



*Local Operating Protocol*

###### Title: HIP FRACTURE PATHWAY

Document Control Register Number:

* Summary: **A pathway will support optimal patient care and lead to better outcomes for patients**

Key Words:

Hip Fracture

Fractured neck of femur

Clinical pathway

Agency for Clinical Innovation (ACI)

Minimum Standards for the Management of Hip Fracture

Fasting Traffic Lights

Facility:

Functional Sub Group:  Clinical  Corporate

New  Replaces:

Endorsement Date:

Publication Date:

Next Review Due: (2 years following publication)

Applies To: Nurses Doctors and Allied health

National Standards that this Protocol Applies To: all

Approved By: General Manager

Version Control and Change History:

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date from | Date to | Amendment |
| 1.0 |  |  | Original Version |
| 2.0 |  |  |  |
| 3.0 |  |  |  |



1. Background

Every day, more than 40 Australians break their hip. Most are aged 65years or over, and more than half are aged 85 or over.

Hip fractures are a significant injury in elderly patients, representing a leading cause of morbidity, mortality and loss of function. Poor management of patients with hip fractures can result in medical complications, longer hospital stays and inferior patient outcomes.

The British Orthopaedic Association recommends that “all patients with hip fracture who are medically fit should have surgery within 48 hours of admission, and during normal working hours”. Additional guidelines have also been detailed by the Swedish National Registry of Hip Fracture Patient Care.

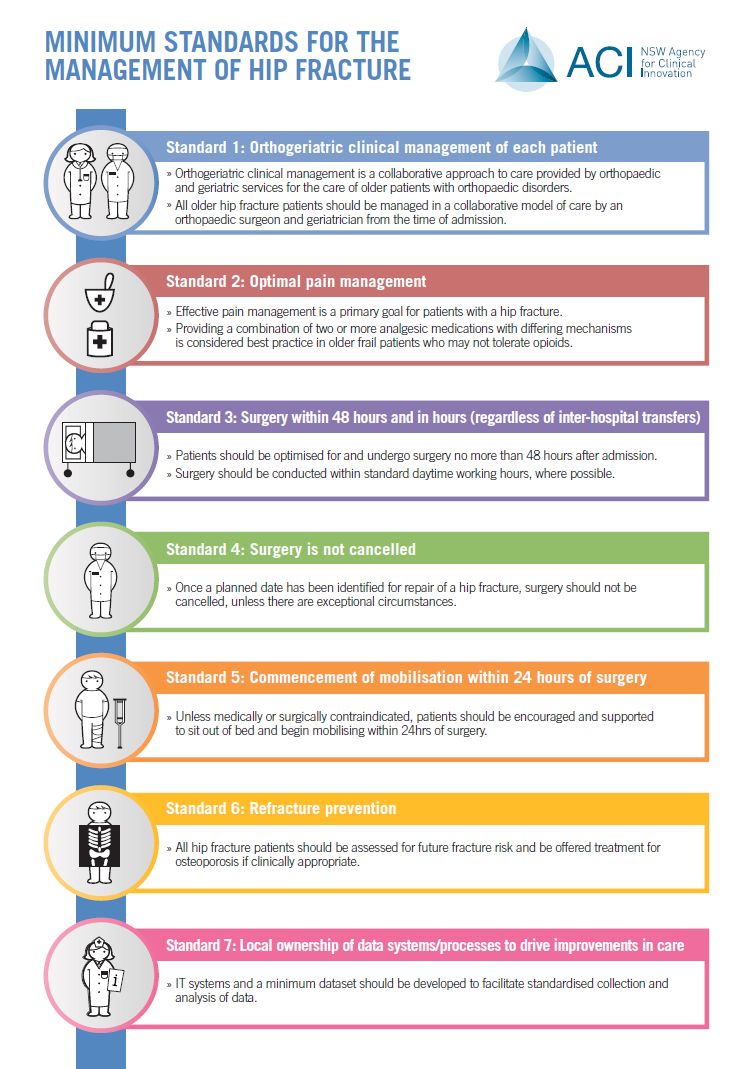
The Agency for Clinical Innovation (ACI) has developed the Minimum Standards for the Management of Hip Fracture to assist hospitals in identifying key components of best practice management for hip fractures that will support optimal patient care and lead to better outcomes for patients across New South Wales. The benefits of the Minimum Standards for the Management of Hip Fracture reduce medical complications, reduce hospital stays and improve patient outcomes.

