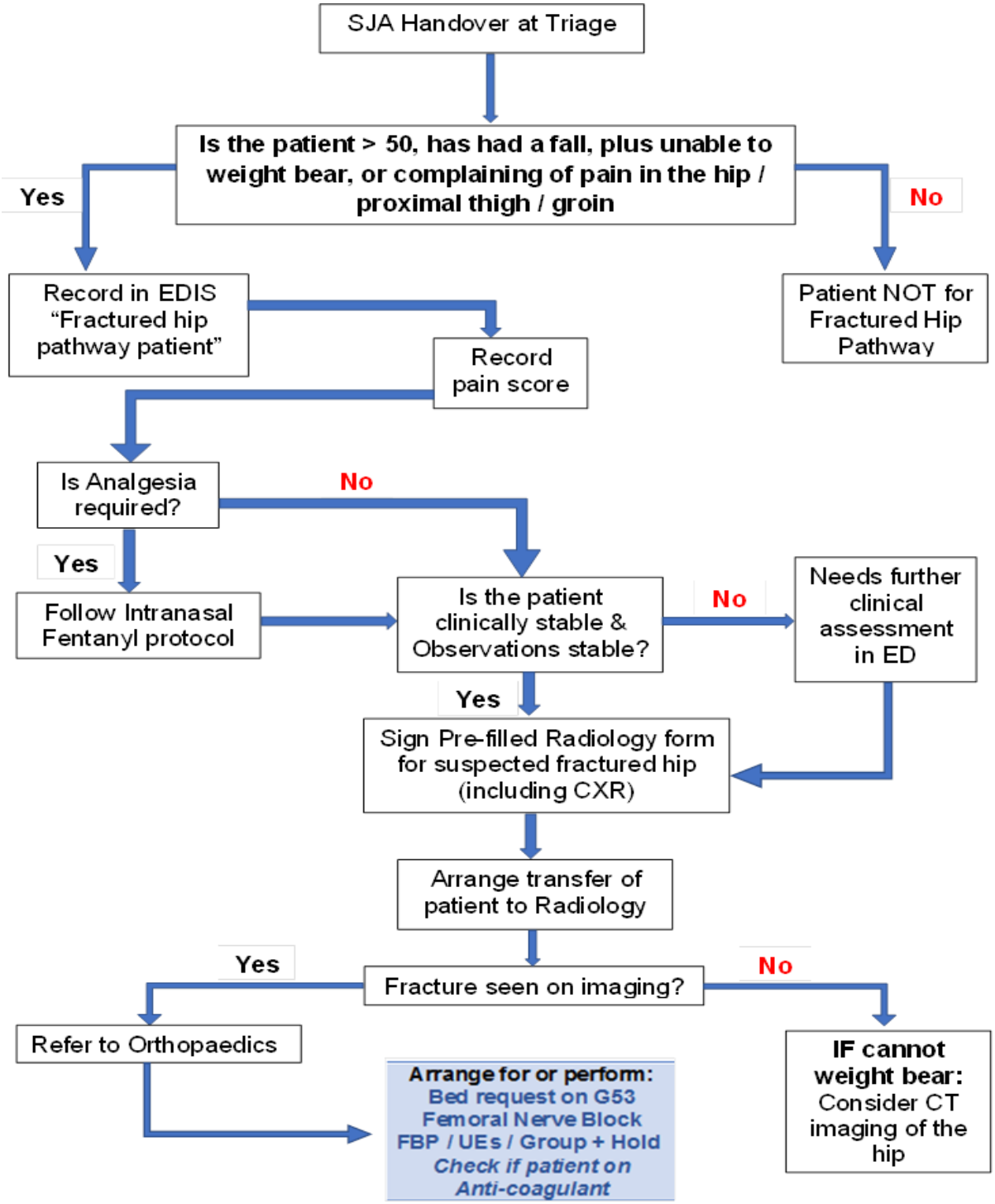
SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:

This collaborative pathway has been developed to ensure that Clinical Standards are met for patients having a hip fracture.

This Pathway is to be used in conjuction with the Hip Fracture Clinical Guidelines and Nursing Practice Guidelines.

