

in the manipulation of Colles' fractures in the A&E department. Our study did not identify any significant benefit in alkalinising the haematoma block.

We would like to thank Catherine Waters of the Research Support Unit at Frenchay NHS Trust for her advice and statistical support.

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such paediatric skills for prehospital personnel in the United Kingdom.

I would like to thank my colleagues in the A&E department for their valuable comments in the preparation of this manuscript. Thanks also to Mrs Jean Thomas for her secretarial support and to Mrs Maria Goldsmith, the departmental audit assistant.

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Discussion

Nurses were able to apply the Ottawa Ankle Rules without missing a fracture. A recent large Canadian multicentre study showed that before implementation of the rules by clinicians more than 80% of patients received *x* rays; after implementation this dropped to 60%.⁹ Our frequency of 73% for nurses requesting *x* rays shows an intermediate effect.

CONCLUSIONS

The Ottawa Ankle Rules were successfully applied by nurses without missing a fracture (as indicated by failure to reattend the A&E department or the trauma service).

By extending their use to nurses, the advantage of the rules—that is, the ordering of appropriate *x* rays—can be applied earlier, before the patient is seen by the doctor, thus shortening times spent in A&E departments without missing significant fractures. The frequency of nurse ordered *x* rays was less than that of physicians in the Canadian hospitals studied before the implementation of the rules.⁹

We would like to acknowledge the help of the nurses who participated in this study and made it possible: Debbie Lee, Nick Armstrong, Mike Paynter, Nigel Wilkins, Raoul Chandrasakera.

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