Fractured Hip

Reason for this Guideline

Delayed treatment for patients with a fractured hip is not only uncomfortable for the patient but may also increase morbidity and mortality. This guideline is designed to ensure that adequate analgesia is given early and that an appropriate clinician assesses and manages the patient as soon as possible. This may involve a nurse-led fast-track for patients with obvious fractures and no signs of shock or complicating illness / injury.

When to use this Guideline

This guideline should be used in all adults with possible fractures of the hip who do not need immediate resuscitation.

How to use this Guideline

Analgesia is an immediate concern in patients with hip injuries. This should be given early and in adequate dose. Once pain has been managed then the risk of hip fracture should be assessed. Patients with the classical four features of hip fracture: pain on hip movement, inability to weight bear and shortening / external rotation of the affected leg are at high risk. If these patients have a simple history (ie they fell rather than collapsed), have no other significant injuries or illnesses and have normal or near normal physiological parameters then they can be fast-tracked by nurses through their investigations and orthopaedic admission. More complex patients need timely medical assessment. Patients found to have fractured hips during this assessment should be admitted (after treatment) under the care of the orthopaedic service, while those who do not have fractures should be assessed for admission for other reasons. Patients who are to be discharged home should all be assessed (using the falls-5 questionnaire) to ensure that they are linked with appropriate falls services after discharge if this is necessary.

Guideline FAQs

What is a fractured hip?

This is a fracture to the femur through or proximal to the trochanters.

Which patients should this guideline be used for?

This guideline is useful in adults with isolated hip injuries. Usually in the elderly .

What is the nurse-led fast track?

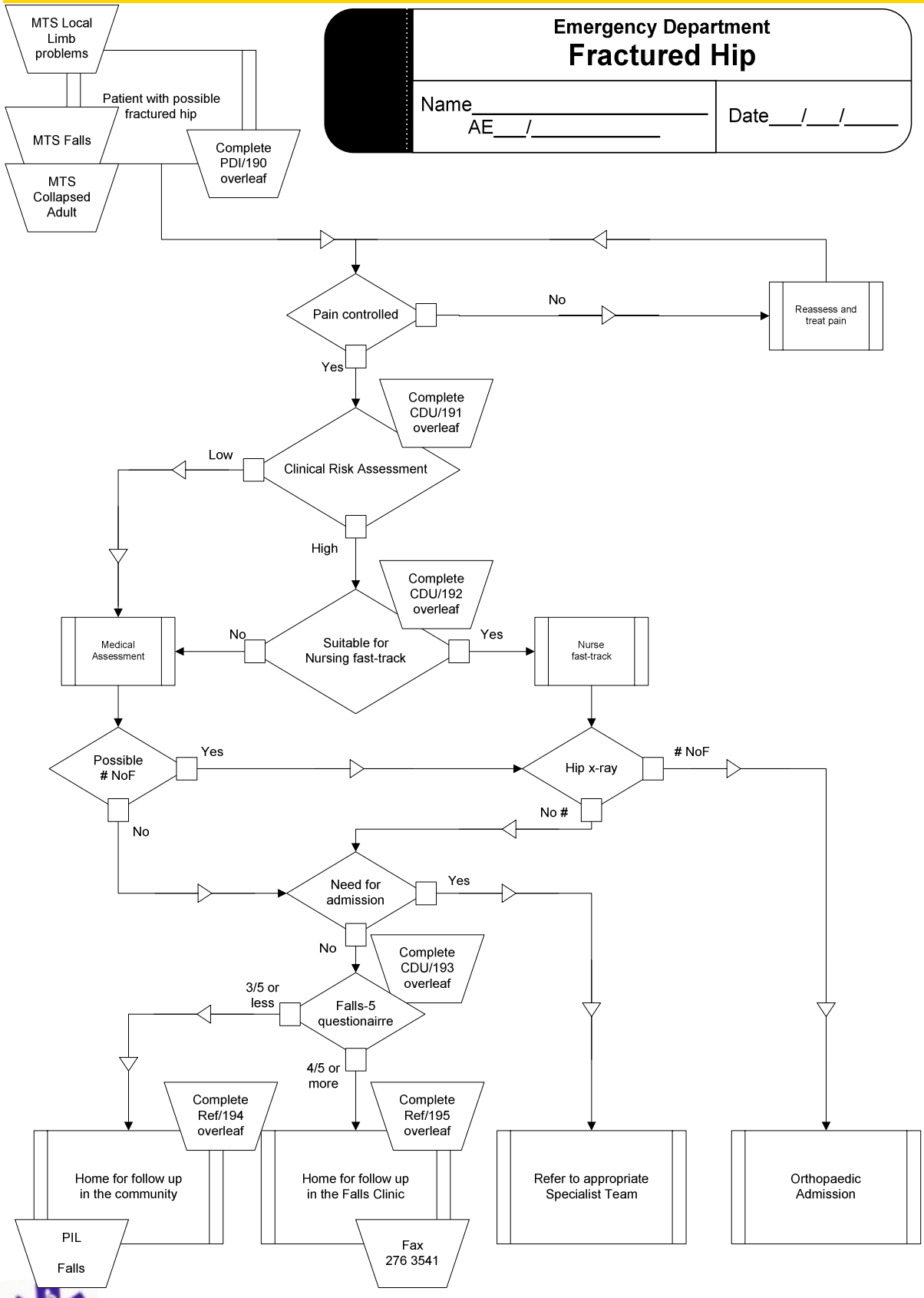
This is a clinical pathway appropriate to patients with isolated hip fractures without complications. It is designed to allow senior nurses to expedite care in this vulnerable group to ensure that they have their investigations and emergency treatments as quickly as possible, and that they are admitted appropriately to the orthopaedic wards.