Fractured Hip Pathway Flowchart



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Pathway is continued on the next page

SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:

SCGH Emergency Department Protocol

(1) Triage

Triage Time: _____

Triage Pain Assessment

Pain Score:
(please circle) 1 2 3 4 5 6 7 8 9 10

Analgesia given in Ambulance ☐ Doesn't require analgesia ☐ Requires Intranasal Fentanyl ☐

Record in EDIS "Fracture Hip Pathway Patient"

Intranasal Fentanyl protocol for suspected fractured hips:
(Please see Intranasal fentanyl guidelines for more Information for precautions, adverse effects and contraindications **-** Guideline HRM018)

Estimated weight of patient in kgs (please circle)

Under 50kg	**50- 60kg**	**60 – 70kg**	**>70kg**
Fentanyl dose	Fentanyl dose	Fentanyl dose	Fentanyl dose
120 micrograms *Please draw up:* 0.40 mls (*can give 0.5mls in one nostril)*	**150micrograms** *Please draw up:* 0.50 mls (*can give 0.5mls in one nostril)*	**180micrograms** *Please draw up:* 0.60 mls *(Give 0.3mls per nostril)*	**210micrograms** *Please draw up:* 0.70 mls *(Give 0.3mls and 0.4mls per nostril)*

Please circle the dose of fentanyl given

Draw up the calculated dose ***PLUS an additional 0.1mL*** *in a 1mL or 3mL syringe*

Give required dose via Metered Atomiser Devise (MAD)

Time Intranasal Fentanyl given: _____

If clinically stable and observations are within normal limits please complete the pre-filled imaging form at triage and transfer patient to radiology.

ED team to be alerted to review imaging once completed

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(2) Emergency Department Assessment

If fracture identified please refer to the orthopaedic team: ☐

Request a bed via EBM for ward G53/Orthopaedics: ☐

Arrange for / perform femoral nerve block: ☐

Time Referred: _____

Time booked: _____

Time of block: _____

Key investigations:

Investigations

FBC, U+Es, Group and Hold ☐

INR if on Warfarin ☐ Indication:_____

Is the patient on a DOAC? Yes No
(please circle)

If yes then document the following:

Drug: _____ Dose: _____

Indication: _____

Date/Time of last DOAC dose: _____

If on DOAC additional bloods to send:

Coagulation Screen: ☐ LFTS: ☐

DOAC Drug Level: ☐

Nursing

Pain Score – Reassessment (please circle)

1 2 3 4 5 6 7 8 9 10

Time last voided: _____

If voids in ED – Please dipstick the urine ☐

Avoid IDC's unless clinically indicated

(Nursing Practice Guideline 44 for bladder management)

Devices

Pressure relieving mattress in-situ ☐

Cannula ☐ PIVAS Chart ☐

Cannula Site:

_____

(3) Baseline Cognition

AMT 4: ***Please ask the patient the following and tick if they answered correctly***

How old are you? ☐ What is your date of birth? ☐

Where are you presently? ☐ What year is it? ☐

Score: / 4

Baseline Mobility prior to admission

Nil Aids ☐ Stick ☐ Zimmer Frame ☐ Wheeled Zimmer Frame ☐ Hoist ☐

Print name	Initial	Designation	Print name	Initial	Designation

SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:

Record of Care Giver

Date	Shift (AM/PM/ND)	Name	Signature	Initials	Safety Checks and Bedside Handover	
					Given by	Received by

SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:

Pre-operative

Date:	Date:	Date:	Date:

Please note that ALL recommendations apply in the absence of contraindications

Record in this area if the stated section of the care plan is either:
Not Applicable – N/A or
Has a Variance – V (please document variance in the patient's integrated notes)