The ACI believes that the implementation of and adherence to evidence-based standards will considerably improve the care and management of older patients with hip fractures in NSW hospitals. Improved care and management of these patients will result in better outcomes, including:

* reduction in morbidity and mortality
* better functional outcomes
* increased discharge rates to original place of residence
* increased value from the health dollar spent

**Benefits for Orange Health Service**

* Reduced Length of stay in hospital
* Improved patient outcomes
* Less medical complications
* Reduced readmissions due to refracture keeping people in their home environment
* Less fasting times to all surgical patients
* Improved referral to specialist medical services
* Building partnership with general practioners and external providers
* Patients are discharged back to their home
* The patients journey is improved with the introduction of new protocols
* A pathway will support optimal patient care and lead to better outcomes for patients
* Standardised care for all patients across WNSWLHD



1. Process

**Patients with a fractured hip are to be IMMEDIATLEY referred to Orthopaedics, Medical, Anaesthetics and Subacute team.**

The aim of this Clinical Pathway is to ensure best practice in the care of patients who have a hip fracture.

This pathway is based as much as possible on available evidence and has been developed collaboratively by all the disciplines involved.

**Important!!**

**ALL recommendations apply only in the absence of contraindications**

If you’re uncertain, PLEASE discuss with a senior member of your team.

Attached is a treatment guide which is to be followed unless contraindicated (See appendix 1)

**This is a treatment guide and DOES NOT replace progress notes and orders.**

**\***

##### This clinical pathway has been designed with the ACI’s Minimum Standards for the Management of Hip Fractures. These standards can be found at:

<http://www.aci.health.nsw.gov.au/resources/aged-health/hip-fracture/min-standards-hip-fractures>

Once a patient has an identified hip fracture, this protocol will commence. This will commence either in the emergency department or on the ward.

This will apply to all patients with a fractured hip.

This will apply to all patients who are for inoperable management of a hip fracture.

This will apply to all patients who require surgery for a hip fracture.

**Protocol includes (see appendix):**

Hip fracture checklist

Discharge proforma

Osteoporosis

**Standard 1: Orthogeriatric clinical management of each patient**

A Medical assessment of the patient is to occur within 24hrs of admission.

This is to be done by a Medical Consultant or Medical registrar

Patients are to be referred **IMMEDIATLEY** to the following teams:

1. Orthopaedics
2. Medical
3. Anaesthetics
4. Subacute

**Standard 2: Optimal Pain management**

* Panadol 6hrly
* Femoral nerve block /Fascia iliac Block
* PRN Opiates (Endone, Morphine, Fentanyl)
* NSAIDS are **NOT** recommended

**Standard 3: Surgery within 48 hours and in hours (regardless of inter-hospital transfer)**

* Patients should undergo surgery for hip fracture as soon as they have been assessed

as medically stable

**Standard 4: Surgery is not cancelled**

* Patients are not the fast any longer the 12 hours under any circumstances
* Fasting from midnight is unnecessary
* Clear fluids are to be given up to 2 hours before theatre (water, ice and apple juice)
* IV Fluids if clinically indicated
* If a patient is cancelled they are to be first on the morning list the next day

**Standard 5: Commencement of mobilisation within 24hrs of surgery**

* Mobilisation should occur within 24hrs of surgery unless contraindicated,

and be repeated at least once a day

**Standard 6: Refracture prevention**

* Osteoporosis work up and treatment for these patients include:

□ Osteoporosis Pathology

□ Commenced on Vit D

□ Dental Review

□ Bone scan

□ Endocrinology review

**Standard 7: Local ownership of data systems/ processes to drive improvements in care**

* The hip fracture pathway will be followed unless contraindicated.
* The pathway will be a local operating protocol
* Regular audits will be conducted
* Data will be collected
* EMR2 pathway late 2016

###### Key Definitions

**Hip Fracture:** A hip fracture is generally considered to be any fracture of the femur distal to the femoral head and proximal to a level a few centimetres below the lesser trochanter.

