

2020 Orthogeriatrics Fact Sheet

Fracture NOF protocol

On admission: Use hip fracture admission pack (MR589) for ED, Orthopaedics, and Orthogeriatrics

Admission criteria under shared care model (Orthopaedic Unit, 059, NOF unit, On-call Orthopaedic surgeon/Wong): Patients who have a hip fracture and who are:

- 65 years or older
- 50 years or older presenting with other existing geriatric syndromes
- 50 years and over and identify as Aboriginal
- All hip fracture patients age 64 and under will be referred to orthogeriatrics to determine suitability under the shared care model.
- **Inpatient consultative service:**
 - Refer age 65 years and over orthopaedic non-NOF patients on a need basis:
 - Orthogeriatrics will review non-hip fragility fractures

Ix bundle: Hip, Pelvis and CXR (Hip and pelvis group)

CBE, EUC, LFT, COAGS, G&H, urine dipstick (**ADD on vitamin D level on admission, Iron studies if anaemic and add Vitamin B12 and folate depending on clinical indication**)

If on apixaban or rivaroxaban: Apixaban or rivaroxaban level: (Put **URGENT** on request form and include time of last dose and dosage) (**1 blue top**) done by **6 am**.

Pain management

ED: All hip fracture patients are to receive fascia iliacus nerve block in the Emergency Department prior to transfer to the ward.

NOF bundle medications:

- **ALL** patients should be charted for **regular PARACETAMOL, Coloxyl and senna** 1 tablet bd and **Movicol** 1 satchet bd and **PRN Fentanyl**
- **DVT prophylaxis:** 12 hours pre-op enoxaparin 40mg at 2000 (20mg if wt <45 kg or GFR <30)

Orthopaedic and Orthogeriatric Discharge summary: (OACIS template)

ORTHOPAEDIC TREATMENT AND COMPLICATIONS:

- Fracture: YES : example (Right intracapsular subcapital neck of femur fracture, closed)
- Management: Hemiarthroplasty of right neck of femur
- Duration of VTE prophylaxis:
- Wound care management:
- Wound infection acquired this admission:
- Local complication at this site:

ORTHOGERIATRIC ASSESSMENT AND MANAGEMENT:

Psychosocial:

Problem lists:

1. Fall resulted in fracture neck of femur
2. Other falls related injury (head, adjoining joints, internal bleeding):
3. Pre-operative and perioperative: Delirium/hypotension/renal failure/sepsis
4. Post-operative: Delirium (hypo/hyperactive), ICU, respiratory failure, renal failure, sepsis etc
5. Post-operative analgesia management: Tapering analgesia regimen
6. Osteoporosis Assessment and Management:
History of uncontrolled GORD: YES/NO

Dentures: YES/NO

Dentition: Satisfactory/Poor

Renal function: GFR

Vitamin D: if available

Recommendations:

7. Cognition: MMSE Clockface
8. Falls prevention:
9. Medication review

Follow up: