

My Hip Fracture Care Guide

**A booklet with important
information for patients,
families and carers about
a broken hip**

**Includes an individual care
plan to map your recovery**

Patient name:

FIX PATIENT LABEL

Patient preferred contact:

Surgeon:

Physician / geriatrician:

General practitioner:

Nurse:

Physiotherapist:

Occupational therapist:

Dietitian:

Social worker:

Best contact person for questions:



Welcome to the Australian and New Zealand Hip Fracture Care Guide

This hip fracture care guide is for patients, families and carers. You are being given this booklet because the injury to your leg has been diagnosed as a hip fracture. A hip fracture is also called a 'broken hip'. Both terms are used in this booklet and they mean the same thing.

It gives you information about what to expect while in hospital and information on what to do to reduce the chance of another broken bone.

This booklet is designed to help you find the information you need to make decisions about your care.

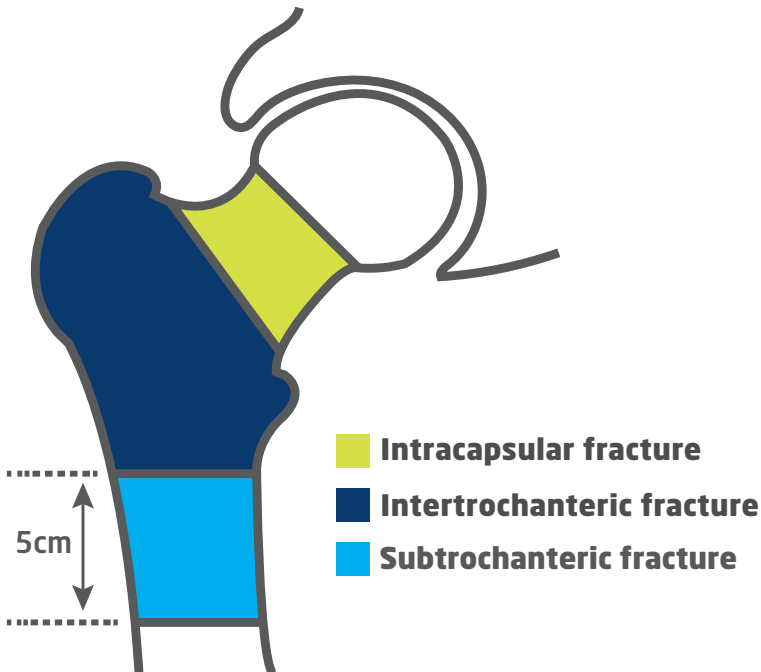
At the back of the booklet on pages 31 to 35 there is room for you and the people looking after you to write down a plan for your recovery after you leave hospital.

What is a hip fracture?

A hip fracture (broken hip) is most commonly caused by a fall. As we get older, our strength and balance reduce and our bones can become thinner. This increases the risk of a fall and a broken bone.

The hip is a ball and socket joint where the pelvis and thigh bone (femur) meet. When the thigh bone breaks near where the ball fits into the socket it is called a hip fracture or a broken hip.

A break to the bone is the same as a fracture of the bone. You will hear both terms used and they mean the same thing.

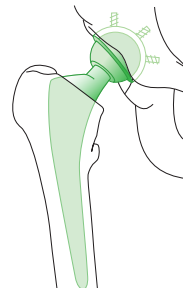
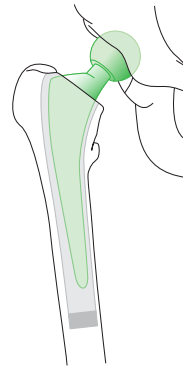


What is the treatment for a hip fracture?

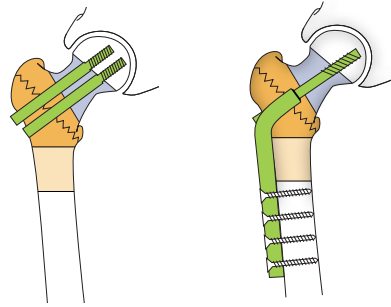
Most people need an operation to fix the broken bone. The main reasons for surgery are to relieve pain and get you back on your feet as soon as possible. For some people a decision is made that surgery is not the best option.

