

Fractured Neck of Femur –Fast Track Flow Chart Emergency Department

999

ED
TRIAGE

GP Referrals

Is the patient suitable to FAST TRACK?

YES

NO

Contact Bed Manager
Is there a BED available?

YES

(Follow pathway below)

NO

(Commence investigations below till bed available)

No **NEW** medical problem
Baseline Observations (BP, pulse, O2Sats, temp, BM if required)
IV Access/IV Fluids commenced
Analgesia prescribed, and given.
Bloods done and sent (FBC, U&Es, X-match, INR if required, any other bloods)
X-ray pelvis and lateral of Hip (CXR and other x-rays if clinically indicated)
ECG (completed and reviewed)
Waterlow documented, mattress ordered for ward delivery if Waterlow>10 (should not delay transfer of patient)

Acute medical problem/other obvious injury
Baseline Observations (BP, pulse, O2Sats, temp, BM if required)
IV Access/IV Fluids (if indicated)
Analgesia prescribed, and given.
Bloods done and sent (FBC, U&Es, X-match, INR if required, any other bloods)
X-ray pelvis and lateral of Hip (CXR and other x-rays if clinically indicated)
ECG (completed and reviewed)
Waterlow documented, mattress ordered for ward delivery if Waterlow>10 (should not delay transfer of patient)

NOT FAST TRACK PATHWAY

FAST TRACK PATHWAY

#NOF

(No new medical problem)

T /O Team contacted to accept pt

Suspected #NOF

+/- acute medical problem

Refer T/O Team

Confirmed #NOF

TO/ ED contact: Ward/TO coordinator
(Arrange transfer to ward within 1-2 hours)
(SHO see patient on ward within 15 minutes)

No #
GP referral

T/O Team review

Acute medical problems
(Liaise with other teams over care)

NO #
A&E referral

ED team review

Follow Falls Pathway

T/O SHOs must make sure they are available to assess or arrange care for patients at all times