

Hospital:

State / Territory:

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|------------------------|--|---|
| <b>First Name</b>      | <b>Surname</b>   | <b>Patient's postcode</b>   |
|                        |  |   |
| <b>Date of Birth</b>   | <b>Sex</b>   | <b>Contact telephone number</b>   |
| ___/___/_____          | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other   |   |
| <b>Hospital MRN</b>    | <b>Patient type</b>  | <b>Indigenous Status</b>  |
|                        | <input type="checkbox"/> Public<br><input type="checkbox"/> Private<br><input type="checkbox"/> Overseas<br><input type="checkbox"/> Not known | <input type="checkbox"/> Aboriginal<br><input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Both Aboriginal and Torres Strait Islander<br><input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander<br><input type="checkbox"/> Not known |
| <b>Medicare number</b> |  |   |
|                        |  |   |

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| <b>Admission via ED of operating hospital</b>  | <b>If transferred from another hospital</b>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No, transferred from another hospital<br><input type="checkbox"/> No, in-patient fall<br><input type="checkbox"/> Other/not known   | Name of transferring hospital:<br><br>ED/Hospital arrival date ___/___/_____ :__hrs<br><div style="text-align: right;">Record time using 24hr clock</div>  |
| <b>ED/Hospital Admission (operating hospital)</b>  | <b>If an in-patient fracture (time using 24hr clock)</b>   |
| Admission ___/___/_____ :__hrs<br>Departure ___/___/_____ :__hrs<br>(from ED) <span style="float: right;">Record time using 24hr clock</span>  | Date / time of diagnosis ___/___/_____ :__hrs<br><div style="text-align: right;">Record time using 24hr clock</div>  |
| <b>Usual place of Residence</b>  | <b>Type of ward admitted to</b>  |
| <input type="checkbox"/> Private residence including retirement village<br><input type="checkbox"/> Residential care facility<br><input type="checkbox"/> Other<br><input type="checkbox"/> Not known<br><br><small>Note: If holiday residence/respite care, document usual place of residence</small>   | <input type="checkbox"/> Hip fracture unit /Orthopaedic ward / preferred ward<br><input type="checkbox"/> Outlying ward<br><input type="checkbox"/> HDU / CCU / ICU<br><input type="checkbox"/> Other / not known  |
| <b>Walking ability pre-admission</b>   | <b>ASA grade</b>   |
| <input type="checkbox"/> Usually walks without walking aids<br><input type="checkbox"/> Usually walks with a stick or crutch<br><input type="checkbox"/> Usually walks with two aids or frame<br><input type="checkbox"/> Usually uses a wheel chair/ bed bound<br><input type="checkbox"/> Not known  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> unknown  |
| <b>Pre-morbid Cognitive Status</b>   | <b>Bone protection medication at admission</b>   |
| AMT score____<br><br><input type="checkbox"/> Normal cognition<br><input type="checkbox"/> Impaired cognition or known dementia<br><input type="checkbox"/> Not known or recorded  | <input type="checkbox"/> No bone protection medication<br><input type="checkbox"/> Yes, calcium and/or vitamin D only<br><input type="checkbox"/> Yes, bisphosphonate (oral or IV) strontium, denosumab or teriparitide (with or without calcium and/or vitamin D)<br><input type="checkbox"/> Not known           |
| <b>Pre-operative medical assessment</b>  | <b>Side of fracture</b>  |
| <input type="checkbox"/> No assessment conducted<br><input type="checkbox"/> Geriatrician / geriatric team<br><input type="checkbox"/> Physician / physician team<br><input type="checkbox"/> GP<br><input type="checkbox"/> Specialist nurse<br><input type="checkbox"/> Not known<br><br><small>This is in addition to preoperative anaesthetic and orthopaedic review</small> | <input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><br>If bilateral – complete a separate record for each fracture   |
| <b>Atypical fracture</b>   | <b>Type of fracture</b>  |
| <input type="checkbox"/> Not a pathological or atypical fracture<br><input type="checkbox"/> Pathological fracture<br><input type="checkbox"/> Atypical fracture<br><br><small>See data dictionary if uncertain of definitions</small>   | <input type="checkbox"/> Intracapsular – undisplaced / impacted<br><input type="checkbox"/> Intracapsular - displaced<br><input type="checkbox"/> Per / intertrochanteric<br><input type="checkbox"/> Subtrochanteric<br><br><small>Note: Basal/basicervical #s are to be classed as per/intertrochanteric</small> |