	Nursing admission assessment completed 4/24 TPR & BP, O_2 Saturations Neurovascular observation Full Neurological Observations (FNO # NPG 9- Falls Management)	
Hydration and Nutrition	Encourage oral fluid and diets **Diet:**_____ If indicated following a nutritional assessment - High protein drink nocte **Thickened Fluids**: No □ Yes □ **Level:**_____ **NBM** □ **Fast** solids 6 hours pre-op **Fast** fluids 2 hours pre-op **Feeding:** Independent □ Full assist □ Set up □ Other □	
Elimination	Bowel chart updated (**Ensure bowels open 3/7)** Regular aperients charted Suppositories if bowels not open for 3/7 4-6 hourly bladder scans Urinalysis on admission if not done in ED - Send specimen for MC & S if urinalysis shows Nitrites or Leukocytes	
Hygiene	Pre-op surgical wash Mouth Care TDS	
Pressure Risk Management	Pressure Injury Risk & Skin Integrity Management updated Pressure relieving mattress in-situ Heel elevators in-situ 2-3 hourly PAC performed	
Mobilisation and Activity	RIB Mobility chart updated Deep breathing, ankle and foot exercises encouraged	
VTE Risk Assessment (Ax to be completed by medical staff on medication chart)	Enoxaparin charted nocte (12 hours pre-op, 6 hours post op) Graduated Compression Stocking in-situ both legs (unless contraindicated)	
Medication and Pain Management	Usual medication prescribed *(Antihypertensives to be reviewed)* **Pain management**: Regular and PRN analgesia charted Pain scores documented Mupirocin Ointment 2% (Nares) 1 x dose pre-op ***If patient is not for same day theatre arrange for Femoral Nerve Catheter***	
Education and Discharge Planning	Preoperative education completed Discharge destination: Home □ Rehab (OG team to assess) □ Residential Aged Care □	
Special needs/Treatment		

Planned date & time of operation _____

Nursing shift sign off	Date	AM	PM	NIGHT

SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:

Post-operative Day 0

Date:	**Time RTW:**

Procedure:
- □ Cannulated Screws
- □ Dynamic Hip Screw
- □ Hemiarthroplasty
- □ Total Hip Replacement (THR)
- □ Proximal Femoral Nail (PFN)
- □ Proximal Femoral Nail Antirotation (PFNA)

Surgical Approach
- □ Anterior
- □ Antero-lateral
- □ Lateral
- □ Posterior
- □ Other _____

Observations	Routine Post-Op observations Neurovascular observation Full Neurological Observations (FNO as per # NPG 9- Falls Management) Observe wound for swelling and bleeding	
Investigations	Haemacue 2 hours post return to the ward FBC & U+Es are ordered for early am blood collection **Order Vitamin D and serum Calcium levels if not already done so**	
Hydration and Nutrition	Encourage oral fluid and diets **Diet:**_____ If indicated following a nutritional assessment - High protein drink nocte **Thickened Fluids**: No □ Yes □ **Level:**_____ **NBM** □ **Feeding:** Independent □ Full assist □ Set up □ Other □	
Elimination	Bowel chart updated (**Ensure bowels open 3/7)** Regular aperients charted Suppositories if bowels not open for 3/7 4-6 hourly bladder scans ***IMC if BS > 800mls or discomfort and unable to void***	
Hygiene	Post op wash Mouth care TDS	
Pressure Risk Management	Pressure Injury Risk & Skin Integrity Management Updated Pressure relieving mattress in-situ Heel elevators in-situ 2-3 hourly PAC performed	
Mobilisation and Activity	***IF operated in the AM - Encourage to sit on the edge of the bed & mobilise*** ***IF operated in the PM – Inform patient that they will mobilise mane*** Mobility chart updated Deep breathing, ankle and foot exercises encouraged	
VTE Risk Assessment (Ax to be completed by medical staff on medication chart)	Enoxaparin charted nocte (6 hours post op) Graduated Compression Stocking in-situ both legs (*unless contraindicated)*	
Medication and Pain Management	**Pain management:** Regular and PRN analgesia charted Pain scores documented Mupirocin Ointment 2% (Nares) BD (Total 4 doses post-op) *Anithypertensives may need to be reviewed*	
Education and Discharge Planning	Reinforce preoperative education Discharge destination: Home □ Rehab (OG team to assess) □ Residential Aged Care □	
Special Needs / Treatment		

Estimated Date of Discharge _____

Nursing shift sign off	**AM**	**PM**	**NIGHT**

SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:

Post-operative Day 1

Date:

Patient Goals:

(1) Mobilisation
(2) Removal of invasive devices if clinically appropriate (e.g. cannula)
(3) Discussion of discharge destination
(4) Ensuring bowels are open