The type of operation depends on which part of the hip has been broken. The most common types of operation for a hip fracture are:

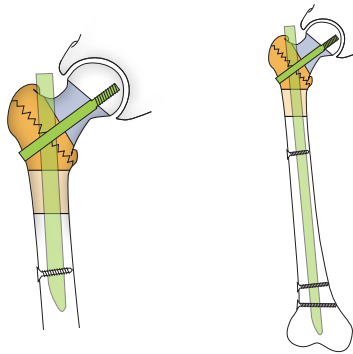
- A partial hip replacement that replaces the broken bone that makes up the ball of the ball and socket joint
- A total hip replacement that replaces the broken bone that makes up the ball of the ball and socket joint as well as replacing the socket



- Screws and possibly a plate to hold the fracture in place



- A metal rod through the thigh bone (called an intramedullary nail) to hold the fracture in place



What questions do I need answered?

You are encouraged to ask questions of the health professionals looking after you. Ask questions until you understand what is being done and why. Example questions: What is the treatment for my broken hip? Who will keep me informed while I am in hospital?

We have provided space below to write down the questions you have. Use this as a reminder for when the doctors, nurses and any other staff come to talk with you.

My questions:

CONTENTS OF THIS CARE GUIDE

THIS HIP FRACTURE CARE GUIDE
HAS INFORMATION ON THESE TOPICS

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I need to have surgery to fix my broken hip.
How long should I have to wait for my surgery?

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MOBILISATION AND WEIGHT BEARING

I am not sure what happens after surgery.
When will I be able to get up and start walking again?

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I don't want to fall and break another bone. What will be done to reduce the chance of another broken bone?

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TRANSITION FROM HOSPITAL CARE

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WHAT IS THE AUSTRALIAN AND NEW ZEALAND HIP FRACTURE REGISTRY (ANZHFR)?



If you want more information about these topics use the camera on your smart phone with this QR code to go to the Hip Fracture Clinical Care Standard.

CARE AT PRESENTATION

The ambulance has taken me to hospital. What happens when I first arrive?

Many things happen in the emergency department once the ambulance paramedics have handed your care over to the hospital staff.

Medications and injections give you relief from your pain. Scans and x-rays allow surgeons to work out the best treatment for your broken hip.

Medical examinations and questions from doctors make sure any other conditions you have are thought about when planning treatment for your broken hip.

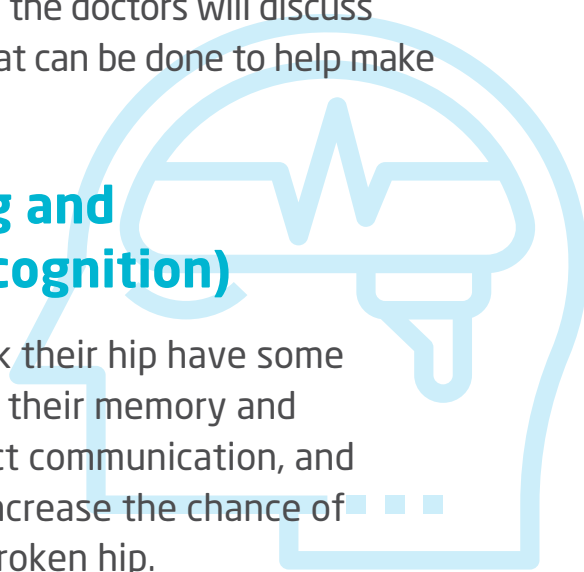
It can be a bit overwhelming. The information that follows will help you know what is being done and why.

Diagnosis

- Most broken hips can be diagnosed by an x-ray. Sometimes, the x-ray is not very clear and extra scans are needed.
- If your x-ray is not clear, the doctors will discuss with you other scans that can be done to help make a diagnosis.

