# A & E Protocol: Suspected Neck of Femur #

<table>
<thead>
<tr>
<th>Patient sticker:</th>
<th>Date: <em><strong><strong>/</strong></strong></em>/_______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time of Arrival:</th>
<th>Time of triage:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of triage nurse:</th>
<th>Time of triage:</th>
</tr>
</thead>
</table>

| A& E member of staff: | |
|-----------------------| |

**Resuscitate the patient:**
- Please ×
- Oxygen: □
- Intravenous Line & Fluids: 12hrly Hartmann’s 1 litre □

**Drug Chart:**

- Analgesia Given
- Co-codamol 30/500__________ QDS ___________ □
- Morphine 2-5mg 2 hourly____ PRN ___________ □
- Cyclizine 50mg _____________ TDS (PRN) ______ □

**Criteria:**
- Age (above 65 years): >65 yrs □
- AP Pelvis: □ Diagnosis:
- Hip Lateral: □ Diagnosis:
- Chest X ray: □ Any abnormality:
- ECG: □ Findings:

**Patient is NOT appropriate for fast track if:-**

**Any evidence of cardiorespiratory compromise?**

**The patient needs urgent medical care?**

**BEFORE Fast track please complete:**

- Bloods; FBC: □ Clotting: □
- U&E; □ Calcium □ G&S; □

**Examination:**

- Neurovascular Status:
- Distal Pulses? D.P present □ T.P present □

**Any Other Findings:**

- Orthopaedic On call informed □ Time:_______
- Name of person fast tracking:_________ Position:_________
- Signature:_________________________ Bleep:______________
Orthopaedic on Call:

<table>
<thead>
<tr>
<th>Patient sticker:</th>
<th>Admission Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date:** ______ / ______ / ______

**Method of Arrival:**
- Ambulance
- Own
- GP referral
- Other (please specify)

**O&T Admitting Doctor:** ________________  
**Bleep:** __________

**Admitting Consultant:** __________________________

**Time Seen in A&E:** ______

**Decision to Admit:** ______  
**Referred to O&T:** ______

**Patient Left Dept.:** ______  
**Ward:** ______________________

**O&T on call saw pt:** ______  
**Where:**  
- A&E
- Ward

(It is not necessary for the pt to be seen by the O&T on call in A&E. If a bed is available and the pt is well, transfer!)

**History:**

<table>
<thead>
<tr>
<th>Who is giving the history?</th>
<th>Patient</th>
<th>Other</th>
</tr>
</thead>
</table>

**HPC:**

---

**Did the patient sustain a head injury?**
- YES
- NO

**Lose consciousness?**
- YES
- NO

(please specify)

---

**Where did the patient fall?**

**Mechanism of fall:**

---

**Does the patient need a falls clinic referral?**
- YES
- NO

(Criteria: Recurrent falls, dizziness, syncope, postural hypotension, imbalance, CVA, visual impairment, muscle weakness, Parkinsonism, poor gait, UTI, no dementia)

**Is there a medical reason for the fall?**
Patient sticker:

Past Medical History:
<table>
<thead>
<tr>
<th>CVS</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td></td>
</tr>
<tr>
<td>NEURO</td>
<td>Rheumatoid Arthritis</td>
</tr>
<tr>
<td>GI / GU</td>
<td></td>
</tr>
<tr>
<td>MSK</td>
<td></td>
</tr>
</tbody>
</table>

Drug History:

ALLERGIES:

| Smoke: NO □ | Details: ____________________________ |
| Alcohol: NO □ | Details: ____________________________ |

If no mechanical heart valve present, stop the following PRE-OP, ANTIPLATELETS, METFORMIN, WARFARIN Correct INR

Social History: House / Flat / Bungalow / Sheltered / Residential / Nursing / other:
- Live alone? Yes □ No □ Home help Yes □ No □ Meals on wheels Yes □ No □ Mobility: Unaided / Stick / Crutches / Frame / Assisted / Wheelchair / Bedbound

O/E

General appearance:

Temperature:
- Temperature: __________________________
- HR: __________________
- Rhythm: __________________
- Heart sounds: __________________
- BP: __________________
- RR: __________________
- JVP: __________________
- Oedema: __________________

Chest:
- Trachea: ______
- Sat on air: ______%
- Sat on ……% O2 : ______%

Abdomen:

CNS:
- CN I – XII: __________________
- Upper: __________________
- Lower: __________________

Evidence of CVA: YES □ NO □ OLD □ NEW □
### Patient sticker:

### Mini Mental Test: (if unable, give reason)

Give the patient an address to remember:

