Hospital:

State / Territory: New Zealand

ANZHFR
Australian & New Zealand Hip Fracture Registry

First Name	Surname	Patient's postcode
Date of Birth	**Gender**	**Ethnic Status**
__ __ /__ __ /__ __ __ __	☐ Male ☐ Female	☐ European ☐ Māori ☐ Pacific Peoples ☐ Asian ☐ Middle Eastern/ Latin American/ African ☐ Other Ethnicity ☐ Not elsewhere included
Hospital Event Number	**Contact telephone number**	
National Health Index	**Payment status**	
	☐ Public ☐ Private ☐ Overseas / other	

Admission via ED of operating hospital	**If transferred from another hospital**
☐ Yes ☐ No, transferred from another hospital ☐ No, in-patient fall ☐ Other/not known	Name of transferring hospital: ED/Hospital arrival date/time __ __ / __ __ / __ __ __ __ __ __:__ __hrs (transferring hospital) Record time using 24hr clock
ED/Hospital Admission (operating hospital)	**If an in-patient fracture (time using 24hr clock)**
Admission __ __ / __ __ / __ __ __ __ __ __:__ __hrs Departure __ __ / __ __ / __ __ __ __ __ __:__ __hrs (from ED) Record time using 24hr clock	Date / time of diagnosis __ __ / __ __ / __ __ __ __ __ __:__ __hrs Record time using 24hr clock
Usual Place of Residence	**Type of ward admitted to**
☐ Private residence including retirement village ☐ Residential care facility ☐ Other ☐ Not known Note: If holiday residence/respite care, document usual place of residence	☐ Hip fracture unit /Orthopaedic ward / preferred ward ☐ Outlying ward ☐ HDU / CCU / ICU ☐ Other / not known

Walking ability pre-admission	**Preadmission cognitive status**	**Preoperative cognitive assessment**
☐ Usually walks without walking aids ☐ Usually walks with a stick or crutch ☐ Usually walks with two aids or frame ☐ Usually uses a wheel chair/ bed bound ☐ Not known Note: if a person has different levels of mobility on different surfaces then record the level of most assistance	☐ Normal cognition ☐ Impaired cognition or known dementia ☐ Not known or recorded	☐ Cognition not assessed ☐ Cognition assessed and normal ☐ Cognition assessed and impaired ☐ Not known Note: cognitive assessment requires use of a validated tool

Pain Assessment	**Pain Management**
☐ Documented assessment of pain within 30 minutes of ED presentation ☐ Documented assessment of pain greater than 30 minutes of ED presentation ☐ Pain assessment not documented or not done ☐ Not known or recorded	☐ Analgesia given within 30 minutes of ED presentation ☐ Analgesia given more than 30 minutes after ED presentation ☐ Analgesia provided by paramedics ☐ Analgesia not required ☐ Not known

Bone protection medication at admission

☐ No bone protection medication
☐ Yes, calcium and/or vitamin D only
☐ Yes, bisphosphonate (oral or IV) denosumab or teriparatide (with or without calcium and/or vitamin D)
☐ Not known

Pre-operative medical assessment	**Side of fracture**
☐ No assessment conducted ☐ Geriatrician / geriatric team ☐ Physician / physician team ☐ GP ☐ Specialist nurse ☐ Not known This is in addition to preoperative anaesthetic and orthopaedic review	☐ Left ☐ Right If bilateral – complete a separate record for each fracture
Atypical fracture	**Type of fracture**
☐ Not a pathological or atypical fracture ☐ Pathological fracture ☐ Atypical fracture See data dictionary if uncertain of definitions	☐ Intracapsular – undisplaced / impacted ☐ Intracapsular - displaced ☐ Per / intertrochanteric ☐ Subtrochanteric Note: Basal/basicervical #s are to be classed as per/intertrochanteric

