

## FRACTURED NECK OF FEMUR PROFORMA

(Complete ALL sections)

Place Label here

<b>Consultant</b>		<b>M000 Number</b>	
<b>FY2/ST1</b>		<b>Bleep:</b>	<b>Surname</b>
<b>Date</b>		<b>Forename(s)</b>	
<b>Next of Kin</b>		<b>Tel</b>	<b>Date of Birth</b>

### History *(Relative if present)*

### Past Medical History: *Does it include?*

*(Tick relevant box and indicate **when** in the adjoining box)*

Myocardial infarction	yes	no	
Angina	yes	no	
CCF	yes	no	
Hypertension	yes	no	
Diabetes Mellitus	yes	no	
COAD*	yes	no	
Asthma*	yes	no	
Previous #	yes	no	
(please indicate site)			

Dementia/Confusion	yes	no	
CVA	yes	no	
Epilepsy	yes	no	
Parkinson's Disease	yes	no	
Rheumatoid Arthritis*	yes	no	
Hiatus Hernia	yes	no	
Peptic Ulcer	yes	no	
Carcinoma	yes	no	
If carcinoma, which type? *			

### Not suitable for theatre if: *(Refer to elderly care or Medical team for medical review)*

1. **MI or CVA in last 3 months** *(If new MI or CVA refer to Medical SpR Immediately)*
2. **Poorly controlled angina or CCF**
3. **Uncontrolled Arrhythmias eg AF Rate > 100**
4. **Severe respiratory problems (Peak Flow less than 150L/min)**

\* *If rheumatoid arthritis, order lateral view X-ray of cervical spine*

\* *If COAD/Asthma, PEFR essential & consider arterial blood gases **ON AIR***

\* *If Pacemaker it should have been checked in the last 6 months*

\* *If Carcinoma **SEND Surgical Samples For Histology and X-Ray ALL of the Femur***

**If patient takes CLOPIDOGREL stop it and tell anaesthetist and for medical review**

### Other Past Medical History

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Social History				<i>Barthel score in week prior to admission</i>			
Own house		Sheltered		Residential		<b>Bowels</b> Incontinent 0	<b>Bladder</b> Incontinent 0
Nursing home		Other		Carer?		Occ. accident 1	Occ. accident 1
						Continent 2	Continent 2
Social Services							
Meals on Wheels	x wk	Home help	x wk	<b>Grooming</b> Needs Help 0	<b>Bathing</b> Dependent 0		
District Nurse	x wk	Day Centre	x wk	Independent 1	Independent 1		
Medication ( If on Clopidogrel omit & Tell anaesthetist )							
				<b>Toilet</b> Dependent 0	<b>Dressing</b> Dependent 0		
				Some help 1	Some help 1		
				Independent 2	Independent 2		
				<b>Feeding</b> Unable 0	<b>Stairs</b> Unable 0		
				Help 1	Some help 1		
				Independent 2	Independent 2		
				<b>Mobility</b> Immobile 0	<b>Transfer</b> Unable 0		
				Wheelchair 1	Major help 1		
				Walks with 1 2	Minor help 2		
				Independent 3	Independent 3		
Anticoagulant *							
<b>Allergies</b>	<b>Walking Aid &amp; Type?</b>						
<b>Smoker</b> (Number/day)	<b>Alcohol</b> (unit/day)			<b>Total score</b>			

\* IF YES: Give Reason for Anticoagulation & check INR. See guidelines for Warfarin and hip #.

### On Examination:

#### General Appearance

(Anaemia; Breasts; lymphadenopathy)

Leg Shortened and Rotated? **YES • NO •**

#### TEMPERATURE

<b>PAIN Score</b>	No Pain = 0	Mild Pain = 1	Moderate Pain = 2	Severe Pain = 3
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### Cardiovascular System

<b>BP</b>	MmHg	<u>Acceptable Theatre Range</u> Systolic 150-100 / Diastolic 50-100		
<b>Pulse Rate</b>	/minute	Rhythm		
Heart Sounds			Murmur to neck?	Yes / No?
Other				
ECG results			Pacemaker	Yes No

- If uncontrolled arrhythmias, aortic/mitral stenosis or evidence of ischaemia, not for theatre until reviewed by medical team.
- If Pacemaker has not been checked in last 6/12 not for theatre.

### Respiratory System

Creps, Wheeze, ↓ Breath Sounds

<b>O<sub>2</sub> sats.</b>	%	On air	If O <sub>2</sub> saturation less than 90% on air, not for theatre; refer for medical review & consider ABG
	%	on litres/O <sub>2</sub>	
<b>PEFR</b>	litres/min		If PEFR less than 150 l/min, not for theatre until reviewed by medical team

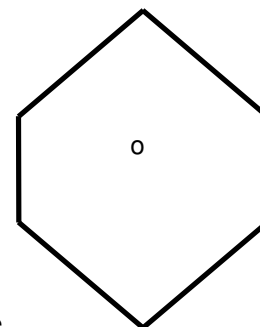
### Results of Chest X ray ( MUST Have Pre-Op.)

