FRACTURED NECK OF FEMUR

INTEGRATED CARE PATHWAY

Patients Name:    Hospital No:

Ward:                                               Date of Admission:

Summary of Guidelines for use:
1. This protocol is written by the multidisciplinary team to reflect the care for the majority of patients.
2. Protocols can be individualised by writing extra care required in ink on the protocol.
3. The protocol is not cast in stone so please use your professional judgement to decide whether it is appropriate to follow or deviate from it. However if a patient deviates from the protocol please record this as a variance and state the reasons why.
4. If other medical/surgical conditions exist, their assessment and treatment should be documented in usual trust notes.

From Printers with holes punched for storage in notes
Fractured Neck of Femur/Internal Fixation Integrated Care Pathway

Contents

1. Abbreviations & List of Variance Codes

2. A&E Fast Track document
   Accident and Emergency
   Pages 4 & 5
   (To be completed by A&E Staff)

3. Medical Assessment document
   Multidisciplinary Progress Continuation sheets
   Medical Assessment
   Pages 6, 7, 8, 9 & 10
   (To be completed by Orthopaedic SHO)

4. Arrival on the ward section
   Anticipated Day of Operation/Pre-operative Day
   Arrival onto Ward
   (To be completed by Ward Staff)

5. Day of Operation
   Peri operative Care Plan
   Consent Form
   Anaesthesia Record/ Operation Case Sheet
   Post-Operative Observation sheet
   Operative Period
   (to be completed by Multidisciplinary Team)

6. Post Operation Day 1 section
   Post Operation Day 2 section
   Post Operation Day 3 and 4 section
   Post Operation Day 5 and 6 section
   Post Operation Days 7-9 section
   Post Operation Days 10-12 section
   Post Operation Days 13-19 section
   Multidisciplinary Progress Continuation
   Post Operative Sections
   (to be completed by Multidisciplinary Team)

7. Nursing Records/Standards/Scores
   Assessments
   (To be included and completed by Nursing Staff)

Health Records, Nursing Assessment, Clinical Observations Chart and relevant standards to be completed and added on ward
### Abbreviations on Integrated Care Pathway:

<table>
<thead>
<tr>
<th>Words that can be abbreviated</th>
<th>Allowed abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident and Emergency</td>
<td>A&amp;E</td>
</tr>
<tr>
<td>Activities of Living</td>
<td>ADL</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>B/P</td>
</tr>
<tr>
<td>Care of</td>
<td>C/O</td>
</tr>
<tr>
<td>Charge Nurse</td>
<td>CN</td>
</tr>
<tr>
<td>Check x-ray</td>
<td>QXR</td>
</tr>
<tr>
<td>Chronic Obstructive Airways Disease</td>
<td>COAD</td>
</tr>
<tr>
<td>Deep Vein Thrombosis</td>
<td>DVT</td>
</tr>
<tr>
<td>Department of Medicine for Elderly People</td>
<td>DMEP</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>DM</td>
</tr>
<tr>
<td>Dynamic Hip Screw</td>
<td>DHS</td>
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<tr>
<td>Electrocardiogram</td>
<td>ECG</td>
</tr>
<tr>
<td>Four times daily medication</td>
<td>QDS</td>
</tr>
<tr>
<td>Fractured Neck of Femur</td>
<td>#NOF</td>
</tr>
<tr>
<td>Full Blood Count</td>
<td>FBC</td>
</tr>
<tr>
<td>Full Weight Bearing</td>
<td>FWB</td>
</tr>
<tr>
<td>Glasgow Coma Score</td>
<td>GCS</td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>Hb</td>
</tr>
<tr>
<td>Health Care Support Work</td>
<td>HCSW</td>
</tr>
<tr>
<td>Hemi-Hemiarthroplasty</td>
<td>HA</td>
</tr>
<tr>
<td>Hospital at Home</td>
<td>HAH</td>
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<tr>
<td>Intravenous</td>
<td>IV</td>
</tr>
<tr>
<td>Liver Function Test</td>
<td>LFT</td>
</tr>
<tr>
<td>Microscopy, culture &amp; sensitivity</td>
<td>MC&amp;S</td>
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<tr>
<td>Midstream Urine</td>
<td>MSU</td>
</tr>
<tr>
<td>Multidisciplinary Team</td>
<td>MDT</td>
</tr>
<tr>
<td>Mini Mental Status (Folstein’s Test)</td>
<td>MMS</td>
</tr>
<tr>
<td>Multidisciplinary Team Meeting</td>
<td>MDM</td>
</tr>
<tr>
<td>Next of Kin</td>
<td>N.O.K</td>
</tr>
<tr>
<td>Nil by Mouth</td>
<td>NBM</td>
</tr>
<tr>
<td>Non Weight Bearing</td>
<td>NWB</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>N/A</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>OT</td>
</tr>
<tr>
<td>Outpatients Appointment</td>
<td>OPA</td>
</tr>
<tr>
<td>Partial Weight Bearing</td>
<td>PWB</td>
</tr>
<tr>
<td>Patient Controlled Analgesia</td>
<td>PCA</td>
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<tr>
<td>Per oral medication</td>
<td>PO</td>
</tr>
<tr>
<td>Post operative day</td>
<td>POD</td>
</tr>
<tr>
<td>Pre operative</td>
<td>Pre-op</td>
</tr>
<tr>
<td>Pupils equal and reactive to light</td>
<td>PEARL</td>
</tr>
<tr>
<td>Registered General Nurse</td>
<td>RGN</td>
</tr>
<tr>
<td>Thyroid Function Test</td>
<td>TFT</td>
</tr>
<tr>
<td>Senior House Officer</td>
<td>SHO</td>
</tr>
<tr>
<td>Seen By</td>
<td>S/B</td>
</tr>
<tr>
<td>Senior Sister</td>
<td>SSR</td>
</tr>
<tr>
<td>Sister</td>
<td>Sr</td>
</tr>
<tr>
<td>Senior Staff Nurse</td>
<td>SSN</td>
</tr>
<tr>
<td>Social Worker</td>
<td>S/W</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>SN</td>
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<tr>
<td>Subcutaneous</td>
<td>SC</td>
</tr>
<tr>
<td>Take Home Medication</td>
<td>TTA</td>
</tr>
<tr>
<td>Three times daily medication</td>
<td>TDS</td>
</tr>
<tr>
<td>Urea and Electrolytes</td>
<td>U&amp;E</td>
</tr>
</tbody>
</table>
Please complete your full details and specimen signature before signing notes completed in this ICP.

