

National Hip Fracture Database - Dataset specification v16 (2026)

Applicable to patients with any form of hip/femoral/pelvic fracture admitted from 1 January 2026. (full details of inclusion and exclusion criteria are available on the last page)

All fields on this form must be completed.

1. Patient information

1.1 NHS / CHI number	1.2 Patient ID / Hospital number
1.3 First name	1.4 Surname
1.5 Date of birth	
___ / ___ / ___	
1.6 Sex <i>Note: for those whose gender is different from their sex registered at birth, this answer does not need to be the same as their birth certificate.</i>	1.7 Patient's post code
<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. Admission

The whole of a patient's NHFD data entry is the responsibility of the operating/treating hospital	
2.0 Which hospital did the patient come from? (3 letter code of hospital in which fracture is first identified)	3 letter NHFD code of the <u>operating/treating</u> hospital
___ ___ ___ (this is needed as this may be another hospital to yours)	___ ___ ___ (there is no need to fill this as it is your own hospital)
2.1 Date and time of first phone call to ambulance service	2.2 Date and time of first presentation to ED or trauma team in this <u>operating/treating</u> hospital
___ / ___ / ___ ___:___ <input type="checkbox"/> Not brought to hospital by ambulance after sustaining this fracture (eg. came to hospital by other means, or was already an inpatient when fracture occurred)	___ / ___ / ___ ___:___
2.3 Residence before this hospital admission	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care

2.4 Was patient's initial presentation with a hip/femoral/pelvic fracture via ED, as opposed to possibly having arisen while they were an inpatient?	2.5 Date/time of admission to an orthopaedic or orthogeriatric ward <i>Note: the NHFD definition of the type of ward in this question does <u>not</u> include admission to a more general ward designed to accept all types of acute surgical patients</i>
<input type="checkbox"/> Yes – this patient sustained their fracture outside hospital <input type="checkbox"/> No – already inpatient on this hospital site <input type="checkbox"/> No – already inpatient in another hospital site of this Trust/HB <input type="checkbox"/> No – already inpatient in another Trust/HB	<input type="checkbox"/> Yes – admitted to orthopaedic/orthogeriatric ward ___ / ___ / _____ : ___ <input type="checkbox"/> No – admitted from ED but never reached orthopaedic/orthogeriatric ward <input type="checkbox"/> No – not admitted from ED
2.6 Nerve block administered in ED, other location prior to admission, or on inpatient ward – for hip or femoral fractures <i>(does not include interventions occurring in theatre at the time of operation) (record the first nerve block if more than one)</i>	
<input type="checkbox"/> Yes – by ambulance staff <input type="checkbox"/> Yes – in Emergency Department <input type="checkbox"/> Yes – in ward before going to theatre <input type="checkbox"/> Not done/not documented	

3. Assessment

3.1 Pre-fracture mobility													
<input type="checkbox"/> Freely mobile without aids <input type="checkbox"/> Mobile outdoors with one aid <input type="checkbox"/> Mobile outdoors with two aids or frame	<input type="checkbox"/> Some indoor mobility but never goes outside without help <input type="checkbox"/> No functional mobility (using lower limbs) <input type="checkbox"/> Unknown												
3.2 Admission 4AT <i>BPT now requires 4AT to be completed pre-operatively.</i>													
<input type="checkbox"/> 4AT assessment prior to operation <input type="checkbox"/> Not done/patient refused													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: right; font-weight: normal;">Score / Total</th> </tr> </thead> <tbody> <tr> <td>a. Alertness 0 (Normal) 4 (Abnormal)</td> <td style="text-align: right;">/ 4</td> </tr> <tr> <td>b. AMT4 0 (No mistakes) 1 (One mistake) 2 (Two mistakes or untestable)</td> <td style="text-align: right;">/ 2</td> </tr> <tr> <td>c. Attention 0 (No mistakes) 1 (Any mistakes or refuses) 2 (Too unwell or drowsy to test)</td> <td style="text-align: right;">/ 2</td> </tr> <tr> <td>d. Acute change or fluctuating course 0 (No change) 4 (Change)</td> <td style="text-align: right;">/ 4</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">/ 12</td> </tr> </tbody> </table>			Score / Total	a. Alertness 0 (Normal) 4 (Abnormal)	/ 4	b. AMT4 0 (No mistakes) 1 (One mistake) 2 (Two mistakes or untestable)	/ 2	c. Attention 0 (No mistakes) 1 (Any mistakes or refuses) 2 (Too unwell or drowsy to test)	/ 2	d. Acute change or fluctuating course 0 (No change) 4 (Change)	/ 4	Total	/ 12
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Total	/ 12												
3.3 ASA grade	3.4 Nutritional risk assessment performed on admission												
<input type="checkbox"/> 1. A normal healthy patient <input type="checkbox"/> 2. A patient with mild systemic disease <input type="checkbox"/> 3. A patient with severe systemic disease <input type="checkbox"/> 4. patient with severe systemic disease that is a constant threat to life <input type="checkbox"/> 5. A moribund patient who is not expected to survive without the operation <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes – assessment indicates malnourished <input type="checkbox"/> Yes – assessment indicates at risk of malnutrition <input type="checkbox"/> Yes – assessment indicates normal <input type="checkbox"/> No												