Memory, thinking and communication (cognition)

- Many people who break their hip have some existing problems with their memory and thinking. This can affect communication, and it has been shown to increase the chance of complications after a broken hip.
- For this reason, it is recommended that you are asked questions to detect any existing problems with your memory. This will happen in the Emergency Department or later when you have been moved to the ward.
- Special questions that test memory, thinking and communication will be asked before your operation so your answers can be used to spot any change while you are in hospital.



What happens if I have memory problems or become confused?



Sometimes after a broken hip you may be temporarily confused. The word 'delirium' is regularly used to describe this confusion.

Delirium can be caused by many things but the common causes after a broken hip are pain, new medications, constipation, dehydration, or an infection. It is more common in people who already have problems with memory or thinking.

If you or your family notice a change in your behavior, or in your thinking or communication, it is important to let the staff know. This can be an early sign of delirium. The sooner it is picked up, the sooner it can be managed by the health professionals.

Preventing delirium helps you recover more quickly from your hip fracture.



If you want more information on memory and thinking, use the camera on your smart phone with this QR code.

PAIN MANAGEMENT

It hurts to move.

How will my pain be managed?

Making sure your pain is well-controlled is really important for the whole time you are in hospital. The health professionals will ask you about your pain several times each day.

Pain from a broken hip is felt in the groin and thigh and is made worse by movement. Fixing the fracture is often the best way to manage the pain but most people need painkillers before and after the operation.

When will my pain be assessed?

The first assessment of your pain will be done by the ambulance paramedics before you get to the hospital. Once you arrive in the Emergency Department someone should ask about your pain within 30 minutes.

It is important to let the nurses and doctors know if you are uncomfortable. If it is uncomfortable to move, this can cause other complications like pressure sores, or a temporary confusion called 'delirium'.

Language

If English is not your first language, we have provided a space for writing the word you use for pain. This will help the staff to use a familiar word with you.

Pain

Write the word pain in your preferred language

Managing pain

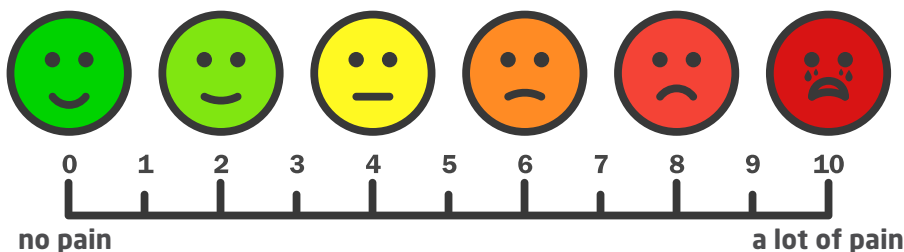
If your broken hip is uncomfortable you will be given painkillers. Paracetamol is commonly used but stronger painkillers are often needed. Constipation is a common side-effect of the stronger painkillers, so you will also be offered laxatives. A local injection in the groin called a 'nerve block' can greatly reduce pain by numbing the leg for several hours.

How to know if the pain relief is enough

Any medicine or nerve block should reduce the pain so that moving for an x-ray or for nursing care is comfortable.

We have included a scale below so you can rate the amount of pain you have from your broken hip. A score of 0 (zero) means you have no pain, and a score of 10 (ten) means it is very, very painful and hurts a lot.

We encourage you to share this information with the health professionals often, especially if your pain is not well managed.



ORTHOGERIATRIC MODEL OF CARE

**There are so many people looking after me.
Who are they and what do they do?**

Inside the front cover of this booklet, there is space to write down the name of the different health professionals looking after you. This is because you will meet lots of people and it can be difficult to know who to ask about your care.

If you need help to fill in the names, ask any of the health professionals looking after you.

What is the Orthogeriatric Model of Care?

This is the name given to the way the hospital organises care for people with a broken hip. It represents the 'multidisciplinary team' with different health professionals being responsible for different parts of your care.

