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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 284Patient 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 endoneOffer a nerve block unless contraindicatedReassess 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 / BSLGroup and holdECGCXR if cardio-respiratory signs / symptomsIf 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 reviewSee 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 IVCIV fluids – N/Saline 80mls/hr unless a contraindicationCommence fluid balance chartFast 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