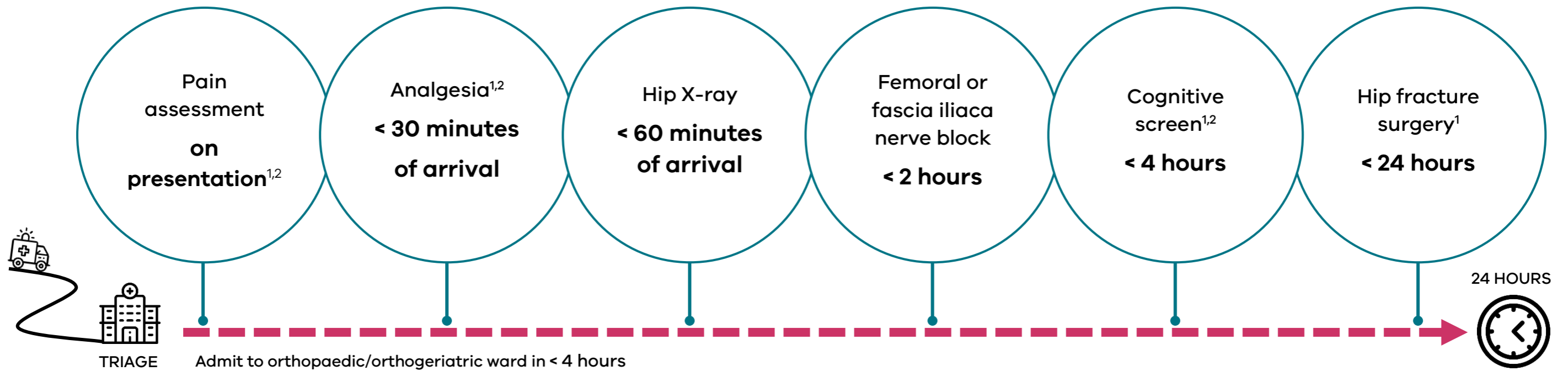


## Suspect a hip fracture?

### Time critical actions in pre-operative hip fracture care\*\*



#### Emergency department assessment

- Medical history and examination.
- Care and management options communicated to patient and medical treatment decision maker.
- Advance care directive referred to for treatment consent.
- Investigations completed.
- Chest X-ray ordered if hip fracture confirmed on X-ray.
- Orthopaedic and Orthogeriatric referrals completed<sup>1,2</sup> \* if hip fracture seen on hip X-ray, MRI or CT.
- Optimisation of amenable acute medical conditions commenced.

#### Orthopaedic review

- Type of surgery determined.
- Patient assessed if meeting surgical threshold (considering anticoagulation therapy).
- Cases discussed with anaesthetist.
- Patient consented for surgery and risk/benefits explained.
- Book case and obtain surgery.
- Communicate surgery time to ward to minimise fasting.
- Hip fracture surgery scheduled on planned list or trauma list.

#### Medical review

- Complete medical optimisation of amenable acute conditions.<sup>1</sup>
- Falls and fracture prevention management.<sup>1,2</sup>
- Medications review.
- Pharmaceutical assessment and rationalisation.
- Goals of care reviewed with patient/medical decision maker.

#### Anaesthetist review

- Pre-operative anaesthetic review for patients presenting for surgery.
- Pre-operative goals of surgery (functional or palliative) reviewed.
- Select/consent patient for appropriate anaesthetic technique.
- Proceed with surgery unless an acute medical condition is present that could be optimised within 24 hours.

\* If an orthogeriatric or geriatric medicine service is not available, refer to alternative physician or medical practitioner using the orthogeriatric model of care.

\*\* This document is a trial document. It is based on the most recent evidence available from ANZ and International Hip Fracture Care guidelines, standards, peer reviewed research, and evidence from Victorian experts. However, it is recommended that healthcare professionals continue to use clinical discretion and consideration of the circumstances of the individual patient.

## REFERENCES

1. Australian and New Zealand Hip Fracture Registry (ANZHFR) Steering Group. *Australian and New Zealand Guideline for Hip Fracture Care: Improving Outcomes in Hip Fracture Management of Adults*. Sydney: Australian and New Zealand Hip Fracture Registry Steering Group, 2014.
2. Australian Commission on Safety and Quality in Health Care. *Hip fracture care clinical standard*. Sydney: ACSQHC, 2016.

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