<table>
<thead>
<tr>
<th>Age:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>Year:</td>
</tr>
<tr>
<td>Hospital:</td>
<td>Identify 2 people:</td>
</tr>
<tr>
<td>World War 1:</td>
<td>Monarch:</td>
</tr>
<tr>
<td>Count from 20 to 1:</td>
<td>Recall address:</td>
</tr>
</tbody>
</table>

**Total:** /10

Other Findings:

### Investigations:

#### Bloods:

<table>
<thead>
<tr>
<th>Hb:</th>
<th>Ur:</th>
<th>Clotting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCC:</td>
<td>Na:</td>
<td>Calcium:</td>
</tr>
<tr>
<td>Plts:</td>
<td>K:</td>
<td>CrP:</td>
</tr>
<tr>
<td>G&amp;S: Yes / No</td>
<td>Cr:</td>
<td>Glucose:</td>
</tr>
</tbody>
</table>

#### ECG:

ECG findings:

#### X Rays:

<table>
<thead>
<tr>
<th>Time ordered:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CXR findings:</td>
<td>Time done:</td>
</tr>
</tbody>
</table>

Other X rays performed? Why?

### Hip / Pelvis X-Ray findings:

#### Right

- Intracapsular
- Intertrochanteric
- Undisplaced

#### Left

- Extracapsular
- Subtrochanteric
- Displaced

How many fracture parts?

### Does it look pathological:

- **YES** □
- **NO** □

### Start Discharge Planning NOW!

Convalescence / rehabilitation / Boxley Unit

Referral to: Social services / Upgrade to nursing home? / Other:
### Proforma for Fractured Neck of Femur Audit: FAST TRACK

#### Patient sticker:

<table>
<thead>
<tr>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old notes requested:</td>
</tr>
<tr>
<td><strong>What operation does this patient need?</strong></td>
</tr>
</tbody>
</table>

#### Inform Anaesthetist on call now!

<table>
<thead>
<tr>
<th>Are they fit for theatre:</th>
<th>YES ☐</th>
<th>NO ☐</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does patient require additional urgent medical treatment:</strong></td>
<td>YES ☐</td>
<td>NO ☐</td>
<td></td>
</tr>
<tr>
<td>If Yes involve other specialties as necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Fluids commenced: YES ☐ | NO ☐ | Time started: __________ |

#### Analgesia given: YES ☐ | NO ☐ |

#### Regular turning YES ☐ | NO ☐ |

#### Pressure mattress: YES ☐ | NO ☐ |

#### Is patient marked & consented? YES ☐ | NO ☐ |

#### Antibiotic prophylaxis: YES ☐ | NO ☐ |
| **IV Cefuroxime 1.5g OR Teicoplanin 400mg** |

#### DVT / PE prophylaxis: YES ☐ | NO ☐ |
| **(OWN HOME) / (RESIDENTIAL HOME)** |

#### Anaesthetists Comments:

**ASA grade:**

- GA ☐
- Spinal ☐
- Block ☐

---

**Diagram:**

- **Known stenosis:**
  - Last echo within 1 year
  - Documented result ok
  - No new symptoms

- **New EJSM:**
  - Any of
    - New symptoms
    - Syncope / drop attacks
    - High BP, narrow pulse pressure
    - ECG: ? LVH / Arrhythmia?

- **ECHO REQUICKED**
- **NO ECHO REQUICKED**

---
**Patient sticker:**

**Resus status:** Decision by Consultant in morning meeting □

<table>
<thead>
<tr>
<th>DNR completed:</th>
<th>YES □</th>
<th>NO □</th>
<th>ASA 3 to 5 MUST COMPLETE PREOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFACPR:</td>
<td>YES □</td>
<td>NO (For ACTIVE CPR) □</td>
<td></td>
</tr>
<tr>
<td>Suitable for ITU:</td>
<td>YES □</td>
<td>NO □</td>
<td></td>
</tr>
</tbody>
</table>

**Nursing Staff:**

<table>
<thead>
<tr>
<th>Pressure Sores present:</th>
<th>YES □</th>
<th>NO □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterlow Score:</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Site &amp; Condition:</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Measures taken:</td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**REFERRAL LETTER TO OSTEOPOROSIS NURSE:** YES □ NO □

<table>
<thead>
<tr>
<th>Nutritional support:</th>
<th>YES □</th>
<th>NO □</th>
</tr>
</thead>
</table>

Ensure □ Dietician □

**Operation:**
Dear Wendy Needham,

The patient above has been admitted for a fragility fracture. We would greatly appreciate an osteoporosis clinic review and management regime (including DEXA Scan) being arranged.

