

Date
Doctor's Name

Hospital No:
Surname
First name(s)
DOB

Admission for Fractured Neck of Femur


Orthopaedic Consultant:		Consultant Geriatrician:	
		Dr Raj Parikh/ Dr Pickavance (ROH)	
		Dr Peter Gibson (NMGH)	
Admission:	Date:	Time:	History from: Interpreter used? Yes <input type="radio"/> No <input type="radio"/> Language:
	Location:		
Age:			

<u>Presenting complaint(s)</u>

<u>History of presenting complaint(s)</u>
<div>Detail:<ul style="list-style-type: none">• Circumstances of fall• Frequency of falls• Number of falls in last 12 months• Pre-existing cognitive impairment?• Hypoglycaemia/diabetes</div>

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Past Medical & Surgical History

Recent Acute MI		Hypertension		Other Pulmonary disease	Define	Any GI ulcers	
Previous MI		Diabetes		Complication of diabetes	Define	OA	
IHD/Angina		Asthma or COAD		Cancer	Define	Rh A	
Heart failure		Hayfever		Metastatic cancer	Define	HIV +	
Stroke		Epilepsy		Renal disease	Define	Obesity	
TIA		Headaches		Liver disease	Define	Alcohol excess	Units
PVD		Dementia		CVA with hemiplegia	Define	Smoker	Amount
PE or DVT		Paraplegia		Connective tissue disease	Define	Drug abuse	What

Detail below:

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Drug History **** Please DO NOT put “see drug chart” / ePMA / Healthviews ****
Source of Information

Drug	Dose	Frequency	If the medication has been stopped please indicate why

If patient on Clopidogrel, Prasugrel or Ticagrelor highlight to anaesthetist and liaise as needed with cardiology (if appropriate).

- If patient on Warfarin/DOAC – seek advice and review intranet – search “anticoagulant reversal”
- Previous DVT / PE – seek advice. Will probably need reversing temporarily.
 - Prosthetic Heart Valve – **MUST** seek advice from Cardiology / Medical SpR / Orthogeriatrics.

If unsure about any of the above suggestions, please ask for help from Orthogeriatrics / Medical SpR

Allergies

Name of Drug	Description of reaction	Source of Information

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Social history

Smoking

Alcohol

Place of residence

Own home ☐ Residential home ☐ Nursing home ☐ Sheltered flat ☐

If living at home, list care services in place:

Prefracture Mobility

- ☐ Freely mobile without aids
- ☐ Mobile outdoors with one aid
- ☐ Mobile outdoors with two aids or frame
- ☐ Some indoor mobility but never goes outside without help
- ☐ No functional mobility (using lower limbs)
- ☐ Other. Specify
- ☐ Unknown

Other Relevant Information

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EXAMINATION

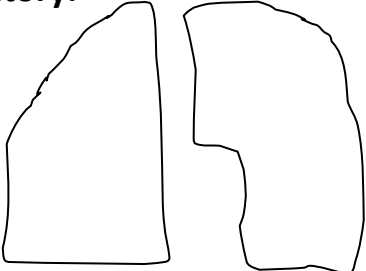
Pulse	Respiratory rate	Capillary Glucose (if done)
BP	Oxygen saturation	
Temp	Inspired oxygen?	Air or ____ % or ____ L/min

General examination:

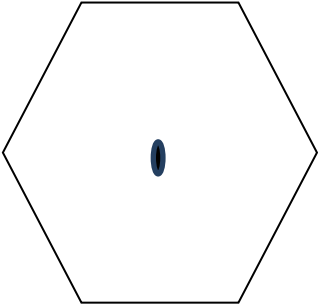
Cardiovascular:

HS

Respiratory:



Abdominal:



Abbreviated Mental Test Score	Correct	Incorrect	Comment (e.g. not answered)
Essential for Best Practice Tariff			
Age			
Time (to the nearest hour)			
Address for recall at the end of test (42 West St)			
Year			
Name of hospital			
Recognition of two people (e.g. doctor, nurse)			
Date of birth			
Dates of WW2 (1939-1945)			
Name of present monarch			
Count backwards from 20-1 (also tests attention)			
Total Score			

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Neurological examination

is mandatory if head injury sustained or neurological event suspected

Head injury – please detail if present:

Glasgow Coma Scale

Circle

Eye opening

Verbal response

Motor response

Total

1 2 3 4

1 2 3 4 5

1 2 3 4 5 6

/15

Cranial nerves

Detail any abnormality.

Neurological – limbs

Upper limb

Right

Left

Tone

Power

Reflexes

Sensation

Coordination

Other comments:

Mark N/A for side affected by fracture

Lower limb

Right

Left

Tone

Power

Reflexes

Plantars (circle)

↑ ↓ →

Sensation


Coordination

Other comments

ORTHOPAEDIC EXAMINATION

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PROBLEMS / DIAGNOSES

Fractured Neck of Femur

Side of fracture

☐ Left

☐ Right

☐ Confirmed

☐ Unconfirmed

Type of fracture

☐ Intracapsular – displaced

☐ Intracapsular – undisplaced

☐ Intracapsular – unable to diagnose subtype

☐ Intertrochanteric – grade A1/A2

☐ Intertrochanteric – grade A3 (reverse oblique)

☐ Intertrochanteric – unable to diagnose subtype

☐ Subtrochanteric

☐ Pathological – PLEASE OBTAIN LONG LEG XRAY

Is their pain adequately controlled? **Yes** **No**

Other Orthopaedic Problems

Active Medical Problems (e.g. Pneumonia, over- anticoagulated)

Significant Past History (e.g. Joint Replacement, Dementia, Stroke with residual hemiparesis)

Remember:

If Head Injury/neck pain refer to NICE guidance and consider further imaging

If Oxygen saturations <92% on air request Arterial Blood Gas

If murmur suggestive of aortic stenosis consider Echocardiogram

Blood Glucose: *must* be checked on admission.

