

Hospital:

State / Territory: Australia

<b>First Name</b>	<b>Surname</b>	<b>Patient's postcode</b>
<b>Date of Birth (dd/mm/yyyy)</b> ____/____/____	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex or indeterminate <input type="checkbox"/> Not stated / inadequately described	<b>Contact telephone number</b>
<b>Hospital MRN</b>	<b>Patient type</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Overseas <input type="checkbox"/> Not known	<b>Indigenous Status</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Not known
<b>Medicare number</b>		

<b>Admission via ED of operating hospital</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – transferred from another hospital <input type="checkbox"/> No – in-patient fall <input type="checkbox"/> Other/not known	<b>If transferred from another hospital</b> Name of transferring hospital: ED/Hospital arrival date/time ____/____/____ ____:____hrs (transferring hospital) Record time using 24hr clock
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<b>ED/Hospital Admission (operating hospital)</b> Admission ____/____/____ ____:____hrs Departure ____/____/____ ____:____hrs (from ED) Record time using 24hr clock	<b>If an in-patient fracture (time using 24hr clock)</b> Date / time of diagnosis ____/____/____ ____:____hrs Record time using 24hr clock
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<b>Usual Place of Residence</b> <input type="checkbox"/> Private residence including retirement village <input type="checkbox"/> Residential care facility <input type="checkbox"/> Other <input type="checkbox"/> Not known Note: If holiday residence/respite care, document usual place of residence	<b>Type of ward admitted to</b> <input type="checkbox"/> Hip fracture unit /Orthopaedic ward / preferred ward <input type="checkbox"/> Outlying ward <input type="checkbox"/> HDU / CCU / ICU <input type="checkbox"/> Other / not known
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<b>Preadmission walking ability</b> <input type="checkbox"/> Usually walks without walking aids <input type="checkbox"/> Usually walks with a stick or crutch <input type="checkbox"/> Usually walks with two aids or frame <input type="checkbox"/> Usually uses a wheel chair/ bed bound <input type="checkbox"/> Not known Note: if a person has different levels of mobility on different surfaces then record the level of most assistance	<b>Pain Assessment</b> <input type="checkbox"/> Documented assessment of pain within 30 minutes of ED presentation <input type="checkbox"/> Documented assessment of pain greater than 30 minutes of ED presentation <input type="checkbox"/> Pain assessment not documented or not done <input type="checkbox"/> Not known or recorded
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<b>Preoperative cognitive assessment</b> <input type="checkbox"/> Not assessed <input type="checkbox"/> Assessed and normal <input type="checkbox"/> Assessed and impaired <input type="checkbox"/> Not known Note: cognitive assessment requires use of a validated tool	<b>Preadmission cognitive status</b> <input type="checkbox"/> Normal cognition <input type="checkbox"/> Impaired cognition or known dementia <input type="checkbox"/> Not known	<b>Pain Management</b> <input type="checkbox"/> Analgesia given within 30 minutes of ED presentation <input type="checkbox"/> Analgesia given more than 30 minutes after ED presentation <input type="checkbox"/> Analgesia not required – already provided by paramedics <input type="checkbox"/> Analgesia not required – no pain documented on assessment <input type="checkbox"/> Not known
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<b>Bone protection medication at admission</b> <input type="checkbox"/> No bone protection medication <input type="checkbox"/> Yes, calcium and/or vitamin D only <input type="checkbox"/> Yes, bisphosphonate (oral or IV) denosumab, romosozumab or teriparatide (with or without calcium and/or vitamin D) <input type="checkbox"/> Not known	<b>Clinical Frailty Scale – Preinjury Status</b> <input type="checkbox"/> 1 Very fit <input type="checkbox"/> 2 Well <input type="checkbox"/> 3 Well with treated comorbid conditions <input type="checkbox"/> 4 Vulnerable <input type="checkbox"/> 5 Mildly frail <input type="checkbox"/> 6 Moderately frail <input type="checkbox"/> 7 Severely frail <input type="checkbox"/> 8 Very severely frail <input type="checkbox"/> 9 Terminally ill <input type="checkbox"/> Not known
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<b>Preoperative medical assessment</b> <input type="checkbox"/> No assessment conducted <input type="checkbox"/> Geriatrician / geriatric team <input type="checkbox"/> Physician / physician team <input type="checkbox"/> GP <input type="checkbox"/> Specialist nurse <input type="checkbox"/> Not known This is in addition to preoperative anaesthetic and orthopaedic review	<b>Side of fracture</b> <input type="checkbox"/> Left <input type="checkbox"/> Right  If bilateral – complete a separate record for each fracture
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<b>Atypical fracture</b> <input type="checkbox"/> Not a pathological or atypical fracture <input type="checkbox"/> Pathological fracture <input type="checkbox"/> Atypical fracture See data dictionary if uncertain of definitions	<b>Type of fracture</b> <input type="checkbox"/> Intracapsular – undisplaced / impacted <input type="checkbox"/> Intracapsular - displaced <input type="checkbox"/> Per / intertrochanteric <input type="checkbox"/> Subtrochanteric Note: Basal/basicervical #s are to be classed as per/intertrochanteric
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<b>Did the patient undergo surgery</b>	<b>Date &amp; time of primary surgery</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No - surgical fixation not clinically indicated <input type="checkbox"/> No - patient for palliation <input type="checkbox"/> No - other reason	_____ / _____ / _____ : _____ hrs Record time using 24hr clock
<b>Reason if delay &gt; 48 hours</b>	<b>ASA Grade</b>
<input type="checkbox"/> No delay - surgery < 48 hrs <input type="checkbox"/> Delayed due to patient deemed medically unfit <input type="checkbox"/> Delayed due to issues with anticoagulation <input type="checkbox"/> Delayed due to theatre availability <input type="checkbox"/> Delayed due to surgeon availability <input type="checkbox"/> Delayed due to delayed diagnosis of hip fracture <input type="checkbox"/> Other type of delay (state reason) <input type="checkbox"/> 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 an in-patient fall	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> unknown
<b>Anaesthesia</b>	<b>Analgesia (nerve block)</b>
<input type="checkbox"/> General anaesthetic <input type="checkbox"/> Spinal / regional anaesthesia <input type="checkbox"/> General and spinal/regional anaesthesia <input type="checkbox"/> Other – state <input type="checkbox"/> Not known	<input type="checkbox"/> Nerve block administered preoperative (before arriving in OT) <input type="checkbox"/> Nerve block administered in OT <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Not known
<b>Consultant present during surgery</b>	<b>Type of operation</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not known  Note: To record yes, consultant must be scrubbed and operating	<input type="checkbox"/> Cannulated screws (e.g. multiple screws) <input type="checkbox"/> Sliding hip screw <input type="checkbox"/> Intramedullary nail – short <input type="checkbox"/> Intramedullary nail – long <input type="checkbox"/> Hemiarthroplasty – stem cemented <input type="checkbox"/> Hemiarthroplasty – stem uncemented <input type="checkbox"/> Total hip replacement – stem cemented <input type="checkbox"/> Total hip replacement – stem uncemented <input type="checkbox"/> Other <input type="checkbox"/> Not known
<b>Postoperative weight bearing status</b>	<b>First day mobilisation</b>
<input type="checkbox"/> Unrestricted weight bearing <input type="checkbox"/> Restricted / non weight bearing <input type="checkbox"/> Not known	<input type="checkbox"/> Given opportunity to start mobilising day 1 post surgery <input type="checkbox"/> Not given opportunity to start mobilising day 1 post surgery <input type="checkbox"/> Not known
<b>First day walking</b>	<b>New Pressure Injury of the skin</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not known	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not known  Note: Grade 2 + above during acute admission
<b>Delirium assessment</b>	<b>Clinical malnutrition assessment</b>
<input type="checkbox"/> Not assessed <input type="checkbox"/> Assessed and not identified <input type="checkbox"/> Assessed and identified <input type="checkbox"/> Not known  Note: assessment of delirium requires use of a validated tool	<input type="checkbox"/> Not done <input type="checkbox"/> Malnourished <input type="checkbox"/> Not malnourished <input type="checkbox"/> Not known
<b>Assessed by Geriatrician in acute phase of care</b>	<b>Date initially assessed by Geriatrician</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No geriatric medicine service available <input type="checkbox"/> Not known	_____ / _____ / _____
<b>Specialist falls assessment</b>	<b>Bone protection medication at discharge from operating hospital</b>
<input type="checkbox"/> No <input type="checkbox"/> Performed during admission <input type="checkbox"/> Awaits falls clinic assessment <input type="checkbox"/> Further intervention not appropriate <input type="checkbox"/> Not relevant <input type="checkbox"/> Not known	<input type="checkbox"/> No bone protection medication <input type="checkbox"/> Yes, calcium and/or vitamin D only <input type="checkbox"/> Yes, bisphosphonate (oral or IV) denosumab, romosozumab or teriparatide (with or without calcium and/or vitamin D) <input type="checkbox"/> Not known

