractures. Our aim is to determine whether the clinical practice at DCH is matched with the recommendations set by NICE, and whether the implementation of a ‘Scaphoid Management Protocol’ led to increased compliance.

Retrospective analysis of all patients with suspected scaphoid fracture presenting to ED between May – September 2017, with reaudit between December 2017 - February 2018 and June – October 2020. Those patients who had gone on to have further MRI imaging were then identified, and the average time taken to MRI requests to MRI being performed was evaluated.

Prior to the protocol, 16% of patients with normal X-ray but clinical signs weren’t referred to further MRI imaging – this reduced to 1% in re-audit. The average recorded time to MRI from the requested date improved with each audit cycle, with 37.6, 19.9 & 11.4 days, respectively. However, a new finding found that 35% of patients presenting to ED with scaphoid injury were not referred further for Orthopaedic assessment to exclude scaphoid fracture.

Implementation of a ‘Scaphoid Management Protocol’ significantly improved compliance to NICE guidelines of MRI imaging resulting in earlier fracture diagnosis and improved prognosis, as well as improving time to MRI from the request date.