

My Hip Fracture

Information and Individual Care Plan

**A Guide for patients,
families and carers**

**Important information
about your care after
a hip fracture**

Hospital Name:

ATTACH HOSPITAL PATIENT LABEL

Surgeon:

Physician / Geriatrician:

General Practitioner:

Nursing Unit Manager:

Physiotherapist:

Rehab / other:

Local Service Contacts:



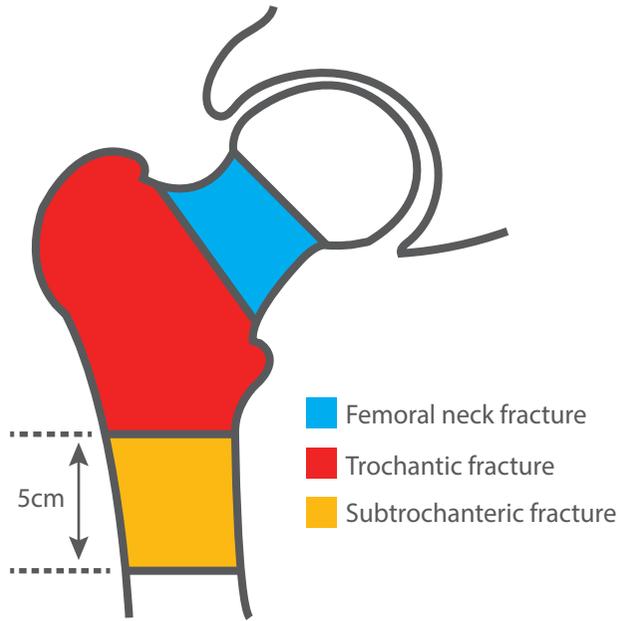
Welcome to the Australian and New Zealand Hip Fracture Care Guide

This booklet has been put together to provide people with important information about their care after a hip fracture (broken bone). It includes facts about a hip fracture, what to expect in hospital, and information for when you leave hospital. It also provides vital information about avoiding another fracture and treating osteoporosis.

There is space to make a care plan for the ongoing treatment you may need when you leave hospital.

What is a hip fracture?

The hip is a ball and socket joint where the pelvis and thigh bone (femur) meet. A hip fracture is when the thigh bone breaks near where the ball fits into the socket.



What causes a hip fracture?

A fall is the most common cause of a hip fracture. As we get older, our strength and balance can reduce and our bones become thinner due to conditions like osteoporosis.

This means that we are more likely to fall and even a fall from a standing height can break a bone.

What is the treatment for a hip fracture?

Most people need an operation to fix the broken bone. However for some people a decision is made that surgery is not the best option. The main reasons for surgery are to relieve pain and enable people to get back on their feet as soon as possible.

The type of operation depends on which part of the hip has been broken. The types of operation recommended for a hip fracture are:

- A partial hip replacement that replaces the broken bone that makes up the ball of the ball and socket joint
- A total hip replacement that replaces the broken bone that makes up the ball of the ball and socket joint as well as replacing the socket
- Screws and possibly a plate to hold the fracture in place
- A metal rod through the thigh bone (called an intramedullary nail) to hold the fracture in place



Who is involved in providing the care?

If you have a hip fracture, the ambulance paramedics will be the first members of the team you meet. On arrival at hospital, the team of clinicians will include emergency department staff, orthopaedic surgeons, anaesthetists, geriatricians, nurses and physiotherapists. During your admission to hospital, you may also meet a pharmacist, pain specialist, occupational therapist, dietitian, speech therapist, social worker and rehabilitation specialist.

Questions I have for the treating team

You are encouraged to ask questions of the clinicians looking after you and to discuss your treatment with them until you are happy that you understand what is being done and why. Write any questions you may have in the available space on the next page to remind you when the teams visit on their ward rounds.



Even a fall from a standing height can break a bone

Commonly asked questions after a hip fracture

On the following pages are six (6) commonly asked questions and answers. These are helpful for patients, their families and carers.

1. What steps will be taken to manage my pain?

Hip fracture pain is felt in the groin and thigh and is made worse by movement. Fixing the fracture is often the best way to manage the pain but most people need painkillers while waiting for their operation. Paracetamol is commonly used but stronger painkillers are frequently needed. Constipation is a common side-effect of the stronger painkillers and so you will also be given laxatives if needed.

