

TITLE

SUSPECTED FRACTURED HIP: ADULT PATIENTS 50 YEARS OF AGE OR OLDER

SCOPE

Provincial: Emergency Departments and Urgent Care Centres

DOCUMENT

HCS-236-01

APPROVAL AUTHORITY

Vice President System Innovations & Programs

INITIAL EFFECTIVE DATE

April 23, 2019

SPONSOR

Emergency Strategic Clinical Network

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

April 23, 2022

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or www.ahs.ca, is valid.

OBJECTIVES

- To assist **health care professionals** when initiating specific diagnostics, therapeutics, and interventions for **patients** 50 years of age or older who present to the Emergency Department (ED) or Urgent Care Centre (UCC) post fall with suspected isolated hip fracture, prior to the initial Physician or Nurse Practitioner (NP) assessment.
- To facilitate early hip fracture identification and provide symptom relief as required.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Inclusion Criteria**

1.1 This protocol shall be initiated for patients with the following characteristics:

- a) 50 years of age or older;
- b) suspected isolated hip fracture which signs and symptoms may include: shortened, rotated lower extremity with pain and inability to weight bear; and
- c) recent isolated fall from standing height.

2. Exclusion Criteria

2.1 Any of the following are exclusion criteria:

- a) open fracture;
- b) poly-trauma;
- c) significant mechanism of injury;
- d) shock, hypotension, or hemodynamic instability;
- e) altered level of consciousness (change from baseline);
- f) requires spinal immobilization. If patient requires spinal immobilization, follow AHS *Spinal Motion Restriction Protocol*; or
- g) the healthcare professional is concerned that an acute medical event precipitated the patient's fall.

3. Assessment

3.1 The health care professional shall perform a complete assessment including Provocation, Quality, Radiation, Severity, and Time (PQRST) assessment of the pain and associated symptoms.

3.2 The health care professional shall obtain a full set of vital signs including:

- a) blood pressure;
- b) temperature;
- c) pulse;
- d) respiratory rate; and
- e) oxygen saturation (refer to the Alberta Health Services [AHS] *Assessment and Reassessment of Patients* Guideline).

4. Interventions

4.1 Obtain an **order** from the Physician or NP to initiate this protocol which includes the following:

- a) chest x-ray: one (1) projection (anterior-posterior);
- b) hip x-ray: two (2) projections (anterior-posterior & lateral) of affected side; and
- c) electrocardiogram (ECG):

- (i) x-ray should not be delayed to perform an ECG.
- 4.2 Transfer patient to stretcher. If the patient arrives via Emergency Medical Services (EMS) stretcher, transfer can occur directly onto the x-ray table.
- a) Slider/transfer boards are used only to facilitate transfer to/from Diagnostic Imaging table or inpatient bed.
- 4.3 As soon as practicable the patient should be undressed and placed in a gown.
- 4.4 Keep patient nil per os (NPO) (except for sips of water for medication).
- 4.5 If the patient requires pain control to facilitate x-ray, consider treatment with AHS *Treatment of Pain and/or Fever with Acetaminophen or Ibuprofen* Protocol. If additional analgesic is required, the health care professional shall obtain an order from Physician or NP.
- a) If intravenous (IV) medication is required, start an IV and infuse 0.9% sodium chloride (normal saline) at 30 mL/hr or saline lock.
- 4.6 If the patient is nauseated or is vomiting and has not received an antiemetic pre-arrival, the health care professional should consider obtaining an order from the Physician or NP to administer an antiemetic.
- a) Avoid dimenhydrinate in patients 65 years of age or older due to increased risk of side effects, including delirium.
- 4.7 As clinically indicated, assess and reposition the patient to avoid adverse effects (e.g., skin breakdown, ulcers, and/or delirium).

5. Documentation

- 5.1 The health care professional shall document initiation of this protocol, all assessments, reassessments, interventions and patient responses to interventions on the patient's **health record**.

DEFINITIONS

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* or the *Health Professions Act*, and who practices within scope or role.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Order means a direction given by a regulated health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An Order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

TITLE
SUSPECTED FRACTURED HIP: ADULT PATIENTS 50 YEARS OF AGE OR OLDER

EFFECTIVE DATE
April 23, 2019

DOCUMENT #
HCS-236-01

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Assessment and Reassessment of Patients* Guideline (#HCS-181-01)
 - *Spinal Motion Restriction* Protocol (#HCS-216-01)
 - *Treatment of Pain and/or Fever with Acetaminophen or Ibuprofen* Protocol (#HCS-251-01)
- Alberta Health Services Forms:
 - *Emergency Department Hip Fracture Adult Orders* (#20849)
 - *Transfer/Holding Hip Fracture Adult Orders* (#20850)
- Alberta Health Services Resources:
 - *Provincial Clinical Knowledge Topic Hip Fracture, Adult – Emergency V 1.0*

© 2021, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.