

# Suspected/Confirmed Fractured Neck of Femur Care Pathway

Please also refer to *Fractured Neck of Femur Fast Track Protocol*

| Name:            | At Triage/On Arrival                       | Time (within) | Yes | No |
|------------------|--|---------------|-----|----|
| DOB:             | 1. Identification of likely #NOF           | 15 mins       |     |    |
| PAS:             | 2. Pain score/Analgesia                    | 15 mins       |     |    |
| Date of Arrival: | 3. X-ray requested, IV Access, Bloods, ECG | 30 mins       |     |    |
| Time of Arrival: | 4. Early decision to Fast Track or NOT     | 60 mins       |     |    |

| All Patients  | Time                           | Name of Staff                    |
|---|--------------------------------|----------------------------------|
| <b>Analgesia delivered or offered</b>                               |                                |                                  |
| Pain Score @ arrival  |                                |                                  |
| Pain Score @ 30 min   |                                |                                  |
| Pain Score @ hourly   |                                |                                  |
| Paracetamol <input type="checkbox"/>                                | NSAID <input type="checkbox"/> | Codeine <input type="checkbox"/> |
|   |                                | Opiate <input type="checkbox"/>  |
| X-Ray of Pelvis & lateral hip requested                             |                                |                                  |
| CXR if acute medical concern or hx of cardio respiratory disease    |                                |                                  |
| IV Access - FBC, U&E, LFTs, Coag, Bone Profile, Glucose & G+S       |                                |                                  |
| Consider fluid status and start IVF if required or if remaining NBM |                                |                                  |
| Next of kin Informed  |                                |                                  |
| Inspect pressure areas and manage - <b>PURPOSE-T</b>                |                                |                                  |

| Medical Checklist<br>(complete EARLY in the ED)   | Yes | No |
|---|-----|----|
| <b>NEWS &gt; 5 at any point or any individual score of 3 whilst in Emergency Department</b> |     |    |
| <b>4AT Score &gt;3</b> or evidence of Head Injury or focal neurology                        |     |    |
| Hx of Collapse prior to injury or long lie  |     |    |
| Chest pain / palpitations or SOB at any point   |     |    |
| Ischaemic ECG or significant arrhythmia   |     |    |
| Significant respiratory compromise  |     |    |
| Warfarin/NOAC/coagulopathy  |     |    |
| Current malignancy or immunosuppressed  |     |    |
| Other significant associated injuries   |     |    |

| 4AT Score                        |   |                               |   |
|----------------------------------|---|-------------------------------|---|
| Alertness                        |   | Attention<br>(months of year) |   |
| Normal                           | 0 | 7 or more                     | 0 |
| Mild Sleepiness                  | 0 | < 7 months                    | 1 |
| Clearly Abnormal                 | 4 | Untestable                    | 2 |
| AMT4<br>(age, dob, place & year) |   | Acute Change                  |   |
| No mistakes                      | 0 | No                            | 0 |
| 1 mistake                        | 1 | Yes                           | 4 |
| ≥ 2 mistakes                     | 2 |                               |   |

↓

| YES to ANY<br>Must have early ED clinical review             | Time | Name of Clinician |
|--|------|-------------------|
| ED Clinician assessment & management                         |      |                   |
| Orthopaedic review after ED discussion +/- Speciality review |      |                   |

**If NO to ALL or when considered *Ward Fit* after review then:**

| Admission Checklist                                       | Time | Name of Clinician |
|---|------|-------------------|
| #NOF confirmed (or concerning hip signs) +/- CXR complete |      |                   |
| Bloods Results Reviewed                                   |      |                   |
| ECG Reviewed  |      |                   |
| Consider Fascia Iliaca Nerve Block                        |      |                   |
| Orthopaedic team informed                                 |      |                   |
| Bed management informed                                   |      |                   |
| Patient transferred to ward                               |      |                   |