3.5 Bone protection medication being taken prior to the hip/femoral/pelvic fracture (if more than one type has been taken then record the most recent treatment)

- | | |
|--|--|
| <input type="checkbox"/> Abaloparatide | <input type="checkbox"/> Risendronate |
| <input type="checkbox"/> Alendronate | <input type="checkbox"/> Romosozumab |
| <input type="checkbox"/> Alfacalcidol | <input type="checkbox"/> Teriparatide |
| <input type="checkbox"/> Denosumab | <input type="checkbox"/> Zoledronate |
| <input type="checkbox"/> Ibandronate | <input type="checkbox"/> Not taking any of these bone treatments |

4. Fracture

4.1 Fracture type

Hip fracture:

- Intracapsular – displaced
- Intracapsular – undisplaced
- Trochanteric
- Intertrochanteric / Reverse oblique
- Subtrochanteric

Femoral shaft fracture

Distal femoral fracture

Peri-prosthetic fracture:

- Peri-prosthetic around a hip prosthesis (hip replacement femoral stem or hip fracture fixation implant)
- Peri-prosthetic around a knee replacement
- Peri-prosthetic in the mid shaft (either in native bone between two arthroplasty implants or involving a fixation implant (plate or nail) in the midshaft)

Pelvic fracture

4.2 Side of fracture

Left Right (for bilateral femoral fractures complete one set of forms for each side, leave blank for pelvic fractures)

4.3 Was the fracture an atypical bisphosphonate type fracture (any site)?

- Yes
- No

5. Surgery

5.1 Was an operation performed?

- | | |
|--|---|
| <input type="checkbox"/> Yes (<i>please complete theatre data form</i>) | <input type="checkbox"/> No - Surgery not possible for this patient (<i>e.g. patient too unwell, patient refused</i>) |
| <input type="checkbox"/> No - Surgery not indicated for this fracture (<i>e.g. impacted, already healed/healing, and many types of distal femur, periprosthetic and pelvic fracture</i>) | <input type="checkbox"/> No - patient died before surgery could take place <input type="checkbox"/> |

6. Ward care

6.1 Assessed by physiotherapist on the day of or day after surgery? (or assessed within 24 hours of first presentation for patients with a pelvic fracture who did not undergo surgery)		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2 'Out of bed' on day of or day following surgery? (or out of bed within 24 hours of first presentation for patients with a pelvic fracture who did not undergo surgery) Was the patient helped or hoisted to stand or sit out of bed by the day after operation; if not then select one option that describes the main reason why not		
<input type="checkbox"/> Yes - physiotherapist <input type="checkbox"/> Yes - other ward staff <input type="checkbox"/> No - inadequate post-op. pain control <input type="checkbox"/> No - symptomatic hypotension	<input type="checkbox"/> No - patient too agitated or confused <input type="checkbox"/> No - other documented clinical contraindication <input type="checkbox"/> No - lack of staff or other resources <input type="checkbox"/> No - other	
6.3 If assessed by a geriatrician, what was their grade <i>BPT and KPI1 both require assessment by a consultant, specialist/associate specialist, specialty doctor/staff-grade, or registrar at grade ST3 or above</i>	<input type="checkbox"/> Consultant <input type="checkbox"/> Specialist/associate specialist <input type="checkbox"/> Specialty doctor/staff-grade <input type="checkbox"/> ST3+	<input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown <input type="checkbox"/> Not seen
6.3a Date and time assessed by geriatrician <i>For patients referred from one NHFD hospital for surgery in another this date/time is when which they were first seen by an orthogeriatrician in the second, operating/treating hospital</i>	___ / ___ / _____ :__	
6.4 Specialist falls assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.5 Did the patient acquire a new pressure ulcer (of Grade 2 or above) during the acute admission?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
6.6 Bone protection medication plan after hip/femoral/pelvic fracture		
<input type="checkbox"/> Alaboparatide <input type="checkbox"/> Alendronate <input type="checkbox"/> Alfacalcidol or Calcitriol <input type="checkbox"/> Denosumab <input type="checkbox"/> Ibandronate	<input type="checkbox"/> Risedronate <input type="checkbox"/> Romosozumab <input type="checkbox"/> Teriparatide <input type="checkbox"/> Zoledronate	<input type="checkbox"/> Assessed – no bone protection medication needed/appropriate <input type="checkbox"/> Informed decline – patient decided not to take offered treatment <input type="checkbox"/> On no treatment – pending DXA scan or bone clinic assessment <input type="checkbox"/> No assessment or action taken

7. Post-operative 4AT

7.1 Repeat 4AT after operation				
<input type="checkbox"/>	Assessed by the 3rd day after surgery, as required for KPI5 (<i>care will be eligible for BPT</i>)			
<input type="checkbox"/>	Assessed after the 3rd day but before the 7th day after surgery (<i>care will be eligible for BPT</i>)			
<input type="checkbox"/>	Not done by the 7th day after surgery (<i>care will <u>not</u> be eligible for BPT</i>)			
<input type="checkbox"/>	Not done/patient refused			

				<i>Score / Total</i>
a. Alertness	<i>0 (Normal)</i>	<i>4 (Abnormal)</i>		<i>/ 4</i>
b. AMT4	<i>0 (No mistakes)</i>	<i>1 (One mistake)</i>	<i>2 (Two mistakes or untestable)</i>	<i>/ 2</i>
c. Attention	<i>0 (No mistakes)</i>	<i>1 (Any mistakes or refuses)</i>	<i>2 (Too unwell or drowsy to test)</i>	<i>/ 2</i>
d. Acute change or fluctuating course	<i>0 (No change)</i>	<i>4 (Change)</i>		<i>/ 4</i>
			Total	<i>/ 12</i>

8.