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Specimen Signature</th>
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</tbody>
</table>
VARIANCE CODES IN ICP

Accident & Emergency
A1 Not suitable for Fast Track
A2 No bed available
A3 Unable to contact Ortho SHO
A4 Ortho SHO unable to see

Pre-op Period
P1 No space on theatre list
P2 Run out of theatre time
P3 Patient medically unfit
P4 Patient not put on operating list
P5 Patient waiting to be seen by medics
P6 Patient waiting to be seen by surgeons
P7 Patient waiting to be seen by other specialist team
P8 Patient refusing operation
P9 Low blood pressure
P10 High blood pressure
P11 Blood transfusion required
P12 Stroke
P13 Cardiac problems/condition
P14 Diabetes (uncontrolled)
P15 Pyrexia
P16 Urinary Tract Infection
P17 Chest Infection
P18 Clostridium difficile
P19 DVT suspected
P20 DVT confirmed
P21 PE suspected
P22 PE confirmed
P23 INR not within range
P24 Skin not suitable for TED stockings
P25 Pressure Sores
P26 Allergy
P27 Urinary Incontinence
P28 Retention of Urine
P29 Blood results not available

Post-op Period
PO1 Nausea/Vomiting
PO2 Fainting episode
PO3 Waiting for QXR
PO4 QXR not reviewed
PO5 No instructions documented
PO6 Wound oozing
PO7 Wound infected
PO8 Confusion/disorientation post op
PO9 Inadequate pain control

Post op (cont’d)
PO10 Physio equipment availability
PO11 IVI continued
PO12 Respiratory difficulties
PO13 Urinary tract infection
PO14 Physio’s decision
PO15 OT’s decision
PO16 Dr’s decision
PO17 Nurse’s decision
PO18 Check bloods not taken/
        results not available

Discharge
D1 No ambulance available
D2 OT equipment availability
D3 Residential Home
D4 Nursing Home
D5 Patient awaiting social service
        package
D6 Patient awaiting funding
D7 Patient awaiting rehab bed
D8 Incomplete discharge plan
        (please specify)
D9 Porter not available
D10 TTAs not available
D11 TTAs not ready
### Fast Track Criteria

<table>
<thead>
<tr>
<th>Item</th>
<th>Initial</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient is 60+ years of age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If younger, Orthopaedic SHO should carry out further investigations into cause of injury.</td>
<td></td>
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<tr>
<td>The patient has not fallen from &gt; 2 metres.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observations are within the following ranges:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Temperature: 35-37.5</td>
<td></td>
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<tr>
<td>- Pulse: 50-100bpm</td>
<td></td>
<td></td>
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<tr>
<td>- Resps: 12-16 rpm</td>
<td></td>
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<tr>
<td>- B.P: Systolic &gt; 100</td>
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<tr>
<td>- Blood Glucose 3.5 – 6.1 mmols/l</td>
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<tr>
<td>Normal ECG for age group</td>
<td></td>
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<tr>
<td>The patient does not fall within criteria for Trauma Call Team.</td>
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<tr>
<td>The patient has no other condition requiring intervention apart from those that can be carried out by a Nurse Practitioner/RN</td>
<td></td>
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</tr>
<tr>
<td>Bed available on Orthopaedic Ward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waterlow score</td>
<td></td>
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</tr>
</tbody>
</table>

Is patient suitable for fast-track? YES/NO

If yes work through following investigation list.
If no please refer to casualty dr.

