

**HIP FRACTURE PERIOPERATIVE CARE PATHWAY**

RXK Number: \_\_\_\_\_ Affix Label

|                       |        |                    |          |        |
|-----------------------|--------|--------------------|----------|--------|
| Date of Admission:    |        | Time of Admission: |          |        |
| Surgery:              | DHS    | Hemiarthroplasty   | IM Nail  | Other  |
| Sex                   | Male   | Female             | Age      |        |
| Date of surgery:      |        | Time of surgery    |          |        |
| Anaesthetist          |        |                    |          |        |
| BPT                   | <12hrs | 12-24hrs           | 24-36hrs | >36hrs |
| Reason for BPT > 36 h |        |                    |          |        |

Main Comorbidities

| INVESTIGATIONS |  |
|----------------|--|
| AMT            |  |
| Hb             |  |
| INR            |  |
| eGFR           |  |
| K              |  |
| Na             |  |
|                |  |
|                |  |
|                |  |

| Nottingham Hip Fracture Score |        |       |
|-------------------------------|--------|-------|
| VARIABLE                      | VALUE  | SCORE |
| Age                           | < 66   | 0     |
|                               | 66 -85 | 3     |
|                               | ≥ 86   | 4     |
| Sex                           | Male   | 1     |
| Admission Hb                  | < 100  | 1     |
| AMT                           | < 6    | 1     |
| Living in institution         | Yes    | 1     |
| No of co-morbidities          | ≥ 2    | 1     |
| Malignancy last 20 y          | Yes    | 1     |
| <b>TOTAL SCORE</b>            |        |       |

| Perioperative Risks to consider and discuss     |   |
|---|---|
| Worsening of Medical conditions                 | Please Document in Notes / Anaesthetic record |
| Chest infection                                 |   |
| Heart Attack / Heart Failure                    |   |
| Fast heart rhythm (e.g. AF)                     |   |
| Stroke, Clots in lung                           |   |
| Kidney Failure                                  |   |
| Multiple organ Failure                          |   |
| Deterioration in overall ability / independence |   |
| Prolonged Hospital stay                         |   |
| Post op confusion / cognitive decline           |   |
| Death   |   |
| Bone cement - BCIS                              |   |

| Resuscitation status |  |
|----------------------|--|
| For CPR              |  |
| DNACPR               |  |

**Comorbidities:**  
 Cerebrovascular disease,  Chronic respiratory disease   
 Diabetes  Chronic renal disease  CVS disease   
 CVS disease includes: HT, IHD, AF, etc.

*If NHFS ≥ 5, please discuss case with Lead Trauma Anaesthetist*

Please tick relevant boxes

| RISK                                     | LOW   | ←————→    |          | HIGH  |
|--|-------|-----------|----------|-------|
| NHFS                                     | <2    | 3 to 4    | 5        | ≥ 6   |
| Hb                                       | > 120 | 100 - 120 |          | < 100 |
| AF (HR)                                  | None  | < 100     | 100 -120 | > 120 |
| eGFR                                     | > 60  | 40 to 60  |          | < 40  |
| CVS disease, Heart Failure, On diuretics |       |           |          | Yes   |
| Correctable Electrolyte disorder         |       |           |          | Yes   |
| Anticipated surgery > 2 hours            |       |           |          | Yes   |

