Hospital:
Country: New Zealand

ANZHFR
Australian & New Zealand Hip Fracture Registry

First Name	Surname	Contact phone number	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
Date of Birth (dd/mm/yyyy)	**Gender**		
__ __ /__ __ /__ __ __ __	☐ Male ☐ Female ☐ Intersex or indeterminate ☐ Not stated / inadequately described		
Hospital Event Number	**Patient's postcode**	**Email address**	
National Health Index	**Payment status**		
	☐ Public ☐ Private ☐ Overseas / other		

Admission via ED of operating hospital	If transferred from another hospital
☐ Yes ☐ No – transferred from another hospital (via ED) ☐ No – transferred from another hospital (direct to ward) ☐ No – in-patient fall ☐ Other/not known	Name of transferring hospital: ED/Hospital arrival date/time __ __ / __ __ / __ __ __ __ __ __:__ __hrs (transferring hospital) Record time using 24hr clock
ED/Hospital admission (operating hospital)	**If an in-patient fracture (time using 24hr clock)**
Admission __ __ / __ __ / __ __ __ __ __ __:__ __hrs Departure __ __ / __ __ / __ __ __ __ __ __:__ __hrs (from ED) Record time using 24hr clock	Date / time of diagnosis __ __ / __ __ / __ __ __ __ __ __:__ __hrs Record time using 24hr clock
Usual place of residence	**Preadmission walking ability**
☐ Private residence including retirement village ☐ Residential care facility ☐ Other ☐ Not known	☐ 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	**Pain Management**
☐ No ☐ Yes ☐ Not known	☐ 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	Preadmission cognitive status	Delirium assessment prior to surgery
☐ Not assessed ☐ Assessed and normal ☐ Assessed and impaired ☐ Not known Note: cognitive assessment requires use of a validated tool e.g. 4AT	☐ Normal cognition ☐ Impaired cognition or known dementia ☐ Not known	☐ 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	Clinical Frailty Scale – Preinjury Status
☐ No bone protection medication ☐ 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	☐ 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	**Side of fracture**
☐ No assessment conducted ☐ Geriatrician / geriatric team ☐ Physician / physician team ☐ GP ☐ Specialist nurse ☐ Not known This is in addition to preoperative anaesthetic and orthopaedic review	☐ Left ☐ Right If bilateral – complete a separate record for each fracture
Atypical fracture	**Type of fracture**
☐ Not a pathological or atypical fracture ☐ Pathological fracture ☐ Atypical fracture See data dictionary if uncertain of definitions	☐ 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 □ Femoral neck system (FNS) □ 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
Oral nutritional supplements during admission	**New Pressure Injury of the skin**
□ No □ Yes □ Not known	□ No □ Yes □ Not known Note: Grade 2 + above during acute admission
Postoperative delirium assessment	**First day walking**
□ Not assessed □ Assessed and not identified □ Assessed and identified □ Not known Note: assessment of delirium requires use of a validated tool	□ Yes □ No – Stood without stepping / walking □ No – Sat on the edge of the bed □ No – Sat out of bed via hoist □ No – Did not attempt to get out of bed on day one □ Not known
Assessed by geriatrician in acute phase of care	**Date initially assessed by geriatrician**
□ No □ Yes □ No geriatric medicine service available □ Not known	__ __ / __ __ / __ __ __ __
Bone protection medication at discharge from hospital	
□ No bone protection medication □ 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 □ Short term care in residential care facility (New Zealand only) □ 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 □ 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 = ☐