

# FRACTURED NECK OF FEMUR CLINICAL PATHWAY

Patient's Name ..... Hospital No .....

Date ..... Time .....

Information Taken By ..... Designation .....

History of Injury	Clinical Assessment of Injury
Date and Time of Event	Affected Limb      Right      Left
Reason: Fall	Shortened      Yes / No
Collapse	Externally Rotated      Yes / No
Other (please state)	
(Inappropriate or inability to obtain history, a medical assessment <u>must</u> be obtained before continuing with fast-track)	Distal Pulse      Yes / No (if no, refer immediately to A&E Consultant / SpR)
	Capillary Refill Time
	Colour of Limb
	Sensation
Significant Mechanism of Injury (Fall > 2 metres or RTA – requires ATLS)	Movement

Triage Category Orange (Suspected fractured neck of femur patients must be seen by ED Doctor / ENP within 1 hour)	
Bed Manager notified	Yes / No
Time Notified	
Ward Allocated	

**Events Leading To Admission / Other Injuries Noted**

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**Clinical Assessment**

Time	
Temperature (low grade thermometer)	Blood Pressure
Pulse	SaO2
Respiration	Subjective Pain Score
Blood Sugar	Objective Pain Score
GCS	Clinical signs of Dehydration  Yes / No  (If yes, medical assessment <u>must</u> be obtained before continuing with fast-track)

If any of the following criteria are present, consideration should be made to joint referral to the RMO/ COTE team

Temp	> 38C	< 35C	
Pulse	>120 min	< 50 min	
Respiration Rate	> 30 min	< 12 min	Bp < 100 systolic
Blood Sugar	< 3	> 7	

A B C D Compromise

Chest Pain

**If ABC compromise, refer immediately to A&E Consultant / SpR.**

If the patient is stable but remains medically compromised, direct communication between ED Doctor and Orthopaedic SHO must be made prior to the patient being transferred to the Ward.

**Does this patient require RMO/ COTE referral?**

**Past Medical History**

RF	TB	DM	BP	MI
CVA	Angina	Parkinson's	Epilepsy	Respiratory

Allergies

Other (please state)

Operations / Anaesthetics

**Drug History**

Current Drug	Dose	Frequency	Current Drug	Dose	Frequency

**Pain Management**

Drug	Route	Dose	Time	Prescriber's Signature	Administrators Signature	Time Given	Post Analgesia Pain Score Assessment and time

	Time Sent	Results (reviewed by doctor)	Required on
FBC		Signature	All patients
		Name	
U&E		Signature	All Patients
		Name	
Blood Sugar		Signature	All patients with abnormal BM
		Name	
Group / X Match		Signature	All patients
		Name	
Prothrombin / INR		Signature	Known or suspected bleeding disorder, anti-coag or liver disease
		Name	
ECG		Signature	All patients
		Name	
ABGs		Signature	All patients that are acutely short of breath
		Name	

Date	Fluid	Volume	Additive and Amount	Duration Of Infusion	Signature	Prepared	Checked	Time Commenced	Time Finished
	Hartmann's	1000ml							

Other relevant clinical information (e.g. other injuries and treatment):

X-Ray Investigations				
All suspected fractured neck of femur patients must be prioritised to x-ray. Please telephone the X-Ray Department or place Orange Sticker on X-Ray request card.				
Consider nurse escort according to departmental transfer policy.				
Hot Reporting of x-rays on patients with a suspected fractured neck of femur should not be requested.				
Patient will require pre-operative CXR if:				
(a)	Known cardio-respiratory disease, recent deterioration and no current film.			
(b)	Signs and symptoms of acute cardio-pulmonary disease			
(c)	History of TB			
Patient Departure to X-Ray Time (please state)				
Patient Return to ED Time (please state)				
Radiography	Requested by	Time requested	Result	Signature
Hip X-Ray (AP)				
Hip X-Ray (lateral)				
Chest X-Ray (see above)				

**IF NO FRACTURE, DISCONTINUE PATHWAY AND FILE IN A&E CARD POCKET**

Patient referred	Time Referred	Comments (e.g. delay)
Orthopaedic SHO / Orthogerontology Nurse		
Trauma Nurse Co-ordinator		
Ward		

Time left Emergency Department (please state)	
Relatives / Carers informed of admission?	Yes / No

## Hip Fracture Pathway