1. If elevated, or known to be diabetic, refer to the *Blood Glucose Monitoring - best practice* document and the diabetes guidelines available on the intranet. **Ask for timely help** from the medical team or DSN **early** if unsure.
2. For all patients request HbA1c. If known to be diabetic or diabetes is suspected, please monitor blood glucose (using the monitoring document). Ask the pharmacist to check their therapy with the GP as part of medicines reconciliation.

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PLAN

INVESTIGATIONS

Bloods:

Hb		Na		Ca (corrected)	
WCC		K			
Plt		Creat		Glucose	
INR		Urea			
		eGFR		G and S done?	

Attach results to notes

ECG Requested ☐ Comment:

CXR Requested ☐ Comment:

PRESCRIBING

PRESCRIBING PROTOCOL on ePMA /Healthviews (Protocols ->Adult ->Orthopaedic ->Major Trauma)

ePMA protocol drugs prescribed ☐ **Regular medicines prescribed** ☐

VTE assessment performed and form completed ☐

IV Fluids Prescribed ☐ **IV Cannula** ☐

OTHER treatments

Abnormal blood results acted upon? Action - (please use continuation sheet if needed)

Consent form Signed ☐ **Lower Limb** Marked ☐

DNAR In place ☐ To be considered later ☐

Time to be Nil by Mouth (NBM) from (NBM – 6 hours for solids, milk, gum etc. and 2 hours for clear fluids.)

Power of attorney - circle Health / finance / both / none

Initial SENIOR ORTHOPAEDIC REVIEW

Consultant: **Location:** **Date:** **Time:**

Signature **Print name** **Grade** **Date**

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OPERATION NOTES – FRACTURE Neck of Femur

OPERATION:

INDICATION/FRACTURE TYPE:

SIDE: LEFT / RIGHT

ASA

Anaesthetic

☐ GA ☐ LA ☐ Spinal/epidural

☐ Regional block ☐ other...

Antibiotic on induction

Date

Start Time

Responsible Consultant

Supervising Senior Surgeon.....

Surgeon

Assistant

Anaesthetist (s)

POSITION:


INCISION & APPROACH:

PROCEDURE / FINDINGS:

(PLEASE CONTINUE OVERLEAF...)

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COMPLICATIONS: ☐ NONE ☐ YES

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DRAIN: ☐ No ☐ Yes..... Duration

LA infiltration ☐ No ☐ Yes

.....

CLOSURE:

Deep ☐ Vicryl ☐ PDS ☐ Other.....

Subcutaneous ☐ Vicryl ☐ Other.....

Skin ☐ Clips ☐ Monocryl ☐ Other.....

DRESSINGS:
☐ Selfix ☐ Telfa ☐ Opsite ☐ Mepore
☐ Other

POST-OPERATIVE INSTRUCTIONS: (TICK ALL THAT APPLY)

☐ IV antibiotics as per protocol

☐ Thromboprophylaxis: TEDs + Enoxaparin as per protocol

☐ Neurovascular Observations ☐ Check Hb and U&Es at 24 hours

☐ Check XRAY at 24 hours: ☐ AP Pelvis & lateral RIGHT / LEFT Hip

☐ Physio instructions FWB with walking aid unless otherwise stated Weeks

☐ Home when Safe ☐ EDD ☐ Remove Clips/sutures 2/52

☐ Others.....

FRACTURE CLINIC INSTRUCTIONS: (TICK ALL THAT APPLY)

☐ Consultant: Mr ☐ # Clinic follow up in weeks ☐ Wound Check.....

☐ XRAY on arrival Y/N..... ☐ others

<input type="checkbox"/> Internal fixation - Sliding Hip Screw	<input type="checkbox"/> Arthroplasty - Bipolar hemi (uncemented - uncoated)
<input type="checkbox"/> Internal fixation - Cannulated screws	<input type="checkbox"/> Arthroplasty - Bipolar hemi (uncemented - HA coated)
<input type="checkbox"/> Internal fixation - IM nail (long)	<input type="checkbox"/> Arthroplasty - Bipolar hemi (cemented)
<input type="checkbox"/> Internal fixation - IM nail (short)	<input type="checkbox"/> Arthroplasty - THR (uncemented - uncoated)
<input type="checkbox"/> Arthroplasty - Unipolar hemi (uncemented - uncoated)	<input type="checkbox"/> Arthroplasty - THR (uncemented - HA coated)
<input type="checkbox"/> Arthroplasty - Unipolar hemi (uncemented - HA coated)	<input type="checkbox"/> Arthroplasty - THR (cemented)
<input type="checkbox"/> Arthroplasty - Unipolar hemi (cemented)	<input type="checkbox"/> Arthroplasty - THR Hybrid
<input type="checkbox"/> No operation performed	<input type="checkbox"/> Other

Signature	Print name	Grade	Date
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