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| <b>Did the patient undergo surgery</b>   | <b>Date &amp; time of primary surgery</b>  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | ___ / ___ / _____ :__ hrs<br>Record time using 24hr clock  |
| <b>Reason if delay &gt; 48 hours</b>   | <b>Anaesthesia</b>   |
| <input type="checkbox"/> No delay- surgery < 48 hrs<br><input type="checkbox"/> Yes, delayed due to patient deemed medically unfit<br><input type="checkbox"/> Yes, delayed due to issues with anticoagulation<br><input type="checkbox"/> Yes, delayed due to theatre availability<br><input type="checkbox"/> Yes, delayed due to surgeon availability<br><input type="checkbox"/> Other type of delay (state reason)<br><input type="checkbox"/> Not known<br>Note: Delay is calculated from time of presentation to ED or diagnosis of hip fracture for those transferred from other hospital or in-patient fall | <input type="checkbox"/> General anaesthetic<br><input type="checkbox"/> Spinal / regional anaesthesia<br><input type="checkbox"/> Other – state<br><input type="checkbox"/> Not known   |
| <b>Analgesia (nerve block)</b>   | <b>Consultant present during surgery</b>   |
| <input type="checkbox"/> Nerve block administered preoperative (before arriving in OT)<br><input type="checkbox"/> Nerve block administered in OT<br><input type="checkbox"/> Both<br><input type="checkbox"/> Neither<br><input type="checkbox"/> Not known   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not known  |
| <b>Operation Performed</b>   | <b>Intra-operative Fracture</b>  |
| <input type="checkbox"/> Cannulated screws (e.g. multiple screws)<br><input type="checkbox"/> Sliding hip screw<br><input type="checkbox"/> Intramedullary nail – short<br><input type="checkbox"/> Intramedullary nail – long<br><input type="checkbox"/> Hemiarthroplasty – stem cemented<br><input type="checkbox"/> Hemiarthroplasty – stem uncemented<br><input type="checkbox"/> Total hip replacement – stem cemented<br><input type="checkbox"/> Total hip replacement – stem uncemented<br><input type="checkbox"/> Other<br><input type="checkbox"/> Not known   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> No operation<br><input type="checkbox"/> Not known   |
| <b>Postoperative weight bearing status</b>   | <b>First day mobilisation</b>  |
| <input type="checkbox"/> Unrestricted weight bearing<br><input type="checkbox"/> Restricted / non weight bearing<br><input type="checkbox"/> Not known   | <input type="checkbox"/> Patient out of bed and given opportunity to start mobilising day 1 post surgery<br><input type="checkbox"/> Patient not given opportunity to start mobilising day 1 post surgery<br><input type="checkbox"/> Not known  |
| <b>New Pressure ulcers</b>   |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not known<br><br>Note: Grade 2 + above during acute admission  |  |
| <b>Assessed by Geriatrician in acute phase of care</b>   | <b>Date initially assessed by Geriatrician</b>   |
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No geriatric medicine service available<br><input type="checkbox"/> Not known  | ___ / ___ / _____  |
| <b>Specialist falls assessment</b>   | <b>Bone protection medication at discharge from operating hospital</b>   |
| <input type="checkbox"/> No<br><input type="checkbox"/> Performed during admission<br><input type="checkbox"/> Awaits falls clinic assessment<br><input type="checkbox"/> Further intervention not appropriate<br><input type="checkbox"/> Not relevant<br><input type="checkbox"/> Not known  | <input type="checkbox"/> No bone protection medication<br><input type="checkbox"/> Yes, calcium and/or vitamin D only<br><input type="checkbox"/> Yes, bisphosphonate (oral or IV) strontium, denosumab or teriparatide (with or without calcium and/or vitamin D)<br><input type="checkbox"/> Not known |

|  |   |
|--|---|
| <b>Date of discharge from acute / orthopaedic ward</b>       | <b>Discharge destination from acute / orthopaedic ward</b>  |
| ___ / ___ / _____  | <input type="checkbox"/> Private residence (including retirement village)<br><input type="checkbox"/> Residential care facility<br><input type="checkbox"/> Rehabilitation unit - public<br><input type="checkbox"/> Rehabilitation unit - private<br><input type="checkbox"/> Other hospital / ward / speciality department<br><input type="checkbox"/> Deceased<br><input type="checkbox"/> Other<br><input type="checkbox"/> Not known |
| <b>Date of final discharge from hospital system if known</b> | <b>Discharge destination from health system if known</b>  |
| ___ / ___ / _____  | <input type="checkbox"/> Private residence (including retirement village)<br><input type="checkbox"/> Residential aged care facility<br><input type="checkbox"/> Deceased<br><input type="checkbox"/> Other<br><input type="checkbox"/> Not known   |

