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| ED |  |
| Diagnosis | AP and lateral hip X-ray.  If imaging negative but high clinical index of suspicion after senior ED+/- radiology or orthopaedic review then request CT |
| Contacting orthopaedics and orthogeriatrics | Orthopaedics – call Bone Phone - 0457 875 284  Patient is admitted under on-call orthopaedic surgeon as AMO1 and Professor Close as AMO2 |
| Pain management | Pain to be assessed and documented within 30 minutes of presentation to ED  Chart regular paracetamol and prn endone  Offer a nerve block unless contraindicated  Reassess pain within 45 minutes of administration of analgesia and regularly thereafter |
| Observations | Blood pressure, HR, RR, Sats, Temp, Pain, GCS, Skin Integrity |
| Investigations | FBC / EUC / CMP / BSL  Group and hold  ECG  CXR if cardio-respiratory signs / symptoms  If on anticoagulants – see clinical support tool |
| Anticoagulants and thromboprophylaxis | DVT prophylaxis – subcutaneous enoxaparin 40mg at 20:00 hrs daily unless contraindication (can be given up to midnight on day of presentation)  Withold antiplatelets, except aspirin, and anticoagulants until orthopaedic / orthogeriatric review  See appendix 1 for management of anticoagulants in hip fracture patients |
| Medications | Document regular medications in eMeds including those that are to be withheld |
| Fasting and fluids | Insert IVC  IV fluids – N/Saline 80mls/hr unless a contraindication  Commence fluid balance chart  Fast only if patient arrives between midnight and midday (ie same day OT likely)  Medications can be given with sips of water |
| Catheter | Consider a catheter for comfort (not essential)  Ensure hip pain is controlled before insertion. |
| Pressure care | Order air mattress when fracture confirmed |

Pathway assumes a diagnosis of a hip fracture. If hip pain but no fracture and not suitable for discharge – patient should be referred to geriatric medicine