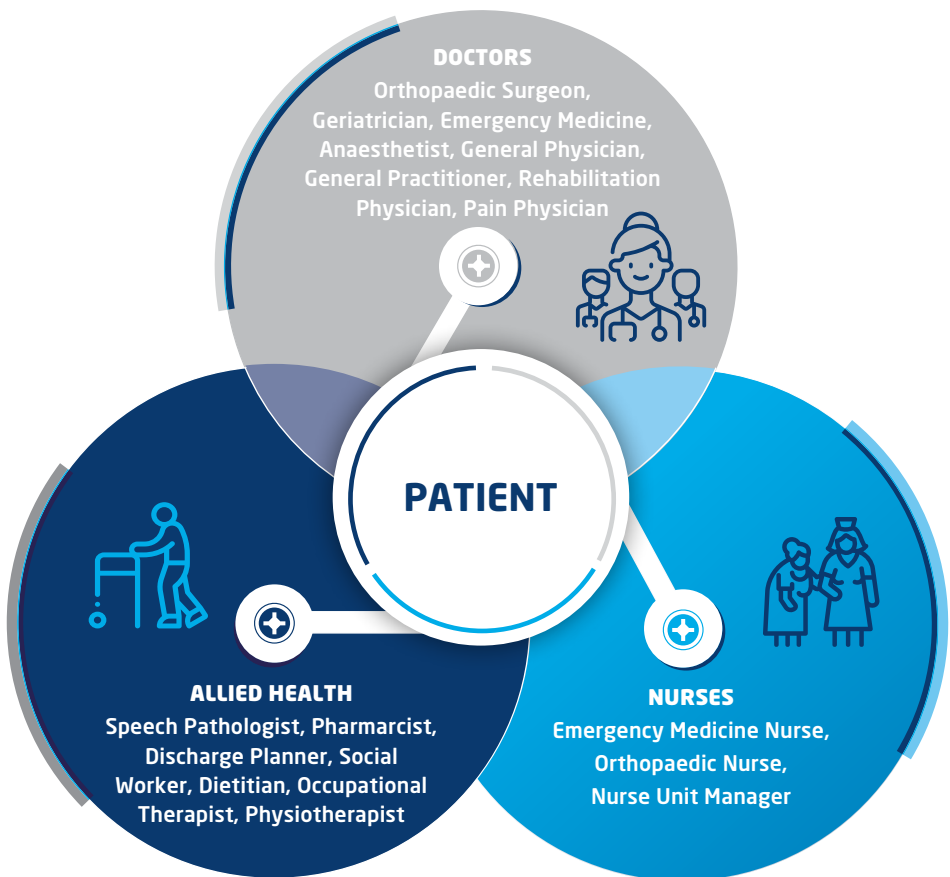
The orthopaedic surgeon and the physician (often a geriatrician) share all your surgical and medical needs. The surgeon treats your hip fracture and the physician/geriatrician treats your other medical conditions. Sharing your care like this gives the best chance of a good recovery.

There are many other health professionals you might meet while in hospital. These include emergency department staff, anaesthetists, nurses, physiotherapists, and dietitians. You may also meet occupational therapists, pharmacists, a pain specialist, social worker, or rehabilitation specialist.



Different health professionals will make up the multidisciplinary team at each hospital. Some of the people you will meet are listed in this diagram. They work as a team. Even though you may not see them at the same time, they will be talking to each other about the best way to provide the care you need.

MULTIDISCIPLINARY CARE TEAM



What is important to me?

It is important to let the health professionals looking after you know what activities are important to you. We have provided space below to write these activities down.

Think about what you would like to be able to do when you leave hospital and in the 3-6 months afterwards. This will guide your conversations with the health professionals when developing the best treatment plan for you.

The activities I would like to be able to do when I leave hospital:

The activities I would like to be able to do 3-6 months after leaving hospital:

TIMING OF SURGERY

How long should I have to wait for my surgery?

The Hip Fracture Clinical Care Standard recommends that your surgery take place within 36 hours of arriving at hospital. This is because a broken hip is unpleasant and it is undignified and distressing to stay in bed with a broken hip for any longer than is necessary.

