

Patient with Hip Fracture

Emergency Department

Suspected hip fracture

1. Radiological confirmation of hip fracture by Xray
2. Review by the orthopedic team
3. Further imaging modalities for occult hip fracture to be decided by the orthopedic team

Pain management

1. Consider Fascia Iliaca block
2. Regular paracetamol
3. Regular opioids
4. Avoid NSAIDS

Focused Pre op assessment

1. Geriatrician / physician / emergency physician
2. Assessment of the mechanism of fall
3. Cognitive assessment (4AT) and mental capacity assesment
4. Assessment and maintenance of hydration
5. Medical review and optimization
6. Medication review (anticoagulation and nephrotoxic drugs etc)

Other Areas to consider

1. Skin assessment by nursing officer
 2. DVT prophylaxis – consider initiating DVT prophylaxis based on risk factors, consider both pharmacological and non-pharmacological measures
 3. Rule out pathological fractures
 4. Bloods – FBC, SE/Serum Creatinine, ECG, CRP, Grouping & DT, Calcium, Blood Sugar - consider in all patients
- Chest X Ray, ESR, Vitamin D level, Clotting profile, 2D echo – Depending on the risk factors and availability of resources

Aim to transfer to orthopedic ward within 4 hours

Orthopedic Ward

Pre op optimization – Geriatric, Anesthetic and Orthopedic team

1. Medical optimization for the theatre
2. Ensure pain relief
3. Hydration- clear fluids up to 2 hours pre op
4. Nutritional support - Screen for malnutrition, consider oral nutrient supplements and high protein diet, specialist referral where necessary
5. Consider catheterization as necessary

Surgical Theatre

1. Aim to do surgery preferably within 48 hours, subjected to patient fitness and resource availability
2. Liaise with anesthetic team
3. Standard surgery based on the type of fracture and availability of resources

Post-operative care - Orthopedic ward / HDU/ ICU

1. Post op - X ray, FBC, SE, Serum Creatinine
2. Pain management
3. Maintain adequate hydration and nutrition
4. Look for complications – perioperative myocardial infarction, delirium, infections, pressure ulcers, urinary retention, constipation
5. Cognitive assessment (Post op 4AT)
6. Aim day 1 physiotherapy assessment and mobilization as recommended by the orthopedic team
7. Initiate rehabilitation in the ward
8. Osteoporosis management – Aim to replenish vitamin D with rapid loading regimen as the default strategy if Vitamin D deficient or level not available, correct serum calcium, aim to give IV Zoledronic acid before discharge, consider contraindications for IV Zoledronic acid administration

Contraindications to IV Zoledronic Acid :

Known hypersensitivity, Severe renal impairment - Creatinine Clearance <35

Relative Contraindications : Hypocalcaemia, Vitamin D deficiency

Alternative Treatment Options - Denosumab, Alendronate

Discharge

1. Support early discharge
2. Document rehabilitation plan, consider intermediate care when indicated, depending on resource availability
3. Consider suitable DVT prophylaxis after discharging up to 4 weeks depending on the risk factors and other circumstances according to specialist opinion
4. Falls risk assessment and initiate optimization before discharge - Consider assesment of intrinsic, extrinsic and situational risk factors
5. Follow up – In Orthopedic clinic and geriatric / medical clinic as necessary