≥ 3 high Risk Factors ( ≥ 3 of shaded boxes)      Yes      **Consider**

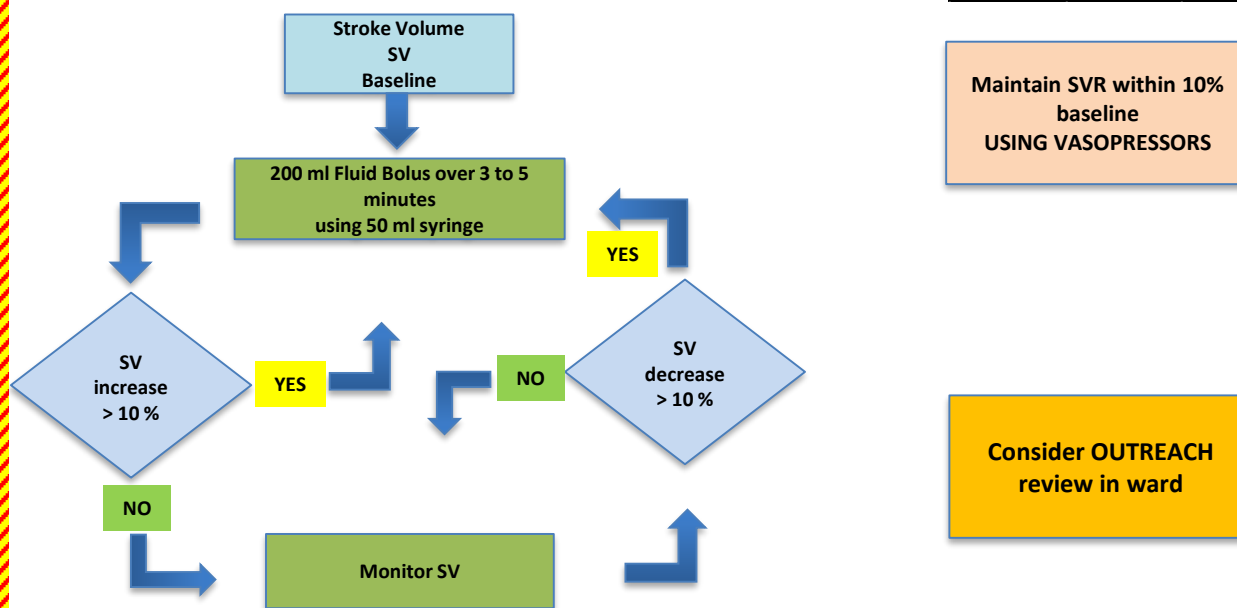
Comments

|                           |  |
|---------------------------|--|
| Venous / Arterial Lactate |  |
| Arterial Line             |  |
| LIDCO rapid               |  |
| Baseline SV / CO          |  |
| Baseline SVR              |  |

## INTRAOPERATIVE CARE

| Anaesthetic Management  |  |
|---|--|
| Spinal Anaesthetic  |  |
| If GA, mention reason   |  |
| Aim for Bupivacaine $\leq 10$ mg  |  |
| If anticipated surgery $> 2$ hours, consider CSE  |  |
| <b>AVOID opiates in spinal</b>  |  |
| FN / FIB for all patients Landmark <input type="checkbox"/> US guided <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> |  |
| Avoid Midazolam / Ketamine  |  |
| Supplemental Oxygen   |  |
| Consider vasopressor infusion   |  |

| Goal Directed Management               |  |
|--|--|
| BP within 20% Baseline                 |  |
| Electrolyte disorder- commence Rx      |  |
| Temperature $> 36$ C                   |  |
| STOP ACE inhibitor, AR blocker for 24h |  |
| For High risk Patients                 |  |
| Hb $> 80$                              |  |
| Lactate $< 3$                          |  |
| Fluid optimisation                     |  |



Comments

## POST OPERATIVE WARD ROUND - Done Day 1 & Day 2 postop

| Ward Round   | No | Done | Combined |         |
|--------------|----|------|----------|---------|
| Pain@1h      | 0  | 1    | 2        | 3       |
| Pain@12h     | 0  | 1    | 2        | 3       |
| Pain@24h     | 0  | 1    | 2        | 3       |
| Satisfaction |    | Poor | Good     | Unknown |

| Hb                | <80 | 80-100 | 100-120 | >120  |
|-------------------|-----|--------|---------|-------|
| Transfusion       |     | None   | 1-2U    | >2U   |
| Mobilisation      |     | <12 h  | 12-24h  | >24 h |
| Reason if >24 hrs |     |        |         |       |

Hb: (24 to 48 hours postop) g/L      AMT:      4AT score: (delirium assessment done by orthogeriatrics):

| Gas exchange         | Normal | New onset hypoxemia |              | Comments |
|----------------------|--------|---------------------|--------------|----------|
| Hypovolemia          | None   | Mild                | Significant  |          |
| eGFR                 | >60    | 40 - 60             | <40          |          |
| Electrolyte disorder | None   | New                 | Pre existing |          |
| AF                   | None   | <100                | 100-120 >120 |          |