The recommended 36 hours may not be possible for some people. For example, if you have a medical problem that needs to be treated before having the operation.



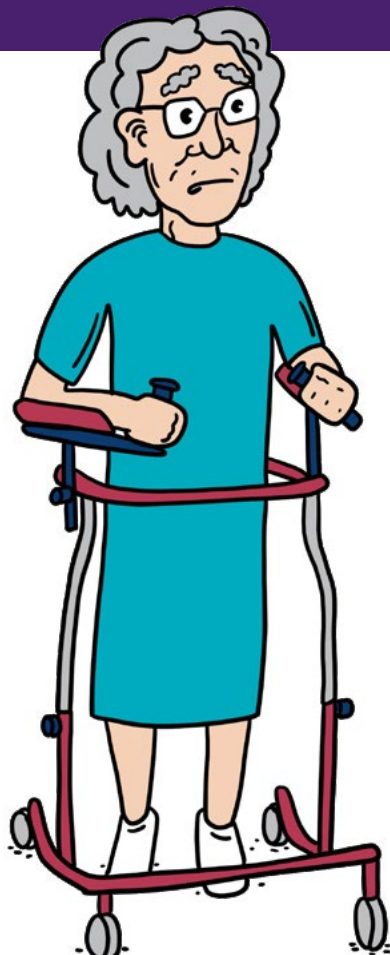
36 HOURS



MOBILISATION AND WEIGHT BEARING

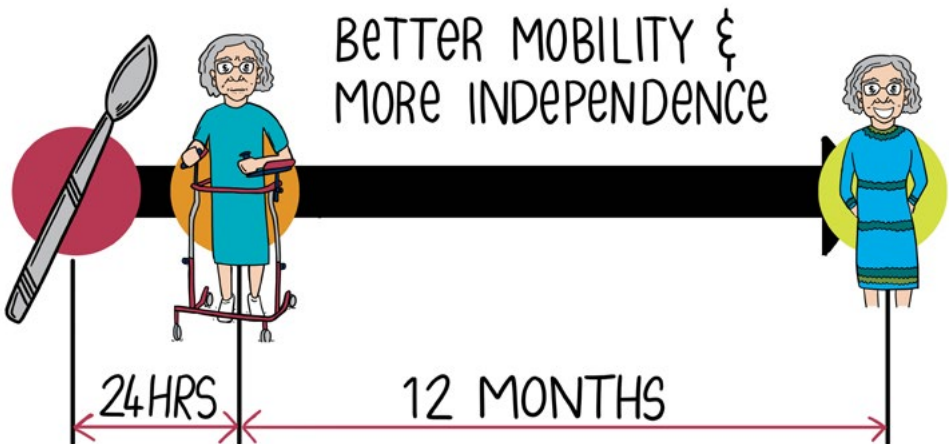
When will I be able to get up and start walking again?

The aim of the operation is to allow you to get up and put weight through your injured leg straight away. The surgeon will make sure the fixation is strong enough to allow you to stand and step the day after surgery. It can be scary and you may feel some weakness or discomfort. This is very common.



Getting out of bed, standing up, and taking some steps is called 'mobilisation'. Mobilising as soon as possible after the operation helps to avoid complications like pressure sores, pneumonia, or blood clots in the legs.

While getting up the day after the operation might seem too soon, people who are able to stand and step the day after surgery tend to have better walking and independence even up to one year after a broken hip.



MINIMISING RISK OF ANOTHER FRACTURE

What will be done to reduce the chance of another broken bone?

As part of your recovery, the multidisciplinary team will do a special assessment of your individual risk of a fall. This will either be done while you are in hospital with your broken hip or after leaving hospital as part of your rehabilitation.