Signature: ________________

Status: ________________

Time seen by Casualty Officer: ........

**PLEASE REFER TO CASUALTY CARD FOR FURTHER INFO**
ACCIDENT & EMERGENCY DEPARTMENT

Patients Name _____________________________ Date _____________________________

INVESTIGATIONS:

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Date requested</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Full blood count</td>
<td></td>
<td>Hb:___ WCC:____ Platelets:___</td>
</tr>
<tr>
<td>Cross match or group and save</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U&amp;Es and Creatinine</td>
<td></td>
<td>Na:___ K:___ Urea:___ Creat:___</td>
</tr>
<tr>
<td>Chest X-ray</td>
<td></td>
<td></td>
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<tr>
<td>Hip X-ray</td>
<td></td>
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<tr>
<td>ECG</td>
<td></td>
<td></td>
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<tr>
<td>Sickle Cell if appropriate</td>
<td></td>
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<tr>
<td>Random Glucose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*TFT’s</td>
<td></td>
<td>TSH:___ T3:___ T4:___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Free T4:</td>
</tr>
<tr>
<td>*LFTS</td>
<td></td>
<td>Bil:___ ALKP:___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALT:___ Albumin:___</td>
</tr>
<tr>
<td>*Bone Profile</td>
<td></td>
<td>Ca:___ Adj Ca:___ CRP:___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phosphate:___ Albumin:___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alk Phosphatase:___</td>
</tr>
</tbody>
</table>

*Needed for every patient to exclude secondary causes of Osteoporosis

I.V Cannula in situ
I.V.FLUIDS Yes / No

Analgesia
Pain Assessment Score ________________________________

Analgesia given: IV /IM /PO Time:____________________

Please circle

Please record any reasons for delay in fast-tracking your patient and approximate time
Reason Time

Time referred to Ortho SHO: ...............
TO BE COMPLETED BY ORTHOPAEDIC SHO

Patients name _____________________ Date __________ Time Seen/Assessed ______

CLINICAL ASSESSMENT

Presenting Complaint:

History of Presenting Complaint:

PAST MEDICAL & SURGICAL HISTORY

Yes  
No

Ischaemic Heart Disease  [ ] [ ]
Hypertension  [ ] [ ]
Asthma  [ ] [ ]
COPD  [ ] [ ]
Stroke  [ ] [ ]
DM  [ ] [ ]
Soft Tissue Injury  [ ] [ ]
Other  [ ] [ ]

ALLERGIES:

SOCIAL HISTORY:

Where does the patient live (tick one box)

Own home  [ ]
Relatives Home  [ ]
Bungalow  [ ]
House with stairs  [ ]

Other (specify below)  [ ]
Residential Home  [ ]
Nursing Home  [ ]
Sheltered Accommodation  [ ]

High Risk MRSA  (specify reasons why)
Low Risk MRSA  (See Criteria on page ??)

(Please circle as appropriate)

Who does patient live with?

Mobility Status: (Circle) ALONE STICK FRAME FRAME + 1 IMMObILE

Able to manage stairs YES/NO
Able to transfer independently YES/NO
If NO how transfers
Smoker YES/NO
Alcohol ........UNITS/WEEK
TO BE COMPLETED BY ORTHOPAEDIC SHO

Patients name___________________ Date__________________________

MEDICATIONS:

OSTEOPOROSIS REFERRAL TO FRACTURE LIASON SERVICE
FORM COMPLETED AND FAXED TO 0208 529 9919

REVIEW OF SYSTEMS:

CVS Chest Pain/Palpations/Orthopnoea/PND/Skin Ulceration
Respiratory SOB on exertion (time in minutes)
Abdomen Pain/Nausea/Vomiting/Diarrhoea/Constipation/Continence
CNS Fits/Faints/Falls/Dizzy Spells
GUContinence

EXAMINATION

General examination:
Conscious & Orientated: YES/NO GCS: /15
MMS: /10

Jaundice, Anaemia, Clubbing, Cyanosis, Lymphadenopathy

Temperature:

Respiratory system:
Respiratory Rate: Supplemental % O2: Oxygen Saturations:

Trachea:

Inspection:

Palpation:

Auscultation

Cardiovascular system:

Pulse:

BP:

JVP:

HS:

Peripheral Pulses: Femoral Popliteal Posterior Tibial Dorsalis Pedis

R

L
TO BE COMPLETED BY ORTHOPAEDIC SHO

Patients Name _____________                    Date _____________

EXAMINATION (continued)

G.I. system: Grossly intact, not formally assessed ☐

Inspection:

Palpation:

Auscultation

Musculoskeletal system:

Look:

Feel:

Move:

Any other injury:

CNS: Grossly Intact, not formally assessed ☐

PERL:

CN:

Tone:

Power:

Sensation:

Reflexes:

Speech:

Co-ordination:

Metabolic System

Diabetes

Renal

Hepatic

Other
TO BE COMPLETED BY ORTHOPAEDIC SHO

Patients Name _____________                    Date _____________

Tissue Health Ischaemia Necrosis ulceration

Immune System
Existing infection
Inflammatory conditions
Suspected infection

If yes inform GP of blood results

Yes            No

X-ray findings:

Imp:

Plan:

Date ________________________________

Time of examination ________________________________

Signature _______________________________________

Bleep number _____________________________________

Name (printed) ___________________________________

INTRODUCTION OF PATHWAY TO PATIENT
(To be completed by Nurse admitting to ward)

A key aspect of our Integrated Care Pathway is involving our patients, where possible, in all areas of their care. It is an opportunity to establish an active dialogue with our patients and/or carers or relatives where appropriate.

ON ARRIVAL TO _____________ WARD

Date_______ Time of Arrival_______ Patient Name:
Patient admitted to ward from: A&E □ other hospital/ward □ ____________ (name)

Accompanied (please circle) YES/NO by whom ______________

Anticipated length of stay: 11 DAYS Estimated date of discharge: ____________

Orientated to Ward/Patient Information folder supplied to patient? YES/NO
If NO please state reason why
Sign: ______________

Information leaflet given to patient re: specific fracture type and operation Yes / No
Sign: ______________

Ward Phone Number given to Carer/Relatives: Yes / No
Sign: ______________

Visiting times given to carer/relatives: Yes / No
Sign: ______________

Information leaflet given to patient/relatives re: surgery times and reasons for cancellation Yes / No
Sign: ______________

MRSA Risk Status Identified & explained to patient/carer Please circle as appropriate
HIGH/LOW
Sign: ______________

If High Risk MRSA Screen taken? Yes / No
If NO please state reason
Sign: ______________

MRSA Eradication Protocol commenced? Yes / No
If NO please state reason
Sign: ______________

Appropriate Antibiotic Prophylaxis Regime prescribed? Yes / No
If NO please state action taken

NURSE COMPLETING TO SIGN PLEASE ________________

ADMISSION TO WARD

Patients Name: ____________ Inpatient day Number: ___ Date: __________

NURSING
a) Nursing Assessment completed Yes / No
b) Clinical Observations Recorded Yes / No

c) Complete Care Standard for Skin Integrity, Mattress and Chair Cushion Provision
   Including; *Pressure Ulcer Risk Factor screen,*Ongoing Skin Inspection Record, Yes / No
   *Ongoing Repositioning Schedule, Yes / No
   *Order Primo or Duo pressure therapy mattress, Yes / No
   *Order Primo or Duo cushion for Post-op use, Yes / No
   *Complete moving and Handling assessment, Yes / No
   *Complete Wound care Standard for each wound, Yes / No
d) Are prescribed IV fluids in progress Yes / No

e) Commence regular pain assessment: Score ____________

INITIAL ____________

__________
**MULTI-DISCIPLINARY COMMUNICATION RECORD**

<table>
<thead>
<tr>
<th>Patients Name:</th>
<th>Inpatient Day No:</th>
<th>Hospital No:</th>
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<table>
<thead>
<tr>
<th>Date/ Time</th>
<th>Content</th>
<th>Signature/ Status</th>
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Nursing care given as per protocol and nursing care plan, unless otherwise documented

Care Leader: AM PM Night

Draft 3 #NOF ICP – S O’Sullivan 10/8/06
<table>
<thead>
<tr>
<th>Milestone</th>
<th>Variance Code</th>
<th>Action</th>
<th>Sign</th>
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</thead>
<tbody>
<tr>
<td>Will need additional multi-disciplinary sheets to be added in for patients who do not go to theatre within 24 hours</td>
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</tbody>
</table>

**Add in MRSA High and Low Risk Assessment Details**
Add in all the wound care / pressure care paperwork