Royal United Hospital Bath



Fractured Neck of Femur Proforma Orthopaedic Unit

| Date: | | Surname | : | | | | | |
|---------------------------------------|---------------------------|------------------|----------------|------------|-----|--|--|--|
| ED doctor's name: | | First name | e: | | | | | |
| | | Registration no: | | | | | | |
| Time seen: | | | Date of birth: | | | | | |
| Orthopaedic admit | ting doctor's name: | Age: | | | | | | |
| | | Male | Fe | emale | | | | |
| Time seen: | | | | | | | | |
| Presenting comp | aint and history of fa | all: | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | |
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| | | | | | | | | |
| | atient or other (state re | elationship): | | | | | | |
| Other associated in | njuries: | | | | | | | |
| Other falls/collapse | es in past 1 year: Nor | ne 1-2 | 3-5 | >5 | | | | |
| Pre-fall symptoms: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Previous fractures: | | | | | | | | |
| | NHS facility state whic | ch one: | | | | | | |
| Past Medical Hist | | | | | | | | |
| | COPD/Asthma | MI | Anging | fraguanava | CCF | | | |
| Hypertension | | | Angina | frequency? | CCF | | | |
| Diabetes | • | GORD | Cancer | | | | | |
| Osteoporosis | Significant memory | loss or dement | tia | | | | | |
| DVT/PE | Stroke/TIA | Other : | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Operations: | | | | | | | | |
| Anaesthetic proble | ms [.] | | | | | | | |
| | | | | | | | | |
| System enquiry: | | | | | | | | |
| CVS | | Respiratory | | | | | | |
| | | Respiratory | | | | | | |
| GI | | Urinary | | | | | | |
| CNS | | Locomotor | | | | | | |
| | | | | | | | | |
| Allergies: | | | | | | | | |
| | | | | | | | | |

Medication History

| MED | ICINE | DOSE | ROUTE | FREQUENCY | COMMENTS | | | | |
|--------------------------------------|-------------------------|--------------------|------------------|----------------------|----------------------|--|--|--|--|
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| | | | | | | | | | |
| Note exect times requ | uired for Parkinson's c | Image Avoid givin | mataclonramic | la prochlorporazina | or haloporidal in PD | | | | |
| Note exact times requ | | irugs. Avoid givin | g metociopramic | ie, procinorperazine | or hatopendor in PD | | | | |
| Social History | | | | | | | | | |
| Accommodatio | n: | | | | | | | | |
| Bungalow | Flat (which | floor, is there | a lift?) H | ouse (lives | on both floors?) | | | | |
| Stair lift | Rest home | Nursing hor | me C | other: | | | | | |
| | | | | | | | | | |
| Lives with: | | | | | | | | | |
| Home carers: Family support: | | | Meals on wheels: | | | | | | |
| Mobility Able to walk to l | ocal shops | | Housebo | ound | | | | | |
| Car driver | | | | | | | | | |
| Mobility indoors: | | | Mobility | outdoors: | | | | | |
| Mobility aid (wl | | | , | | | | | | |
| | | | | | | | | | |
| Alcohol intake | (units per day): | | Smokin | g history: | | | | | |

| Abbreviated N | lental Test Sco | ore | | | | | |
|--|-------------------------|------------------|---|------------------------------|---------|--|--|
| Place Year Time (to neat Date of birth Age First name of Total: | | | 7. Year WWII started (1939) 8. Count backwards from 20 → 1 9. Recognition of 2 people 10. Recall given address (Give '42 West Street' to remember) | | | | |
| On examination | on | | | | | | |
| General appea | irance: | | | | | | |
| BM: | | | | | | | |
| Cyanosis Temp | Dehydration BP | Anaemia Pulse | Clubbing O_2 sats | (circle which) Pain score | / 10 | | |
| CVS | | | Chest | | | | |
| Abdo | | | Neuro | | | | |
| Catheter prese | ent Y N | | Any visible evic | dence of head injury | Y N | | |
| X-ray findings: Summary | | | | | | | |
| | | | | | | | |
| Bloods requir | ed : U&E, FBC, (| Grp & Save, L | .FTs, calcium gro | oup, INR, glucose if B | M is ↑. | | |

| 3-in-1 Femoral Nerve Block |
|---|
| Contraindicated Applied Local anaesthetic used Complications |
| Prescriptions Regular analgesia prescribed (avoid NSAIDs) IVI prescribed if NBM |
| Signature Bleep no |
| Initial management plan (to be completed by Orthopaedic admitting doctor): |
| Limb marked TED stockings Y N DVT prophylaxis INR if pt on warfarin Prophylactic antibiotic prescribed Consent completed |
| Form 4 consent required If so have NoK been contacted? |
| If patient on warfarin or clopidogrel check reason & guidelines for reversal (warfarin) & risk/benefits re operation delays with clopidogrel (do not stop clopidogrel if for cardiac stent or recent ACS - seek cardiac review) |
| Investigations |
| ECG reviewed CXR reviewed Blood results (record on flow chart) |
| [Echos should not be booked pre-op for hip fracture patients unless the clinical situation (murmur or CCF history) has been discussed with a senior anaesthetist – arrange to discuss this at earliest opportunity to avoid unnecessary operative delay. Previous echo reports however should be placed in notes] |
| Sip feeds (Clinutren one carton BD if pt is underweight or confused) |
| Laxatives [senna or Mg hydrox (avoid Mg OH in renal failure – lactulose then)] [Prescribe laxative with any opiate prescription] |
| NSAIDs: avoid prescribing |
| Osteoporosis : Women ≥ 75yrs – prescribe CaD3 & bisphosphonate if no contraindications (Fracture Liaison Service will arrange DEXA referral if required) |
| Nil by mouth instruction |
| No diet from: No oral fluids from: |
| |

| Other I | manage | ment: | |
|---------|--------|-------|--|
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| | | | |
| | | | |

Signature...... Print name...... Bleep no......