Assessment of the risk of a fall

History of any falls

Any previous fall	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of falls in the last 12 months			
Location of falls	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Both
Able to get up from previous falls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Other notes			

History of this fall

Cause of the fall	
Indoor / Outdoor	
Other notes	

My risk factors for another fall or injury

Risk factors	Actions taken including any referrals
<input type="checkbox"/> Medications reviewed	
<input type="checkbox"/> Weak muscles	
<input type="checkbox"/> Poor balance	
<input type="checkbox"/> Difficulty moving around	
<input type="checkbox"/> Difficulty with daily activities	
<input type="checkbox"/> Difficulty with memory or thinking	
<input type="checkbox"/> Visual impairment	
<input type="checkbox"/> Postural dizziness / postural hypotension	
<input type="checkbox"/> Problems with feet or footwear	

Risk factors	Actions taken including any referrals
<input type="checkbox"/> Home environment	
<input type="checkbox"/> Continence (bladder or bowel)	
<input type="checkbox"/> Nutritional state	
<input type="checkbox"/> Osteoporosis / Bone health	
<input type="checkbox"/> Other	

**My personal plan to prevent
a future fall and injury**

If you are over 50 years of age, a broken hip is a strong sign your bones have become thinner and weaker. This is called osteoporosis and means there is a higher chance in the future of another broken bone from a fall. There are some things that can help with your recovery.

1 Eat well to support good nutrition

Calcium and vitamin D are the basic building blocks of bone. The following foods are high in calcium and vitamin D although sunlight is the main source of vitamin D. Protein is also important to keep muscles strong and drinking enough water avoids dehydration. Dehydration is a common cause of a fall.

EXAMPLES OF GOOD NUTRITION



2 Medication

Various bone strengthening treatments are available and can be given as tablets or an injection. The doctors and nurses will talk to you about these while you are in hospital. They need to be continued over a number of years to protect against future broken bones but these medicines can decrease the risk of another broken bone by up to 50%.

3 Exercise

Improving strength and balance helps to prevent a fall. This needs specific exercises rather than general activity. Exercise like dancing, gym sessions, lawn bowls and Tai Chi can help to prevent falls. This means less chance of breaking a bone.

4 Speak with your GP

Your General Practitioner (GP) can provide important information about preventing another fracture.

Ask them about which bone health and falls prevention interventions are best for you. To get the conversation started we have provided five key questions to ask them:

- What are my risk factors for falling?
- What type of exercise will reduce my risk of a fall?
- What is osteoporosis?
- What can I do to improve my bone health?
- What treatments are available for osteoporosis?

TRANSITION FROM HOSPITAL CARE

How long before I can go home and what will I need when I am discharged from hospital?

Everyone is different and it is difficult to predict how long you will be in hospital. A lot will depend on how you were managing before your broken hip.

Some people can be discharged to their home and do their rehabilitation there. Others take longer and may need to be transferred to another ward or another hospital for rehabilitation. Other people may decide it is time to move somewhere with more support available and this will take some planning.

Some people will not recover the same level of function as before their injury and this starts some really important conversations about where to live after leaving hospital.

It is a good idea to talk to the multidisciplinary team about your expectations of recovery and rehabilitation. This way you can work together to make a plan for your discharge from hospital and your ongoing recovery.



MY CARE PLAN

The next pages are your roadmap to recovery. The information should be completed by the healthcare professionals during discussion with you and your nominated person.



Name:

FIX PATIENT LABEL

Who is to be included in the development of this care plan?

Name:

Relationship:

Discharge destination from acute care:

☐

Private Home

☐

Rehabilitation Hospital

☐

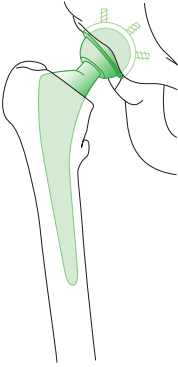
Residential Aged Care Facility (RACF)

☐

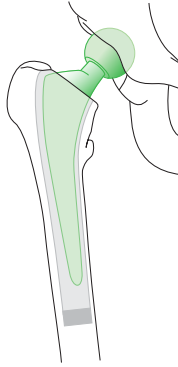
Other

My surgery date was: / /

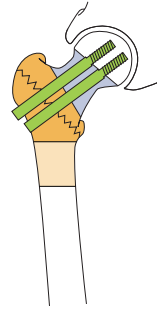
Surgery Type:



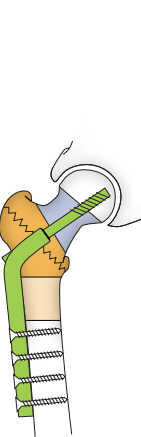
Total Hip Replacement



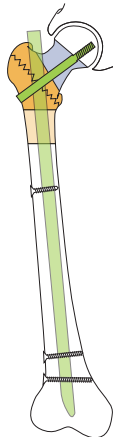
Partial Hip Replacement



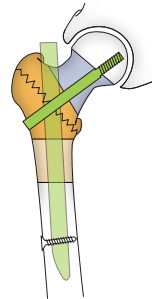
Cannulated Screws



Sliding Hip Screw (SHS)



Intramedullary Nail Long



Intramedullary Nail Short

My post surgery care

Wound Care:

☐

Yes

☐

No

Sutures:

Dissolvable:

☐

Yes

☐

No

If not dissolvable:

Date due out / /

Date removed / /

Where:

☐

Clinic

☐

Ward

☐

GP

☐

Community

☐

Residential Aged Care Facility (RACF)

I will need equipment for my safety when I get home:

☐ Yes ☐ No ☐ Not applicable

What will I use to help me walk?

- ☐ Stick
 - ☐ Crutches
 - ☐ Rollator frame
 - ☐ Four wheeled walker
 - ☐ Other e.g a wheelchair
-

What other equipment will help me after discharge?

- ☐ Over toilet aid
 - ☐ Shower chair or stool
 - ☐ Bath transfer board
 - ☐ Long handled aids
 - ☐ Easy reacher ☐ Long shoe horn ☐ Dressing Stick
 - ☐ Height adjustable chair
 - ☐ Pressure relieving or other mattress/cushion
 - ☐ Bed pole
-

My follow up appointments

	Date	Time	Location
GP			
Orthopaedic Clinic			
Community Health			
Physiotherapist			
Falls & Balance Clinic			
Osteoporosis Clinic			
Other			

My bone health medication

- | | |
|--|--|
| <input type="checkbox"/> Vitamin D | <input type="checkbox"/> Risedronate / Actonel |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Raloxifene / Evista |
| <input type="checkbox"/> Denosumab / Prolia | <input type="checkbox"/> Teriparatide / Forteo |
| <input type="checkbox"/> Zoledronic Acid / Aclasta | <input type="checkbox"/> Romosozumab / Evenity |
| <input type="checkbox"/> Alendronate / Fosamax | |

Local services

Service	Contact Person	Phone/website/email



WHAT IS THE AUSTRALIAN AND NEW ZEALAND HIP FRACTURE REGISTRY (ANZHFR)?

The ANZHFR was set up in 2015 with the aim of helping hospitals improve the care they provide to older people admitted with a broken hip.

If you are receiving this booklet, it is likely you have broken your hip and are eligible for inclusion in the ANZHFR. The hospital staff will submit your information to the ANZHFR unless you tell them you don't want to have it included. This is called an opt-out process.

More information on the registry can be found on the next five pages. You can also use the QR codes to go to the ANZHFR website for more information.

ANZHFR PATIENT
INFORMATION



ANZHFR
WEBSITE





ANZHFR

Australian & New Zealand Hip Fracture Registry

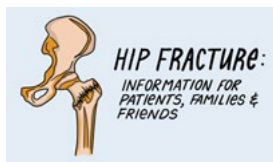
ABOUT THE ANZHFR

The ANZHFR uses data to improve hip fracture care.
The information below has been developed by the
ANZHFR for patients, families and friends.



Use the camera on your smart phone to scan the QR codes
for information about a broken hip and its treatment.