Did the patient undergo surgery	Date & time of primary surgery
□ Yes □ No	__ __ / __ __ / __ __ __ __ __ __:__ __hrs Record time using 24hr clock
Reason if delay > 48 hours	**Anaesthesia**
□ No delay - surgery < 48 hrs □ Delayed due to patient deemed medically unfit □ Delayed due to issues with anticoagulation □ Delayed due to theatre availability □ Delayed due to surgeon availability □ Delayed due to delayed diagnosis of hip fracture □ Other type of delay (state reason) □ Not known Note: Delay is calculated from time of presentation to ED of the first hospital or diagnosis of hip fracture for those with a fracture from a in-patient fall	□ General anaesthetic □ Spinal / regional anaesthesia □ General and spinal/regional anaesthesia □ Other – state □ Not known
Analgesia (nerve block)	**Consultant present during surgery**
□ Nerve block administered preoperative (before arriving in OT) □ Nerve block administered in OT □ Both □ Neither □ Not known	□ Yes □ No □ Not known
Operation Performed	**ASA Grade**
□ Cannulated screws (e.g. multiple screws) □ Sliding hip screw □ Intramedullary nail – short □ Intramedullary nail – long □ Hemiarthroplasty – stem cemented □ Hemiarthroplasty – stem uncemented □ Total hip replacement – stem cemented □ Total hip replacement – stem uncemented □ Other □ Not known	□ 1 □ 2 □ 3 □ 4 □ 5 □ unknown
Postoperative weight bearing status	**First day mobilisation**
□ Unrestricted weight bearing □ Restricted / non weight bearing □ Not known	□ Patient out of bed and given opportunity to start mobilising day 1 post surgery □ Patient not given opportunity to start mobilising day 1 post surgery □ Not known
New Pressure Injury of the skin	**Delirium assessment**
□ No □ Yes □ Not known Note: Grade 2 + above during acute admission	□ Not assessed □ Assessed and not identified □ Assessed and identified □ Not known Note: assessment of delirium requires use of a validated tool
Clinical malnutrition assessment	**First day walking**
□ Not done □ Malnourished □ Not malnourished □ Not known	□ No □ Yes □ Not known
Assessed by Geriatrician in acute phase of care	**Date initially assessed by Geriatrician**
□ No □ Yes □ No geriatric medicine service available □ Not known	__ __ / __ __ / __ __ __ __
Specialist falls assessment	**Bone protection medication at discharge from operating hospital**
□ No □ Performed during admission □ Awaits falls clinic assessment □ Further intervention not appropriate □ Not relevant □ Not known	□ No bone protection medication □ Yes, calcium and/or vitamin D only □ Yes, bisphosphonate (oral or IV) denosumab or teriparatide (with or without calcium and/or vitamin D) □ Not known

Discharge

Date of discharge from acute / orthopaedic ward	Discharge destination from acute / orthopaedic ward
__ __ / __ __ / __ __ __ __	□ Private residence including retirement village □ Residential care facility □ Rehabilitation unit public □ Rehabilitation unit private □ Other hospital / ward / speciality department □ Deceased □ Short term care in residential care facility (New Zealand only) □ Other □ Unknown
Date of final discharge from hospital if known	**Discharge destination from hospital ~~health system~~ if known**
__ __ / __ __ / __ __ __ __	□ Private residence (including retirement village) □ Residential aged care facility □ Deceased □ Other □ Not known

Follow Up 120 days

	120 days
Follow up date	__ __ / __ __ / __ __ __ __ Note: record date that follow up was completed
Alive at 120 days	□ Yes Confirm date of final discharge from hospital system __ __ / __ __ / __ __ __ __ □ No Date of death (if known) __ __ / __ __ / __ __ __ __
Residential status	□ Private residence (including unit in retirement village) □ Residential aged care facility □ Rehabilitation unit - public □ Rehabilitation unit - private □ Other hospital / ward / speciality department □ Deceased □ Other □ Not known
Walking ability	□ Usually walks without walking aids □ Usually walks with a stick or crutch □ Usually walks with two aids or frame □ Usually uses a wheel chair/ bed bound □ Not known
Bone protection	□ No bone protection medication □ Yes - Calcium and/or vitamin D only □ Yes - Bisphosphonate (oral or IV) denosumab or teriparatide (with or without calcium and/or vitamin D) □ Not known
Re-operation within 120 days	□ No reoperation □ Reduction of dislocated prosthesis □ Washout or debridement □ Implant removal □ Revision of internal fixation □ Conversion to Hemiarthroplasty □ Conversion to THR □ Excision arthroplasty □ Revision arthroplasty □ Not relevant □ Not known Note: Most significant procedure only

Health Questionnaire

English version for Australia

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

I have no problems with walking around ❑
I have slight problems with walking around ❑
I have moderate problems with walking around ❑
I have severe problems with walking around ❑
I am unable to walk around ❑

PERSONAL CARE

I have no problems with washing or dressing myself ❑
I have slight problems with washing or dressing myself ❑
I have moderate problems with washing or dressing myself ❑
I have severe problems with washing or dressing myself ❑
I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities ❑
I have slight problems doing my usual activities ❑
I have moderate problems doing my usual activities ❑
I have severe problems doing my usual activities ❑
I am unable to do my usual activities ❑

PAIN / DISCOMFORT

I have no pain or discomfort ❑
I have slight pain or discomfort ❑
I have moderate pain or discomfort ❑
I have severe pain or discomfort ❑
I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

I am not anxious or depressed ❑
I am slightly anxious or depressed ❑
I am moderately anxious or depressed ❑
I am severely anxious or depressed ❑
I am extremely anxious or depressed ❑

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