<b>LVF</b>	Yes	No	If evidence of LVF or infection, not for theatre until reviewed by medical team
<b>Infection</b>	Yes	No	
<b>Other Findings</b>			

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(Complete ALL sections)

## Abdomen



## Central Nervous System

### **MTS**

Age  
D.O.B.  
Year  
Place  
Time (To Hour)  
Queen  
WWI  
Recognise 2 people  
20 -1 backwards  
Recall Address

**Total** /10 (If MTS low does patient have capacity?)

**Capacity Test** consists of 4 aspects and is decision specific.

1. Understand information
2. Retain Information long enough to
3. Weigh Information
- 4 Communicate Decision

### Eye Opening

### Verbal Response

### Motor Response

### GCS

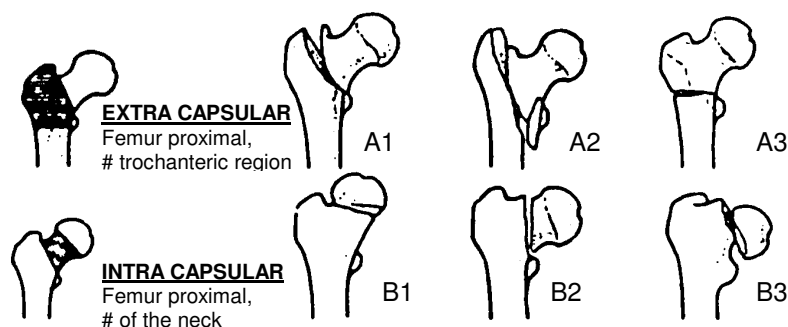
Spontaneous = 4  
To Command = 3  
To Pain = 2  
None = 1  
Orientated = 5  
Confused = 4  
Random = 3  
Grunts = 2  
None = 1  
Obeys = 6  
Localises pain = 5  
Withdraws = 4  
Flexes to Pain = 3  
Extends to pain = 2  
None = 1

**Total** /15

Evidence of CVA?	Yes	No	If evidence of new CVA, Refer to Medical Team Immediately& not for theatre till reviewed.
If yes, describe:			
If new CVA, is swallow reflex OK?	Yes	No	If swallow reflex not OK, keep NBM & refer to Speech & Language Therapist (x3103)

## Hip X ray comments (if any)

Type of fracture - please circle on diagram **LEFT** • **OR** **RIGHT** •



A1 - pertrochanteric simple  
A2 - pertrochanteric multifragmentary  
A3 - Intertrochanteric

B1 - subcapital, with No or slight displacement  
B2 - transcervical  
B3 - subcapital, with significant displacement

Does it look pathological?	Yes	No	<b>IF YES:</b> Consent for and request biopsy for histology at operation & X-Ray entire Femur.
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### Pre-operation Check List. - Not for Theatre Till Completed

#### Results of investigations:

ECG Performed? YES • NO • Findings \_\_\_\_\_

Chest X-Ray? YES • NO • Findings \_\_\_\_\_

Group and Save? YES • NO • If  $[K^+] < 4$  Add  $K^+$  to IV fluids.

	Result	Acceptable Pre-OP values		Result	Acceptable Pre-Op values
Hb		More than 10 g/dl	Na		130 - 145 mmol/l
WBC		Less than $12 \times 10^9/l$	K		3.4 - 5.5 mmol/l
Plts		100 - $400 \times 10^9/l$	Urea		Less than 15 mmol/l
Glucose/BM		Less than 15	Creat		Less than 200 umol/l
Urine DStick			INR		Less than 1.12

#### Not suitable for theatre without Medical Review if:

1. Pyrexia  $> 37.9^\circ C$ . (Take Blood Culture and MSU)
2. Hypoxia ( $O_2$  Saturation  $< 90\%$ ) If Hypoxic Gases, preferably on Air.
3. Hypotension (Systolic  $< 100$ , Diastolic  $< 55$ ) Hypertension (Systolic  $> 170$ , Diastolic  $> 105$ )
4. MI or CVA in last 3 months
5. Evidence of Infection
6. Poorly controlled angina or CCF
7. Aortic and/or Mitral Stenosis, or evidence of ischaemia
8. Uncontrolled Arrhythmias e.g. AF Rate  $> 100$
9. Severe respiratory problems (Peak Flow less than 150L/min)
10. If rheumatoid arthritis, order lateral view X-ray of cervical spine
11. If COAD/Asthma, PEFR essential & consider arterial blood gases on Air.
12. If Pacemaker it should have been checked in the last 6 months
13. Anticoagulated ( INR must be 1.2 or less. See guidelines for Warfarin and hip #)

#### Treatment Plan to Include: (Avoid NSAIs & Tramadol in the Elderly)

A. Group and Save.

B. Write treatment card & Unless contraindicated Include: Stat Dose Morphine 5mg im

1. Tinzaparin 3,500 units sc od (At 18.00), 2. Senna 2 tablets bd, & Glycerine Supp' prn

3. Analgesia Regular Analgesia eg Paracetamol 1gm qds or Co-codamol (30/500) ii qds + morphine prn

4. Put up Drip: Hartmans (1L. over 8 hr unless dehydrated. If Potassium less than 4mM add 20mM/L to drip. If K less than 3.4, add 40mM/L of K to drip & give oral supplements)

5. Catheterise And fluid balance chart. 6. Test Urine. ( If catheterised send Urine for MRSA)

7. MRSA Screen. Swabs to Screen for MRSA, & Write up daily Octenisine body wash at 8 am till Results back

8. Antibiotic Prophylaxis. Teicoplanin 400mg & Gentamicin 80mg at induction & Teicoplanin 12hr post op.

If For theatre – please tick when completed		If For medical review
Obtain consent (To include operation side.)	If low MTS does he/she have capacity?	If <b>urgent or immediate</b> need, bleep duty medical registrar
Mark limb		Aim for Surgery within 48 hours. Ensure Anaesthetic Aware of patient. If unfit for surgery for Review by Dr. Diggory (218) or SPR/Orthogeriatric Elderly Care (667) next day
Put on trauma list		

**Nil by mouth from**

**May eat & drink**

*Please circle appropriate order -Indicate Nil by mouth only if patient is admitted between 12 midnight & 6 am and due to go to theatre*

**Fill in Red DNAR Sheet. See hospital guidelines.**

**Cardiopulmonary Resuscitation Status**

**FOR CPR or Not FOR CPR**