Send pink slips for pts with Parkinson's, recurrent falls/collapse, recurrent on call reviews or other non urgent concerns to Orthogeriatric liaison service (Dr Hicks's secretary on Midford Wd or fax to 1287) Urgent referrals should be made to the on call medical team. Clinical guidelines for Medicine are on the RUH Intranet \rightarrow Clinical Directory \rightarrow Clinical Guidelines \rightarrow Medicine.

Time of arrival on Orthopaedic/Surgical ward:

Time:

Date:

Senior review:

| Further imaging required | | |
|-----------------------------|------------|----------|
| Anaesthetic review required | | |
| Medical review required | | |
| | | |
| | | |
| Signature | Print name | Bleep no |

Orthogeriatric: Falls & Osteoporosis Da

Date:

Osteoporosis Risk Factors

Untreated premature menopause BMI estimated < 22 kg/m³ Alcohol ≥ 4 units / day Alcohol 3 units/day Long term steroids Previous fragility fracture Parental hip fracture history Medical condition assoc with low BMD Other:

| Osteoporosis review | Action |
|---------------------|--------|
| | |

| DEXA scan recommended | GP advised to request |
|--------------------------------|-----------------------|
| Additional bloods required: | |
| Anti-resorpitive Rx started | |
| On Anti-resorpitive Rx already | |
| | |

| Fall | Falls Summary |
|--|--|
| Hx of fall: | Physical findings/ECG/Echo: |
| | |
| | Cause of current fall: |
| Frequency of falls: | |
| Hx of syncope or presyncope: | |
| Gait/balance hx: Visual problems: | Action Falls clinic referral required Intermediate Care Falls referral required Falls & Balance review required in Community Hospital once mobilising: No further review planned: |
| More than 4 medication esp. CNS or BP affecting: | Other issues |
| Dementia or cognitive impairment: AMT: | |

| Test | Range | | | | | | | | | | | |
|------------------|--------------------|------|------|-------|---------|----------|----------|----|---|---|---|---|
| WBC | 4 - 11 | | | | | | | | | | | |
| Neuts | 2-7.5 | | | | | | | | | | | |
| Hb | 11.5 – 18 | | | | | | | | | | | |
| MCV | 78 – 98 | | | | | | | | | | | |
| Plts | 145 – 450 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| INR | 1 – 1.2 | | | | | | | | | | | |
| APTT | 25 – 35 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Sodium | 133 – 145 | | | | | | | | | | | |
| Potassium | 3.5 - 5.5 | | | | | | | | | | | |
| Urea | 2.5 - 6.6 | | | | | | | | | | | |
| Creatinine | 45 – 104 | | | | | | | | | | | |
| eGFR | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Bilirubin | 1 – 17 | | | | | | | | | | | |
| Total Protein | 60 - 80 | | | | | | | | | | | |
| Globulin | 15 – 35 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ALT | 7 – 55 | | | | | | | | | | | |
| Calcium | 2.2 – 2.7 | | | | | | | | | | | |
| Phosphate | 0.8 – 1.5 | | | | | | | | | | | |
| ALP | 35 – 129 | | | | | | | | | | | |
| Albumin | 33 – 55 | | | | | | | | | | | |
| Cor Calcium | 2.2 – 2.7 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CRP | <5 | | | | | | | | | | | |
| Amylase | 0 - 200 | | | | | | | | | | | |
| GGT | 15 - 50 | | | | | | | | | | | |
| Total chol | 10 00 | | | | | | | | | | | |
| | 3.3 - 6.0 | | | | | | | | | | | |
| Glucose | | | | | | | | | | | | |
| Trop T (4hr) | < 0.01 | | | | | | | | | | | |
| Trop T (12hr) | < 0.01 | | | | | | | | | | | |
| СК | 24 – 180 | | | | | | | | | | | |
| TSH | 0.3 – 5.5 | | | | İ | | | | | İ | | |
| Paraprotein band | | | 1 | 1 | 1 | I | 1 | 1 | 1 | 1 | 1 | 1 |
| | | Date | Date | Micro | biology | / & othe | er resul | ts | | | | |
| | | | | | | | | | | | | |
| B12 | 150 - 914 | | | | | | | | | | | |
| Folate | > 164 | | | | | | | | | | | |
| Ferritin TTG | 11 - 336 < 15.1 | | | | | | | | | | | |
| PSA | < 3.5 | | | | | | | | | | | |
| Testosterone | 9.9 - 27.8 | | | | | | | | | | | |
| 25 Vitamin D | > 20 | | | | | | | | | | | |
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