Observations	4/24 TPR & BP, O_2 Saturations Neurovascular observation Full Neurological Observations (FNO as per # NPG 9- Falls management) Observe wound for swelling and bleeding	
Hydration and Nutrition	Encourage oral fluid and diets **Diet:**_____ If indicated following a nutritional assessment - High protein drink nocte **Thickened Fluids**: No □ Yes □ **Level:**_____ **NBM** □ **Feeding:** Independent □ Full assist □ Set up □ Other □	
Elimination	Bowel chart updated (**Ensure bowels open 3/7)** Regular aperients charted Suppositories if bowels not open for 3/7 4-6 hourly bladder scans	
Hygiene	Shower Mouth care TDS	
Pressure Risk Management	Pressure Injury Risk & Skin Integrity Management updated Pressure relieving mattress in-situ Heel elevators in-situ 2-3 hourly PAC performed	
Mobilisation and Activity	***Attempt to get out of bed to mobilise as able*** Mobility chart updated Deep breathing, ankle and foot exercises encouraged	
VTE Risk Assessment (Ax to be completed by medical staff on medication chart)	Enoxaparin charted nocte Graduated Compression Stocking in-situ both legs (*unless contraindicated)*	
Medication and Pain Management	**Pain management:** Regular and PRN analgesia charted Pain scores documented Mupirocin Ointment 2% (Nares) BD (Total 4 doses post-op) *Anithypertensives may need to be reviewed*	
Removal of devices / dressings	Remove IV cannula if ***Hb > 85*** and medically stable and wound not actively bleeding Debulk dressing –ensure dressing waterproof	
Education and Discharge Planning	Reinforce perioperative education Discharge destination: Home □ Rehab (OG team to assess) □ Residential Aged Care □	
Special Needs / Treatment		

Estimated Date of Discharge _____

Nursing shift sign off	**AM**	**PM**	**NIGHT**

SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:

Post-operative Day 2

Date:

Patient Goals:

(1) Progress of mobilisation
(2) Removal of invasive devices if clinically appropriate (e.g. cannula)
(3) Discussion of discharge destination
(4) Ensuring bowels are open

Observations	4/24 TPR & BP, O_2 Saturations Neurovascular observation Full Neurological Observations (FNO as per # NPG 9- Falls management) Observe wound for swelling and bleeding	
Hydration and Nutrition	Encourage oral fluid and diets **Diet:**_____ If indicated following a nutritional assessment - High protein drink nocte **Thickened Fluids**: No □ Yes □ **Level:**_____ **NBM** □ **Feeding:** Independent □ Full assist □ Set up □ Other □	
Elimination	Bowel chart updated (**Ensure bowels open 3/7)** Regular aperients charted Suppositories if bowels not open for 3/7 4-6 hourly bladder scans ***cease if has passed Trial of Void (T.O.V)***	
Hygiene	Shower Mouth Care TDS	
Pressure Risk Management	Pressure Injury Risk & Skin Integrity Management Updated Pressure relieving mattress in-situ (if indicated) Heel elevators in-situ (if indicated) 2-3 hourly PAC performed	
Mobilisation and Activity	***Encourage patient to mobilise*** Mobility chart updated Deep breathing, ankle and foot exercises encouraged	
VTE Risk Assessment (Ax to be completed by medical staff on medication chart)	Enoxaparin charted nocte Graduated Compression Stocking in-situ both legs (*unless contraindicated)*	
Medication and Pain Management	**Pain management:** Regular and PRN analgesia charted Pain scores documented *Antihypertensives may need to be reviewed*	
Removal of devices / dressings	All dressing should be clean and dry If any evidence of visible exudate clean and replace with occlusive dressing. If moderate to heavy exudate (>50%) apply Relevo pressure dressing. **All dressing must be occlusive and clean and dry on D/C**	
Education and Discharge Planning	Reinforce preoperative education Discharge destination: Home □ Rehab (OG team to assess) □ Residential Aged Care □	
Special Needs / Treatment		

Estimated Date of Discharge _____

Nursing shift sign off	**AM**	**PM**	**NIGHT**

SIR CHARLES GAIRDNER HOSPITAL **Fractured Hip Clinical Pathway**	URN: Surname: Forename: Gender DOB:	

Commence standard NURSING CARE PLAN at the completion of Day 2 post-operative if the patient remains an inpatient