

RDH Hip Fracture Fast Track Pathway 2024 - Summary Clinical Guideline



Targets

Fast-track to orthopaedic bed. Ideally within 4h of arrival

Analgesia target (within 20min from arrival)

Imaging target (within 120 mins from arrival)

PIT STOP

Clinical indication of hip/femur #. Including quick history /examination for severe medical problems and other significant injuries.

HEADS UP PHONE CALL TO TRAUMA NURSE ON #6243 to organise bed or autologic mattress

#6243

Transfer to Xray

Ensure

Pt's Weight Recorded

ED team to ensure below completed ([Hip Fracture Guidelines](#))

- Bloods (FBC, U&E,Coag, LFT, Group&Save – Vitamin D & TSH)
- ECG
- Chest X-ray if clinical need i.e. LRTI, COPD, Suspicion of malignancy
- Pain relief – IV Paracetamol & [Fascia Iliaca Block](#)
- Consider [4AT Score](#) if Delirium suspected
- Pressure area assessment, Bladder scan if not voiding, insert catheter if needed and offer diet & fluids if not NBM.

3am cut off for NBM but can 'Sip till send' i.e. Water

No food from 3AM

(if pt in ED at breakfast time please liaise with the trauma co-Ordinator #6243)

Not suitable for Fast Track

Severe medical problem, suspicion of other injury, or no hip fracture on X ray.

May require best interests' discussion about admission destination

ED SDM to review / discuss & state if suitable for Fast Track (record in notes)

Confirmed NOF/ Femur #

ED to contact **Ortho SHO**

#6244

Fast Track

Patients obs stable & bloods reviewed.

(NEWS 4 or less & no single parameter scoring 3 or more)

Isolated Hip fracture no other medical problem requiring HDU level care

Medical / T&O Clerking to be performed on the ward

Provide patient with **Hip fracture – pathway to recovery leaflet**

Ortho SHO

#6244

Reference Number CG-CLIN/4502/24	Version: 1		Status Final	
Version / Amendment History	Version	Date	Author	Reason
	1	October 2024	Dr Julian Wilson-Gallaher	Revision of RDH pathway to include RCEM guidelines May 2023
Intended Recipients: ED staff, Orthopaedic SHO, Trauma nurses, Imaging.				
Training and Dissemination: How will you implement the Clinical Guideline, cascade the information and address training				
Development of Guideline: Dr Julian Wilson-Gallaher Job Title: Emergency Medicine Consultant				
Consultation with: RDH Fractured Neck of Femur Working Group (Mr Nick Duncan - T+O Consultant, Jemma Phillips - Acute Medicine GM, Joanna Seekings - Improvement Manager, Alison Reynolds - Senior Sister T+O, Kirsty Harrison - Trauma Nurse, Lindsay Heald - Matron, Lois Fearn - Trauma Nurse, Chris Smalley - ACP, Dr Julian Wilson-Gallaher - EM Consultant)				
Linked Documents: Sip till Send guidance, UHDB Fractured Neck of Femur Fast Track Pathway, Fascia Iliaca Block Guideline				
Keywords:				
Business Unit Sign Off			Group: RDH Fractured Neck of Femur Working Group (cross-divisional) Date: October 2024	
Divisional Sign Off			Group: Medicine Division Date: October 2024	
Date of Upload			08/11/2024	
Review Date			November 2024	
Contact for Review			Dr Julian Wilson-Gallaher	

References

1. Improving_Hip_Fracture_Care_and_Treatment_May_2023_V2.pdf (rcem.ac.uk) Accessed 17/10/2024
2. UHDB suspect Fractured Neck of Femur Fast Track Pathway Accessed 17/10/2024
3. Fracture Hip - Your pathway to recovery Accessed 17/10/2024
4. Sip till send Accessed 17/10/2024