Hospital:
Country: New Zealand

ANZHFR
Australian & New Zealand Hip Fracture Registry

First Name	Surname	

Date of Birth (dd/mm/yyyy)	Gender
__ __/__ __/__ __ __ __	☐ Male ☐ Female ☐ Intersex or indeterminate ☐ Not stated / inadequately described

Hospital Event Number	Patient's postcode	Contact phone number

National Health Index	Payment status
	☐ Public ☐ Private ☐ Overseas / other

Ethnic Status

☐ European not further defined
☐ New Zealand European
☐ Other European ☐ Māori
☐ Pacific peoples not further defined
☐ Samoan ☐ Cook Island Māori
☐ Tongan ☐ Niuean ☐ Tokelauan
☐ Fijian ☐ Other Pacific Peoples
☐ Asian not further defined
☐ Chinese ☐ Indian ☐ Other Asian
☐ Middle Eastern ☐ Latin American
☐ African ☐Other ethnicity
☐ Don't know ☐ Refused to answer
☐ Response unidentifiable ☐ Not stated

Admission via ED of operating hospital

☐ Yes
☐ No – transferred from another hospital (via ED)
☐ No – transferred from another hospital (direct to ward)
☐ No – in-patient fall
☐ Other/not known

If transferred from another hospital

Name of transferring hospital:

ED/Hospital arrival date/time __ __ / __ __ / __ __ __ __ __ __:__ __hrs
(transferring hospital)

Record time using 24hr clock

ED/Hospital Admission (operating hospital)

Admission __ __ / __ __ / __ __ __ __ __ __:__ __hrs

Departure __ __ / __ __ / __ __ __ __ __ __:__ __hrs
(from ED)

Record time using 24hr clock

If an in-patient fracture (time using 24hr clock)

Date / time of diagnosis __ __ / __ __ / __ __ __ __ __ __:__ __hrs

Record time using 24hr clock

Usual Place of Residence

☐ Private residence including retirement village
☐ Residential care facility
☐ Other
☐ Not known

Note: If holiday residence/respite care, document usual place of residence

Type of ward admitted to

☐ Hip fracture unit /Orthopaedic ward / preferred ward
☐ Outlying ward
☐ HDU / CCU / ICU
☐ Other / not known

Preadmission 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

Note: if a person has different levels of mobility on different surfaces then record the level of most assistance

Pain Assessment

☐ 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

Preoperative cognitive assessment

☐ Not assessed
☐ Assessed and normal
☐ Assessed and impaired
☐ Not known

Note: cognitive assessment requires use of a validated tool

Preadmission cognitive status

☐ Normal cognition
☐ Impaired cognition or known dementia
☐ Not known

Pain Management

☐ Analgesia given within 30 minutes of ED presentation
☐ Analgesia given more than 30 minutes after ED presentation
☐ Analgesia not required – already provided by paramedics
☐ Analgesia not required – no pain documented on assessment
☐ Not known

Bone protection medication at admission

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

Clinical Frailty Scale – Preinjury Status

☐ 1 Very fit
☐ 2 Well
☐ 3 Well with treated comorbid conditions
☐ 4 Vulnerable
☐ 5 Mildly frail
☐ 6 Moderately frail
☐ 7 Severely frail
☐ 8 Very severely frail
☐ 9 Terminally ill
☐ Not known

Preoperative medical assessment

☐ No assessment conducted
☐ Geriatrician / geriatric team
☐ Physician / physician team
☐ GP
☐ Specialist nurse
☐ Not known

This is in addition to preoperative anaesthetic and orthopaedic review

Side of fracture

☐ Left
☐ Right

If bilateral – complete a separate record for each fracture

Atypical fracture

☐ Not a pathological or atypical fracture
☐ Pathological fracture
☐ Atypical fracture

See data dictionary if uncertain of definitions

Type of fracture

☐ 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 - surgical fixation not clinically indicated ☐ No - patient for palliation ☐ No - other reason	__ __ / __ __ / __ __ __ __ __ __:__ __hrs Record time using 24hr clock
Reason if delay > 48 hours	**ASA Grade**
☐ 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 an in-patient fall	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ unknown
Anaesthesia	**Analgesia (nerve block)**
☐ General anaesthetic ☐ Spinal / regional anaesthesia ☐ General and spinal/regional anaesthesia ☐ Other – state ☐ Not known	☐ Nerve block administered preoperative (before arriving in OT) ☐ Nerve block administered in OT ☐ Both ☐ Neither ☐ Not known
Consultant present during surgery	**Type of operation**
☐ No ☐ Yes ☐ Not known Note: To record yes, consultant must be scrubbed and operating	☐ 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
Postoperative weight bearing status	**First day mobilisation**
☐ Unrestricted weight bearing ☐ Restricted / non weight bearing ☐ Not known	☐ Given opportunity to start mobilising day 1 post surgery ☐ Not given opportunity to start mobilising day 1 post surgery ☐ Not known
First day walking	**New Pressure Injury of the skin**
☐ No ☐ Yes ☐ Not known	☐ No ☐ Yes ☐ Not known Note: Grade 2 + above during acute admission
Delirium assessment	**Clinical malnutrition assessment**
☐ Not assessed ☐ Assessed and not identified ☐ Assessed and identified ☐ Not known Note: assessment of delirium requires use of a validated tool	☐ Not done ☐ Malnourished ☐ Not malnourished ☐ 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, romosozumab 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 ☐ Other ☐ Not known
Date of final discharge from hospital if known	**Discharge destination from hospital if known**
__ __ / __ __ / __ __ __ __	☐ Private residence (including retirement village) ☐ Residential aged care facility ☐ Deceased ☐ Other ☐ Not known

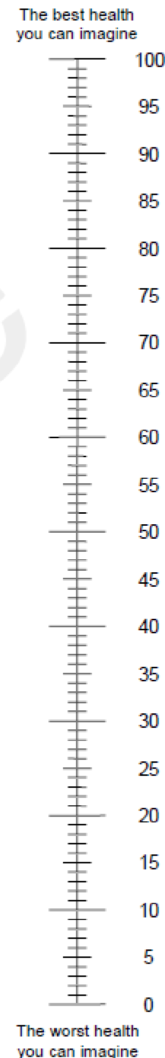
Follow Up 120 days

	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, romosozumab or teriparatide (with or without calcium and/or vitamin D) ☐ Not known
Re-operation within120 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

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 = ☐



Sample