About hip fractures



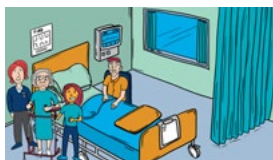
Managing pain from a hip fracture



Surgery for a hip fracture



Walking after surgery



Reducing the risk of broken bones



Access the Hip
Fracture Recovery
booklet from
New Zealand



Find bone health
fact sheets and
other resources
from Healthy
Bones Australia



Learn more about
the New Zealand
Live Stronger
for Longer fall
prevention programs





ANZHFR

Australian & New Zealand Hip Fracture Registry



Australian and New Zealand Hip Fracture Registry

ENHANCING OUTCOMES FOR OLDER PEOPLE

Information sheet

Purpose

The purpose of the ANZHFR is to improve the quality, safety, and effectiveness of health care provided to people 50 years of age and older who have been admitted to hospital with a fractured hip. The ANZHFR will do this by monitoring and reporting treatment and the outcomes of this treatment against Australian and New Zealand guidelines for hip fracture management.

What information will be collected?

- Your name, date of birth, contact details, national health care number, and residential status.
- Details about your level of independence prior to admission, and your medical history.
- Details about your admission to hospital, the treatment provided, and details about your discharge from hospital.

Privacy of Information

- The ANZHFR will comply with privacy legislation.
- Information will be securely stored, will remain confidential, and will only be available to approved registry or research personnel.
- Information will only be used for research purposes if agreed to by an approved independent Ethics Committee.
- Information will be used to compile reports, presentations, or publications, but only in a way that you will not be identified.
- Information will only be disclosed with your permission, except as required by law.
- Your information will be linked to other data collections.

Information sheet

Follow-up at 120-days from admission

- A member of staff from the hospital where you were treated will contact you by phone, and the call will take 5-15 minutes.
- When they call, they will ask questions about your recovery, your level of mobility, your degree of independence, any additional surgery on your injured hip, and the medications you are taking.

Risks, Benefits, Costs

- There are no risks associated with participating in the ANZHFR although there may be inconvenience associated with being followed-up by telephone.
- There are no immediate benefits from participation, although participation will help to improve outcomes for people suffering hip fractures in the future.
- You will not incur any additional costs or receive any payment for participating in the ANZHFR.

Australian and New Zealand Hip Fracture Registry: enhancing outcomes for older people

To opt-out of the ANZHFR:

- **Phone:** 1300 ANZHFR (269 437)
- **Email:** optout@anzhfr.org
- **Web:** www.anzhfr.org

By doing nothing, you are agreeing to have information about you included in the ANZHFR and to be contacted for follow-up after discharge from hospital.

To contact the ANZHFR for further information, or to contact the Principal Investigators, please use the details below:

- **Phone:** 1300 ANZHFR (269 437)
- **Email:** clinical@anzhfr.org
- **Web:** www.anzhfr.org

A collaborative initiative of:

Osteoporosis Australia

Osteoporosis New Zealand

Australian and New Zealand Society for Geriatric Medicine

Australian Orthopaedic Association

New Zealand Orthopaedic Association

Australian and New Zealand Bone and Mineral Society

Australasian College for Emergency Medicine

Australasian Faculty of Rehabilitation Medicine

Royal Australasian College of Surgeons

Australian and New Zealand Orthopaedic Nurses Association

Australian and New Zealand Hip Fracture Registry (ANZHFR)

NeuRA

139 Barker Street

Randwick NSW 2031

www.anzhfr.org



Acknowledgements

The Australian and New Zealand Hip Fracture Registry is supported by funding from the Australian Government, Department of Health, Disability and Ageing, under the National Clinical Quality Registry Program.



**The ANZHFR would like to know
about your experience of the care
provided after your broken hip.**

Scan the QR code to visit and complete
12 multiple choice questions.

Your answers are anonymous and will
be used to improve care for people
with a broken hip in the future.



FOLLOW US ON SOCIAL MEDIA   

Australian and New Zealand Hip Fracture Registry

139 Barker Street or PO Box 1165
Randwick, Sydney NSW 2031, Australia

 info@anzhfr.org  www.anzhfr.org