Discharge

8.1 Date of discharge from acute orthopaedic ward	8.3 Date of final discharge from Trust/Health Board
___ / ___ / _____	___ / ___ / _____
8.2 Discharge destination from acute orthopaedic ward	8.4 Discharge destination from Trust/Health Board
<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in this Trust/HB <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust/HB <input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead (please complete section 8.5) <input type="checkbox"/> Other	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust/HB <input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead <input type="checkbox"/> Other <input type="checkbox"/> Unknown

9. Re-operations

9.1 Reoperation within 120 days of first presentation to the ED?
<input type="checkbox"/> Yes
<input type="checkbox"/> No



10. Follow-up at 120 days

10.1 Residential status	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in this Trust/Health Board <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust/Health Board	<input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead <input type="checkbox"/> Other <input type="checkbox"/> Unknown
10.2 Post fracture mobility	<input type="checkbox"/> Freely mobile without aids <input type="checkbox"/> Mobile outdoors with one aid <input type="checkbox"/> Mobile outdoors with two aids or frame <input type="checkbox"/> Some indoor mobility but never goes outside without help <input type="checkbox"/> No functional mobility (using lower limbs) <input type="checkbox"/> Unknown	
10.3 Bone protection medication	<input type="checkbox"/> Yes – continues on the same bone therapy as was recommended at discharge <input type="checkbox"/> Yes – now on another bone therapy, started after discharge <input type="checkbox"/> No longer appropriate (stopped by clinician) <input type="checkbox"/> No longer taking therapy (stopped by patient) <input type="checkbox"/> No bone therapy started	

Dataset V15a User notes

All data must be submitted electronically at: www.nhfd.co.uk

Users wishing to import data should refer to the import notes and specifications available on the website.

Inclusion and exclusion criteria

Inclusion criteria:

All patients aged 60 and over with a fracture involving the hip, femoral shaft, distal femur or pelvis should be included. All patients aged 60 and over with a pathological hip, femoral shaft, distal femur or pelvic fracture should be included. Pelvic fractures' include all fractures of the pubic, ischial, ileal and sacral bones that make up the 'pelvic ring' as well as those of the acetabulum (hip socket). Breaks at the front, back and sides of the pelvis should all be included.

Exclusion criteria:

Patients who present late with hip/femoral/pelvic fracture (eg at an outpatient appointment) should not be included. Patients with an incidental finding of hip/femoral/pelvic fracture (old undiagnosed fracture) should not be included. For pelvic fractures, 'pull off' breaks often associated with tendon avulsions do not need to be included (just as avulsion fractures around the hip are not included).

Failed non-surgical management

If the patient is still in hospital when a decision is made to operate then the time to operation will be measured from when they first presented, and may be very long as a fair reflection of their experience of what will feel like a delay in surgery. If the patient is discharged from hospital after non-surgical management, but later re-presents and needs surgery, then this episode should be recorded as a completely new episode.

Poly trauma and high impact fracture

Patients who sustain a high energy transfer hip/femoral/pelvic fracture such as in a road traffic accident or fall from the top of a building need not be included, unless the hip fracture is the **primary and only** focus of medical and surgical care. There is an element of subjectivity here, however: if the patient has been in an accident or injured in a manner where fragility is not the main cause and the hip fracture is not the predominant concern, they should not be included and should be captured on the National Major Trauma Registry.

Bilateral hip/femoral fracture – make a duplicate entry for each hip/femoral fracture; one for the left side and one for the right side. If the patient dies remember to record the patient's death on both records. Similarly when the patient is discharged remember to record the discharge details on both records.

Simultaneous multiple fractures – when a patient suffers simultaneous fractures at more than one site within the same femur, or in both femur and pelvis, the care given in respect of the hip fracture should take precedence, and other fractures need not be recorded (just as second fractures, such as of the wrist, are ignored when entering data on a hip fracture).

Duplicate entries – other than for bilateral hip/femoral fracture patients your data should not contain any duplicate records. If the patient dies after discharge the death could be recorded twice against your hospital.

Data quality audit – we recommend the NHFD Lead Clinician audits all records entered into the NHFD. Poor data quality may significantly exacerbate random fluctuations in hip fracture mortality triggering a false positive mortality alert or alarm of your site as an outlier for mortality. Data quality is your responsibility.

Thank you for your continuing support of the National Hip Fracture Database.

The Royal College of Physicians

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