In accordance with BOA-BGS and NHFD guidelines, Alendronate 70mg once weekly & Calcium and Vitamin D (Adcal D3 Forte one tablet, bd), have been prescribed by the orthopaedic team.

Many thanks for your time and efforts.

Sincerely

Trauma & Orthopaedic SHO

PLEASE FILL OUT, ATTACH STICKER AND SEND THIS SHEET TO WENDY NEEDHAM VIA INTERNAL MAIL
# Proforma for Fractured Neck of Femur Audit: FAST TRACK

<table>
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</table>

## Pre-op assessment:
- None / routine by Geriatrician
- Routine by specialist nurse
- Medical review requested

## Reason if delay > 24 hours
[Delay is calculated from time of admission to A&E]
- No delay- surgery < 24hrs
- Medically unfit – awaiting orthopaedic Dx / lx
- Medically unfit – awaiting medical management
- Administrative – awaiting inpatient or HDU bed
- Administrative – awaiting space on theatre list
- Administrative – problem in theatre /equipment
- Administrative – problem with anaesthetic staff
- Cancelled due to theatre over-run
- Dead
- Other

## Reason if delay > 48 hours
- No delay- surgery < 48hrs
- Medically unfit – awaiting orthopaedic Dx / lx
- Medically unfit – awaiting medical management
- Administrative – awaiting inpatient or HDU bed
- Administrative – awaiting space on theatre list
- Administrative – problem in theatre /equipment
- Administrative – problem with anaesthetic staff
- Cancelled due to theatre over-run

## Operation
- Internal fixation – SHS/DHS
- Internal fixation – Screws
- Internal fixation – IM nail (long)
- Internal fixation – IM nail (short)
- Arthroplasty – Unipolar hemi (uncemented)
- Arthroplasty – Unipolar hemi (cemented)
- Arthroplasty – Bipolar hemi (uncemented)
- Arthroplasty – Bipolar hemi (cemented)
- Arthroplasty – THR (uncemented)
- Arthroplasty – THR (cemented)
- Other

## Re-operation within 120 days (most significant procedure only)
- Reduction of dislocated prosthesis
- Washout or debridement
- Implant removal
- Revision of internal fixation
- Conversion to Hemiarthroplasty
- Conversion to THR
- Girdlestone/excision arthroplasty
- Surgery for periprosthetic fracture
- None

## Anti resorptive therapy
- Started on this admission
- Continued from pre-admission
- Awaits DXA scan
- Awaits bone clinic assessment
- None
- Unknown
- Other
<table>
<thead>
<tr>
<th>Patient sticker:</th>
<th></th>
</tr>
</thead>
</table>
| Discharge destination from acute Orthopaedic ward | Own home/sheltered housing  
Residential care/nursing home/LTC hospital  
Rehabilitation unit  
Acute hospital  
Dead |

| Date & time of discharge from acute Orthopaedic ward |脱/____/____  
____ AM / PM |

| Discharge destination from Trust | Own home/sheltered housing  
Residential care/nursing home/LTC hospital  
Rehabilitation unit  
Acute hospital  
Dead |

<table>
<thead>
<tr>
<th>Follow up</th>
<th>30 days</th>
<th>120 days</th>
<th>1 year</th>
</tr>
</thead>
</table>
| Residential Status | Own home/sheltered housing  
Residential care/nursing home/LTC hospital  
Hospital  
Rehab unit  
Acute hospital  
Dead | Own home/sheltered housing  
Residential care/nursing home/LTC hospital  
Hospital  
Rehab unit  
Acute hospital  
Dead | Own home/sheltered housing  
Residential care/nursing home/LTC hospital  
Hospital  
Rehab unit  
Acute hospital  
Dead |

| Walking indoors | Regularly walks without aids  
Regularly walks with one aid  
Regularly walks with two aids or frame  
Wheelchair or bed-bound  
Unknown | Regularly walks without aids  
Regularly walks with one aid  
Regularly walks with two aids or frame  
Wheelchair or bed-bound  
Unknown | Regularly walks without aids  
Regularly walks with one aid  
Regularly walks with two aids or frame  
Wheelchair or bed-bound  
Unknown |

<table>
<thead>
<tr>
<th>Patient sticker:</th>
<th></th>
</tr>
</thead>
</table>
| Walking outdoors | Regularly walks without aids  
Regularly walks with one aid  
Regularly walks with two aids or frame | Regularly walks without aids  
Regularly walks with one aid  
Regularly walks with two aids or frame | Regularly walks without aids  
Regularly walks with one aid  
Regularly walks with two aids or frame |
<table>
<thead>
<tr>
<th>Accompanied to walk indoors</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied to walk outdoors</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Anti resorptive therapy</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
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