## Discharge

<b>Date of discharge from acute / orthopaedic ward</b>	<b>Discharge destination from acute / orthopaedic ward</b>
___ / ___ / _____	<input type="checkbox"/> Private residence (including retirement village) <input type="checkbox"/> Residential care facility <input type="checkbox"/> Rehabilitation unit - public <input type="checkbox"/> Rehabilitation unit - private <input type="checkbox"/> Other hospital / ward / speciality department <input type="checkbox"/> Deceased <input type="checkbox"/> Other <input type="checkbox"/> Not known
<b>Date of final discharge from hospital if known</b>	<b>Discharge destination from hospital if known</b>
___ / ___ / _____	<input type="checkbox"/> Private residence (including retirement village) <input type="checkbox"/> Residential aged care facility <input type="checkbox"/> Deceased <input type="checkbox"/> Other <input type="checkbox"/> Not known

## Follow Up 120 days

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

EQ5D5L (optional)

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

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems 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

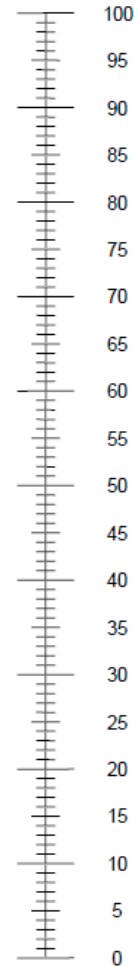
**ANXIETY / DEPRESSION**

- 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 =

The best health  
you can imagine



The worst health  
you can imagine