A local injection in the groin, called a 'nerve block', can greatly reduce pain by numbing the leg. It can be given in the Emergency Department and can provide pain relief for several hours.



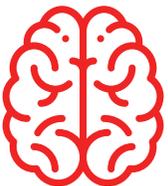
69% *of patients with a hip fracture have a nerve block before their operation*

- 2019 ANZHFR ANNUAL REPORT

2. What happens if I have memory problems or I become confused in hospital?

It is possible that you may become temporarily confused following a hip fracture - this is called delirium. Delirium can be caused by many things but the most common causes in people with a hip fracture are pain, the anaesthetic, medications including strong painkillers, constipation, dehydration and infection.

Delirium is more common in people who already have memory problems. You or your family should let the ward staff know about any changes to your memory, or if you have become confused. Prompt attention to these issues will enable you to recover sooner.



38% *of patients with a hip fracture already have memory problems prior to being admitted to hospital with their hip fracture*

20% *of patients with hip fracture suffered an episode of delirium during their hospital stay*



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3. How long should I have to wait for surgery once I am admitted to hospital?

The Hip Fracture Care Clinical Care Standard recommends that your surgery take place within 48 hours of presentation to hospital. This is because it is uncomfortable, undignified and distressing to be confined to bed with a hip fracture. This recommended time for surgery may not be possible for some patients, for instance, if you have a medical problem that needs to be treated before you have the operation.



77% of patients with a hip fracture have their surgery within 48 hours

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4. How soon after surgery will I be able to get out of bed and start physiotherapy?

The aim of the operation is to allow you to get up and put weight through your leg straight away. Most people are able to sit out of bed and start to walk the day after surgery. You may feel some pain or weakness when you start walking. That is very common. Mobilising early will help you regain your independence sooner and avoid complications, such as pneumonia, clots in the legs and pressure injuries to the skin.

90% *of patients with a hip fracture are given the opportunity to sit out of bed and start to walk the day after surgery*



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5. How long before I can go home after surgery?

Everybody is different and so it is difficult to predict how long someone will be in hospital. A lot will depend on how you were managing before the hip fracture. Some patients progress quickly and can go home within 3-5 days. Others will take longer and may need to be transferred for rehabilitation in another ward or hospital. Unfortunately, some people will not benefit from rehabilitation but may recover over time. Some patients will not regain the same level of function they had prior to fracturing their hip.

The team looking after you will talk to you about your progress and work with you to plan for your discharge. They will be happy to involve your family or carer, with your permission. It is important for the team looking after you to understand your living arrangements. This will help the planning for your care and rehabilitation as well as support you might require after discharge.

6. What can I do to reduce my risk of falling and getting another fracture?

Hip fractures are usually caused by a combination of a fall and poor bone quality - osteoporosis. To prevent fractures in the future it is important to consider two things - your bone health and strategies to prevent another fall.



14% of patients with a hip fracture are discharged directly to a private residence from the orthopaedic ward.

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Bone Health

Osteoporosis is a condition where the bones become thinner and are more likely to break.

Calcium and vitamin D are the basic building blocks of bone. Dairy products such as milk, yoghurt and cheese, fruit and vegetables including greens, kale, broccoli, potatoes, spinach and tomatoes, are good sources of calcium. Canned sardines and salmon are good sources of vitamin D, although our main source of vitamin D comes from sunlight.

55% of patients with a hip fracture leave hospital on calcium and/or vitamin D and 20% are started on treatment for osteoporosis before leaving hospital.

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Preventing Another Fall

Major risk factors for falling include decreased strength and balance and low levels of activity.

There are many things that can be done to prevent falls. These include balance and strengthening exercises, eating enough protein to keep muscles strong, especially if you are thin or have had unintentional weight loss recently, stopping medications that increase your risk of a fall such as sleeping tablets, monitoring your blood pressure, checking your vision and any glasses you may wear, and assessing your home environment for trip hazards.

Ask your GP about which bone health and falls prevention interventions are best suited for you.