## Follow Up

| Follow Up Date                           | 30 days<br>___/___/_____   | 120 days<br>___/___/_____  |
|--|--|--|
| <b>Alive at 30 / 120 days</b>            | <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If discharged from hospital, confirm date of final discharge from hospital system<br>___/___/_____   | <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If wasn't discharged at 30 day follow up, confirm date of final discharge from hospital system<br>___/___/_____  |
| <b>Residential status</b>                | <input type="checkbox"/> Private residence (including unit in retirement village)<br><input type="checkbox"/> Residential aged care facility<br><input type="checkbox"/> Rehabilitation unit - public<br><input type="checkbox"/> Rehabilitation unit - private<br><input type="checkbox"/> Other hospital / ward / speciality department<br><input type="checkbox"/> Deceased<br><input type="checkbox"/> Other<br><input type="checkbox"/> Not known   | <input type="checkbox"/> Private residence (including unit in retirement village)<br><input type="checkbox"/> Residential aged care facility<br><input type="checkbox"/> Rehabilitation unit - public<br><input type="checkbox"/> Rehabilitation unit - private<br><input type="checkbox"/> Other hospital / ward / speciality department<br><input type="checkbox"/> Deceased<br><input type="checkbox"/> Other<br><input type="checkbox"/> Not known   |
| <b>Weight bearing status</b>             | <input type="checkbox"/> Unrestricted weight bearing<br><input type="checkbox"/> Restricted / non weight bearing<br><input type="checkbox"/> Not known   | <input type="checkbox"/> Unrestricted weight bearing<br><input type="checkbox"/> Restricted / non weight bearing<br><input type="checkbox"/> Not known   |
| <b>Walking Ability</b>                   | <input type="checkbox"/> Usually walks without walking aids<br><input type="checkbox"/> Usually walks with a stick or crutch<br><input type="checkbox"/> Usually walks with two aids or frame<br><input type="checkbox"/> Usually uses a wheel chair/ bed bound<br><input type="checkbox"/> Not known  | <input type="checkbox"/> Usually walks without walking aids<br><input type="checkbox"/> Usually walks with a stick or crutch<br><input type="checkbox"/> Usually walks with two aids or frame<br><input type="checkbox"/> Usually uses a wheel chair/ bed bound<br><input type="checkbox"/> Not known  |
| <b>Bone protection</b>                   | <input type="checkbox"/> No bone protection medication<br><input type="checkbox"/> Yes - Calcium and/or vitamin D only<br><input type="checkbox"/> Yes - Bisphosphonate (oral or IV) strontium, denosumab or teriparatide (with or without calcium and/or vitamin D)<br><input type="checkbox"/> Not known   | <input type="checkbox"/> No bone protection medication<br><input type="checkbox"/> Yes - Calcium and/or vitamin D only<br><input type="checkbox"/> Yes - Bisphosphonate (oral or IV) strontium, denosumab or teriparatide (with or without calcium and/or vitamin D)<br><input type="checkbox"/> Not known   |
| <b>Re-operation within 30 / 120 days</b> | <input type="checkbox"/> No reoperation<br><input type="checkbox"/> Reduction of dislocated prosthesis<br><input type="checkbox"/> Washout or debridement<br><input type="checkbox"/> Implant removal<br><input type="checkbox"/> Revision of internal fixation<br><input type="checkbox"/> Conversion to Hemiarthroplasty<br><input type="checkbox"/> Conversion to THR<br><input type="checkbox"/> Girdlestone/excision arthroplasty<br><input type="checkbox"/> Surgery for periprosthetic fracture<br><input type="checkbox"/> Not relevant<br><input type="checkbox"/> Not known<br>Note: Most significant procedure only | <input type="checkbox"/> No reoperation<br><input type="checkbox"/> Reduction of dislocated prosthesis<br><input type="checkbox"/> Washout or debridement<br><input type="checkbox"/> Implant removal<br><input type="checkbox"/> Revision of internal fixation<br><input type="checkbox"/> Conversion to Hemiarthroplasty<br><input type="checkbox"/> Conversion to THR<br><input type="checkbox"/> Girdlestone/excision arthroplasty<br><input type="checkbox"/> Surgery for periprosthetic fracture<br><input type="checkbox"/> Not relevant<br><input type="checkbox"/> Not known<br>Note: Most significant procedure only |