Hospital:

Country: Australia

ANZHFR
Australian & New Zealand Hip Fracture Registry

First Name	Surname	Patient's postcode

Medicare Number	Sex	Contact details
	☐ Male ☐ Female ☐ Intersex or indeterminate ☐ Not stated / inadequately described	Telephone:
Individual Health Identifier (IHI)		Email:

Hospital MRN	Patient type	Indigenous Status
	☐ Public ☐ Private ☐ Overseas ☐ Not known	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Neither Aboriginal nor Torres Strait Islander ☐ Not known
Date of birth		
__ __ /__ __ /__ __ __ __		

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

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

Transferred patients only: Nerve block before transfer

☐ No
☐ Yes
☐ 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

Preoperative cognitive assessment

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

Note: cognitive assessment requires use of a validated tool e.g. 4AT

Preadmission cognitive status

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

Delirium assessment prior to surgery

☐ Not assessed
☐ Assessed and not identified
☐ Assessed and identified
☐ Not known

Note: assessment of delirium requires use of a validated tool e.g.4AT

Bone protection medication at admission

☐ No bone protection medication
☐ Yes, calcium and/or vitamin D only
☐ Yes, bisphosphonate (oral or IV) denosumab, romosozumab, teriparatide, raloxifene or HRT (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
☐ Other validated frailty tool
☐ 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 > 36 hours	**ASA Grade**
□ 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 anaesthesia □ General and spinal 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	**Clinical malnutrition assessment**
□ Unrestricted weight bearing □ Restricted / non weight bearing □ Not known	□ Not done □ Malnourished □ Not malnourished □ 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
Postoperative delirium assessment	**Oral nutritional supplements during admission**
□ Not assessed □ Assessed and not identified □ Assessed and identified □ Not known Note: assessment of delirium requires use of a validated tool e.g. 4AT	□ No □ Yes □ 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 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, teriparatide, raloxifene or HRT (with or without calcium and/or vitamin D) □ No but received prescription at separation from hospital □ Not known

Discharge

Date of discharge from acute ward	Discharge destination from acute 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, teriparatide, raloxifene or HRT (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	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 = ☐