Who admits patients who do not have a hip fracture?

This depends, of course, on the cause for admission. If patients need a very short period of assessment for community care then they can be admitted to the CDU. If they need assessment and management of intercurrent illness, or further investigation for the cause of their fall they are generally admitted by the Acute Medicine service. If there is another clear reason for admission then the usual service should be approached.

Special points of interest:

- Fractured hip is a painful condition and adequate analgesia is a priority. You should not wait for confirmation of the fracture before managing the pain
- Certain patients may be admitted via a nursing fast-track protocol
- Patients without a fracture may still need admission
- Patients who are going home should be assessed for falls service follow-up


Emergency Department
Fractured Hip
Name_____
AE___/_____
Date___/___/_____
MTS Local Limb problems
Patient with possible fractured hip
MTS Falls
MTS Collapsed Adult
Complete PDI/190 overleaf
Pain controlled
No
Reassess and treat pain
Yes
Complete CDU/191 overleaf
Low
Clinical Risk Assessment
High
Complete CDU/192 overleaf
Medical Assessment
No
Suitable for Nursing fast-track
Yes
Nurse fast-track
Possible # NoF
Yes
Hip x-ray
NoF
No #
No
Need for admission
Yes
No
Complete CDU/193 overleaf
3/5 or less
Falls-5 questionairre
4/5 or more
Complete Ref/194 overleaf
Complete Ref/195 overleaf
Home for follow up in the community
Home for follow up in the Falls Clinic
Refer to appropriate Specialist Team
Orthopaedic Admission
PIL
Falls
Fax
276 3541

PDI/190: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION (ALL YES)

No need for immediate resuscitation	Yes
Hip injury is the primary complaint	Yes

Order T, P, R, S_aO_2, weight, FBC, Sickle (if Afro-Caribbean), U&E, Glucose, Gp&S, ECG

CDU/191: CLINICAL RISK OF FRACTURED HIP (ALL YES)

Hip pain on movement	Yes
Inability to weight bear	Yes
Shortening of the affected leg	Yes
External rotation of the affected leg	Yes

Order: X-ray affected hip if all YES

CDU/192: SUITABILITY FOR NURSING FAST-TRACK (ALL YES)

No history of collapse prior to injury	Yes
No other significant symptoms	Yes
9 < RR < 30	Yes
SBP > 100	Yes
60 < P < 100	Yes
36 < T < 38	Yes
No other significant injuries	Yes

CDU/193: FALLS-5 QUESTIONAIRRE

Is there a history of any fall in the last year?	Yes
Is the patient on more than 4 medications a day?	Yes
Does the patient have Parkinsons' or have they had a stroke?	Yes
Does the patient report any problems with their balance?	Yes
Is the patient unable to rise from a chair of knee height?	Yes

4/5 or more Falls Clinic referral

Ref/194: Home and follow-up in community agreed	
Ref/195: Falls Clinic referral approved	

Evidence Base

This guideline is based primarily on the following sources:

SIGN Publication 56. Prevention and Management of Hip Fracture in Older People http://www.sign.ac.uk/guidelines/fulltext/56/index.html

There are 5 relevant Cochrane reviews:

Conservative versus operative treatment for hip fractures in adults. MJ Parker, HHG Handoll, A Bhargava

Hip protectors for preventing hip fractures in the elderly. MJ Parker, LD Gillespie, WJ Gillespie

Nerve blocks (subcostal, lateral cutaneous, femoral, triple, psoas) for hip fractures. MJ Parker, R Griffiths, BN Appadu

Perioperative fluid volume optimization following proximal femoral fracture. JD Price, JW Sear, RM Venn

Pre-operative traction for fractures of the proximal femur in adults. MJ Parker, HHG Handoll

Additional reviews (BestBETs) have been undertaken as follows:

BB 301. Regional Nerve Block in Fractured Neck of Femur http://www.bestbets.org/cgi-bin/bets.pl?record=00301

BB 467. IV Opiates versus femoral block in fractured neck of femur http://www.bestbets.org/cgi-bin/bets.pl?record=00467

Additional sources of interest include:

Nice guidance is extant / pending / **NOT CURRENTLY PLANNED**

Disclaimer

This guideline has been developed by clinicians and its content has been reviewed by the Clinical Effectiveness Committee of the British Association for Emergency Medicine. Guidelines cannot always contain all the information necessary for determining appropriate care and cannot address all individual situations, therefore individuals using these guidelines must ensure they have the appropriate knowledge and skills to enable interpretation. Guidelines can never substitute for sound clinical judgement. This guideline may not reflect changes in clinical practice that have occurred since it was last reviewed.