A & E Protocol: Suspected Neck of Femur

Patient sticker: **Date:**_____/_____/_____

Time of Arrival: _____
Name of triage nurse:_____ **Time of triage :**_____
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:

Patient sticker:

Admission Details:

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:

Who is giving the history? Patient □ Other_____

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 □ (OT TO REFER)

(Criteria: Recurrent falls, dizzyness, 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:

CVS	**Diabetes**
RS	
NEURO	
GI / GU	**Rheumatoid Arthritis**
MSK	

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:

HR: Rhythm: Heart sounds: BP:

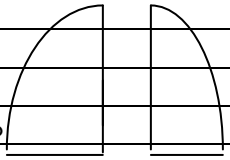
RR: JVP: Oedema:

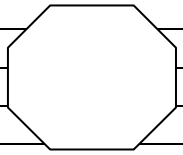
Chest: **Abdomen:**

Trachea: _____

Sat on air: _____%

Sat on …….% O2 : ____%





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:	
Age:	Date of Birth:
Time:	Year:
Hospital:	Identify 2 people:
World War 1:	Monarch:
Count from 20 to 1:	Recall address:
Total:	**/10**
Other Findings:	

Investigations:

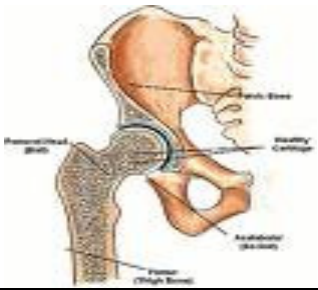
Bloods:		
Hb:	Ur:	Clotting:
WCC:	Na:	Calcium:
Plts:	K:	CrP:
G&S: Yes / No	Cr:	Glucose:
ECG:		
ECG findings:		
X Rays:	Time ordered: _____	
CXR findings:	Time done: _____	

Other X rays performed? Why?

Hip / Pelvis X-Ray findings: **Right** □ **Left** □

Intrapcasular	□	Extracapsular	□	Basicervical	□
Intertrochanteric	□	Subtrochanteric	□	Reverse oblique	□
Undisplaced	□	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:

Patient sticker:

Management:

Old notes requested: **YES** □ **NO** □

What operation does this patient need?

Inform Anaesthetist on call now!

Are they fit for theatre: **YES** □ **NO** □ Comment

Does patient require additional urgent medical treatment: **YES** □ **NO** □

If Yes involve other specialties as necessary.

Fluids commenced: **YES** □ **NO** □ Time started: _____

Analgesia given: **YES** □ **NO** □
What analgesia:_____

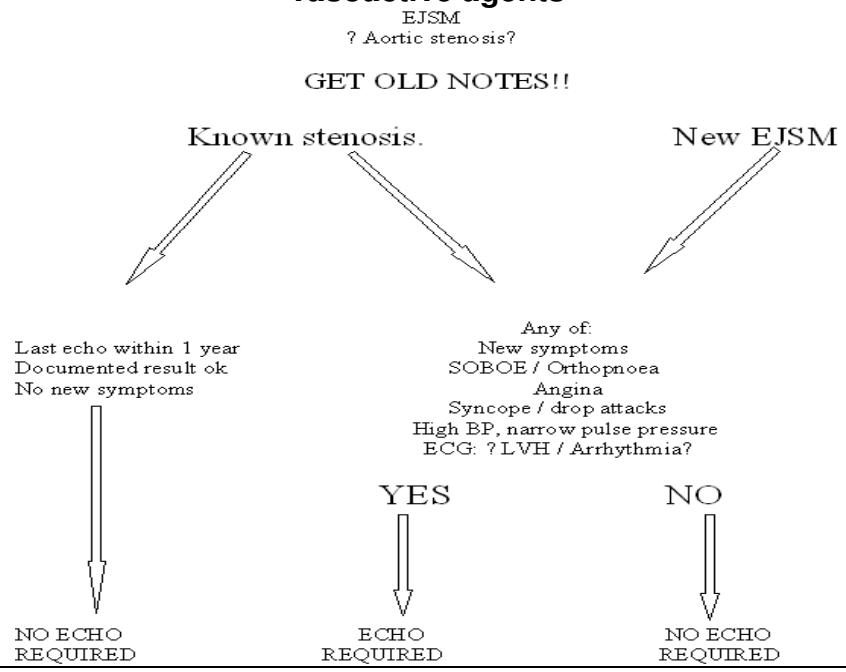
Regular turning **YES** □ **NO** □

Pressure mattress: **YES** □ **NO** □
What type:

Is patient marked & consented? **YES** □ **NO** □
Antibiotic prophylaxis: □ **IV Cefuroxime 1.5g OR Teicoplanin 400mg**
DVT / PE prophylaxis: □ (OWN HOME) / (RESIDENTIAL HOME)

No routine echo.

If valvular stenosis suspected, use invasive monitoring (AA line, pulse contour continuous cardiac output) & meticulous haemodynamic control & vasoactive agents



Anaesthetists Comments:

ASA grade:

GA □ Spinal □ Block □

Patient sticker:
Resus status: Decision by Consultant in morning meeting □
DNR completed: YES □ NO □ ASA 3 to 5 MUST COMPLETE PREOP
NFACPR: YES □ NO (For ACTIVE CPR) □
Suitable for ITU: YES □ NO □
Nursing Staff:
Pressure Sores present: YES □ NO □
Waterlow Score:_____
Site & Condition:_____
Measures taken:_____
REFERRAL LETTER TO OSTEOPOROSIS NURSE : YES □ NO □
Nutritional support: YES □ NO □
Ensure □ Dietician □

Operation:

Department of Trauma & Orthopaedics
Maidstone Hospital
Hermitage Lane
Maidstone
Kent ME16 9QQ

Date:

Wendy Needham
Osteoporosis Nurse Specialist CNS
Maidstone Hospital
Tel: Maidstone- 01622 224682
Pembury- 01892 633439

Re: Osteoporosis referral for neck of femur fragility fracture

Calcium and Vitamin D prescribed ☐

Patient Sticker:

Alendronate 70 mg once weekly ☐

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

Patient sticker:

Pre-op assessment:	❑ None / routine by Geriatrician ❑ Routine by specialist nurse ❑ Medical review requested
Reason if delay > 24hours [Delay is calculated from time of admission to A&E]	❑ No delay- surgery < 24hrs ❑ Medically unfit – awaiting orthopaedic Dx / Ix ❑ 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 > 48hours	❑ No delay- surgery < 48hrs ❑ Medically unfit – awaiting orthopaedic Dx / Ix ❑ 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

Patient sticker:	
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	❑ ____/_____/_____ ❑ _____ AM / PM
Discharge destination from Trust	❑ Own home/sheltered housing ❑ Residential care/nursing home/LTC hospital ❑ Rehabilitation unit ❑ Acute hospital ❑ Dead

Follow up	❑ **30 days**	❑ **120 days**	❑ **1 y**
Residential Status	❑ Own home/sheltered housing ❑ Residential care/ nursing home/ LTC ❑ Hospital ❑ Rehab unit ❑ Acute hospital ❑ Dead	❑ Own home/sheltered housing ❑ Residential care/ nursing home/ LTC ❑ Hospital ❑ Rehab unit ❑ Acute hospital ❑ Dead	❑ Ow hou ❑ Re nur ❑ Ho ❑ Re ❑ Acu ❑ De
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	❑ Re wit ❑ Re one ❑ Re two ❑ Wh bou ❑ Un
Patient sticker:			
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	❑ Re wit ❑ Re one ❑ Re two

	❑ Wheelchair or bed-bound ❑ Unknown	❑ Wheelchair or bed-bound ❑ Unknown	❑ Wh bou ❑ Un
Accompanied to walk indoors	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Un
Accompanied to walk outdoors	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Un
Anti resorptive therapy	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Un