## **Types of Hip Fractures:**

1. Intra-capsular (within the hip capsule - classically called femoral neck fractures)

* Sub-capital
* Mid-cervical
* Basi-cervical

1. Extra-capsular (outside the hip capsule)

* Inter-trochanteric fractures
* Sub-trochanteric fracture

**Operations:**

* Dynamic Hip Screws (DHS)
* Hemiarthroplasty
* Intramedullary Nail
* Total Hip Replacement (THR)
* Cannulated Screws

**Inoperable management:**

* Traction
* Conservative management; bed rest

**Weight bearing status:**

* + Non Weight Bear (NWB)
  + Weight Bear As Tolerated (WBAT)
  + Touch Weight Bear (TWB)
  + Partial Weight Bear (PWB)

**The Agency for Clinical Innovation (ACI)**

The Agency for Clinical Innovation is the lead agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care. All ACI models of care are built on the needs of patients, and are underpinned by extensive research conducted in collaboration with leading researchers, universities and research institutions. Clinical Networks, Taskforces and Institutes provide a forum for doctors, nurses, allied health professionals, managers and consumers to collaborate across the NSW health system.

**ACI hip fracture standards:**

The Agency for Clinical Innovation (ACI) has developed the Minimum Standards for the Management of Hip Fracture to assist hospitals in identifying key components of best practice management for hip fractures that will support optimal patient care and lead to better outcomes for patients across New South Wales. The benefits of the Minimum Standards for the Management of Hip Fracture reduce medical complications, reduce hospital stays and improve patient outcomes.

Full copy of the standards can be found at:

<http://www.aci.health.nsw.gov.au/resources/aged-health/hip-fracture/min-standards-hip-fractures>

**Fasting traffic lights** is an effective tool to help clinical staff to determine periods of fasting.

Orange Health Service Protocol for emergency orthopeadic patients:

[http://wnswlhd.gwahs.nswhealth.net/LHDDocumentsAndLinks/FileLink.php?file=2510](https://webmail.health.nsw.gov.au/owa/redir.aspx?SURL=pOqqGXtnobSBYFxLWiNgqLbH7NCBPxtgBtAq1nVj0RbJLyJ7iVPTCGgAdAB0AHAAOgAvAC8AdwBuAHMAdwBsAGgAZAAuAGcAdwBhAGgAcwAuAG4AcwB3AGgAZQBhAGwAdABoAC4AbgBlAHQALwBMAEgARABEAG8AYwB1AG0AZQBuAHQAcwBBAG4AZABMAGkAbgBrAHMALwBGAGkAbABlAEwAaQBuAGsALgBwAGgAcAA_AGYAaQBsAGUAPQAyADUAMQAwAA..&URL=http%3a%2f%2fwnswlhd.gwahs.nswhealth.net%2fLHDDocumentsAndLinks%2fFileLink.php%3ffile%3d2510)

###### Legal and Legislative Framework

This section should describe the legal or legislative context (governmental direction or a recognised external standard) within which the Local Operating Protocol operates.

###### Risk Statement

This section should describe the risks which will be addressed through the implementation of this Local Operating Protocol, as relevant to the operators of the facility.

###### Document Retention

Documents listed below must be retained for the deﬁned retention period within the organisation. Corporate Records will let you know how long these documents will need to be retained. (see ‘key points to consider section)

|  |  |  |
| --- | --- | --- |
| **Document Type** | **Retention Schedule** | **Retention Period** |
| e.g. Clinical Audit | GDA21-2.2.1 | Destroy after 6 years |
|  |  |  |

###### References and Links

##### ACI’s Minimum Standards for the Management of Hip Fractures. These standards can be found at:

<http://www.aci.health.nsw.gov.au/resources/aged-health/hip-fracture/min-standards-hip-fractures>

###### The British Orthopaedic Association (BOA) is the Surgical Specialty Association for Trauma and Orthopaedics in the UK <http://www.boa.ac.uk/>

1. Consultation Undertaken

Include all involved in the consultation process (ie List).

Danielle Collison CNS

Dr Darryl Mackender

Dr Michael Stone

Hip fracture project team

**Appendix 1**