Ask the Doctor

Make preventing another fracture a priority. It is important to follow up with your General Practitioner once you leave hospital about your plans to prevent another fracture.

Here are five key questions to ask your General Practitioner:

1. What risk factors do I have that might increase my risk of falling?
2. What type of exercise is likely to reduce my risk?
3. What is osteoporosis?
4. What can I do to improve my bone health?
5. What treatments are available for osteoporosis?



Recovering from my Hip Fracture - What Matters to Me?

It is important the clinicians looking after you know what matters to you. For example walking inside without a walking aid, making my own meals, walking the dog, getting back to gardening and improving my balance.

Write below what you would like to be able to do:

1.

2.

3.

4.

5.

Individual Care Plan

To be completed by clinical staff with the patient or nominated person

Take to all appointments

Name:

ATTACH HOSPITAL PATIENT LABEL

Who are the team to include in the development of this care plan?

Name

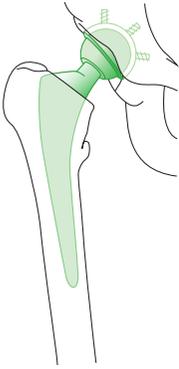
Relationship

Discharge Destination from acute care

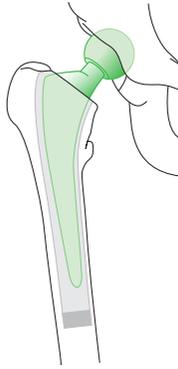
- Private Home
 - Rehabilitation Hospital
 - Residential Aged Care Facility (RACF)
 - Other
-

My surgery date was: / /

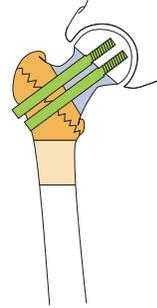
Surgery Type:



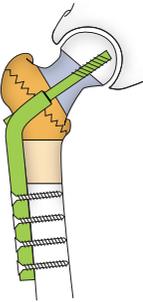
Total Hip Replacement



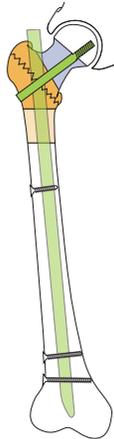
Partial Hip Replacement



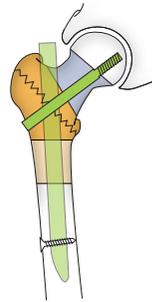
Cannulated Screws



Sliding Hip Screw (SHS)



Intramedullary Nail Long



Intramedullary Nail Short

My Post Surgery Care

Wound Care:

Yes No

Sutures:

Dissolvable:

Yes No

If not dissolvable:

Date due out / /

Date removed / /

Where:

Clinic

Ward

GP

Community

Residential Aged Care Facility (RACF)

My Follow up Appointments

	Date	Time (if known)
GP		
Orthopaedic Clinic		
Community Health		
Physiotherapist		
Falls & Balance Clinic		
Osteoporosis Clinic		
Other		

My Bone Medication

- Vitamin D
- Calcium
- Denosumab / Prolia
- Zoledronic Acid / Aclasta
- Alendronate / Fosamax
- Risedronate / Actonel
- Raloxifene / Evista
- Teriparatide / Forteo

My Ongoing Care Needs

I will need equipment for my safety when I get home:

- Yes No Not Applicable
-

What will I use to help me walk?

- Stick
 - Crutches
 - Rollator frame
 - Four wheel walker
 - Other for example wheelchair
-

What other equipment will help me after discharge?

- Over toilet aid
 - Shower chair or stool
 - Bath transfer board
 - Long handled aids
 - Easy reacher Long shoe horn Dressing stick
 - Height adjustable chair
 - Pressure relieving or other mattress / cushion recommended
-

Additional Information

To learn more about the Australian and New Zealand Hip Fracture Registry (ANZHFR) visit: www.anzhfr.org

To learn more about the national Hip Fracture Care Clinical Care Standard, go to: www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard

New Zealand Health Quality & Safety Commission:
www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/news-and-events/news/3008

My Aged Care: www.myagedcare.gov.au

Live Stronger for Longer NZ: www.livestronger.org.nz

Additional Resources

Custom list of resources



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