Blackpool, Fylde and Wyre Hospitals NHS Trust

Fracture Neck Of Femur / Fast Track

Criteria: A*dmission where femoral neck fracture is the primary diagnosis*

Accident & Emergency Assessment ***(To be completed by A/E Nurse and/or A/E doctor)***

Patient label

Admitted Via A&E **Yes** ☐ No ☐
Date _____
Time of arrival _____

Date & Time of Admission to Orthopaedics_____
Consultant _____

Gender M/F _____

Admitted from: Own Home/Sheltered Housing ☐
Residential bed/Nursing bed /Long term care Hospital ☐
Rehabilitation Unit ☐
Acute Hospital ☐
Already in Hospital ☐
Other ☐
Unknown ☐

Walking Ability Pre-Admission

Indoor	**Outdoor**
Regularly Walks with out aids ☐	Regularly Walks with out aids ☐
Regularly walks with one Aid ☐	Regularly walks with one Aid ☐
Regularly walks with two aids/frame ☐	Regularly walks with two aids/frame ☐
Wheelchair/bed bound ☐	Wheelchair/bed bound ☐
Unknown ☐	Unknown ☐
Accompanied to walk Yes ☐ No ☐	**Accompanied to walk Yes** ☐ No ☐

Side of Fracture
Right ☐ **Left** ☐

Type Of Fracture
Intracapsular Undisplaced ☐
Intracapsular displaced ☐
Inter(Per)Trochanteric ☐
Subtrochanteric ☐
Other ☐

Pathological Fracture **Yes** ☐ **No** ☐ **Unknown** ☐

Baseline observations:
BP _____Pulse _____ Respirations_____Temp _____ SATS_____% BM stix_____

Hydration and nutritional state:
Clear fluids (if tolerated) ☐ Venflon inserted ☐ IV fluids ☐

Pain management : **Record pain score prior to x-ray** _____
☐ Paracetamol x 2 ☐IV morphine titrate ☐ Entonox ☐Other _____

Immediate investigations

FBC ☐ Biochemical profile ☐ Gp&Save ☐ Clotting ☐ (if indicated) ECG ☐ CXR ☐ (if indicated)

General Assessment
to be completed by admitting orthopaedic doctor

Mental state ☐ Fully orientated ☐ Confused ☐ History of Dementia

Abbreviated Mental Test Score EACH QUESTION SCORES ONE POINT (A SCORE OF LESS THAN SIX SUGGESTS DEMENTIA)

1. Age
2. Time to nearest hour
3. An address - for example 42 West Street –
NB. to be repeated by the patient at the end of the test
4. Year
5. Name of hospital, residential institution or home address
6. Recognition of two persons - eg. doctor, nurse, home help etc
7. Date of birth
8. Year first world war started
9. Name of present monarch
10. Count backwards from 20 to 1

Total score

REASON FOR FALL: (e.g simple fall, RTA ,Collapse etc.)

Previous fall ☐ **yes** ☐ **no**
Give details:
Referral for falls assessment ☐

Previous fracture ☐ **yes** ☐ **no**
Give details :
Referral for Osteoporosis screening ☐

PMH / PSH

Social History

Systems Review

Cardiovascular	
Respiratory	
Renal	
Gastrointestinal	
Neurological	

Medications

Tinzaparin 4500 units, Regular Analgesia, Morphine PRN

If patient on Warfarin/Clopidogrel Refer guidelines for hip fracture patients on Warfarin/ Clopidogrel

Allergies

Examination

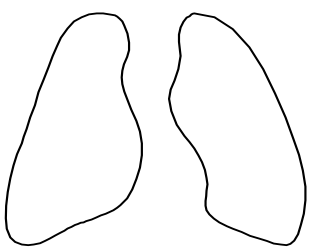
HR/rhythm
BP

HS

Other relevant

Respiratory

Respiratory Rate _____



General Investigation results – MUST BE DOCUMENTED					
Haematology	**Result**	**Biochemistry**	**Result**	**Other**	**Result**
WCC		Na			
Hb		K			
Platelets		Urea			
INR		Creatinine			
APTT		Glucose			
G&S					

CXR **Action taken**

ECG **Action taken**

Fitness for surgery

Yes ☐ ⟶ List for surgery ☐ Operation consent ☐ Mark site / side of operation ☐

No ☐ ⟶ If acutely unwell seek advice from the medical registrar ☐

Alternatively you can approach for advice
Consultant Anaesthetist undertaking the trauma list ☐
Or
Consultant Anaesthetist on call ☐

If not fit then please list medical problems below and to whom patient referred

Referred to _____ Date & Time _____

Problems that need addressing:

Primary Surgery (Date & time) _____	Time from Admission to Surgery _____

ASA Grade

Pre op assessment

- None ☐
- Routine By Geriatrician ☐
- Routine by Specialist Nurse ☐
- Medical review Requested ☐

Operation Performed

Internal fixation-SHS ☐	Internal fixation-Screws ☐
IM nailing Short ☐	IM nailing Long ☐
Hemiarthroplasty-Unipolar Uncemented ☐	Hemiarthroplasty-Unipolar cemented ☐
Hemiarthroplasty-Bipolar Uncemented ☐	Hemiarthroplasty-Bipolar cemented ☐
THR-Uncemented ☐	THR-Cemented ☐

- Other ☐
- None ☐

Pressure Sores

Yes ☐ **No** ☐

Reoperation within 120 days
(Most Significant OP only)

- Relocation of Dislocated prostheses ☐
- Washout /Debridement ☐
- Implant Removal ☐
- Revision of Fixation ☐
- Conversion to Hemiarthroplasty ☐
- Conversion to THR ☐
- Girdlestone ☐
- Surgery for Periprosthetic fracture ☐
- None ☐

Specialist Falls Assessment

- Yes-Performed on This Admission ☐
- Yes-Awaits falls clinic Assessment ☐
- No ☐

Anti-Resorptive Therapy

- None ☐
- Continued from pre-admission ☐
- Awaits bone clinic assessment ☐
- Started on this admission ☐
- Awaits DXA scan ☐
- Unknown ☐

Discharge destination from Orthopaedics	**Discharge from trust**
Own Home/Sheltered Housing ☐	Own Home/Sheltered Housing ☐
Residential/Nursing /Long term care Hosp ☐	Residential/Nursing /Long term care Hosp ☐
Rehabilitation Unit ☐	Rehabilitation Unit ☐
Acute Hospital ☐	Acute Hospital ☐
Dead ☐	Dead ☐
Other ☐	Other ☐
Date & Time _____	**Date & Time**_____

Date / time	Multidisciplinary Notes	Signature & profession