

Hip fracture overview

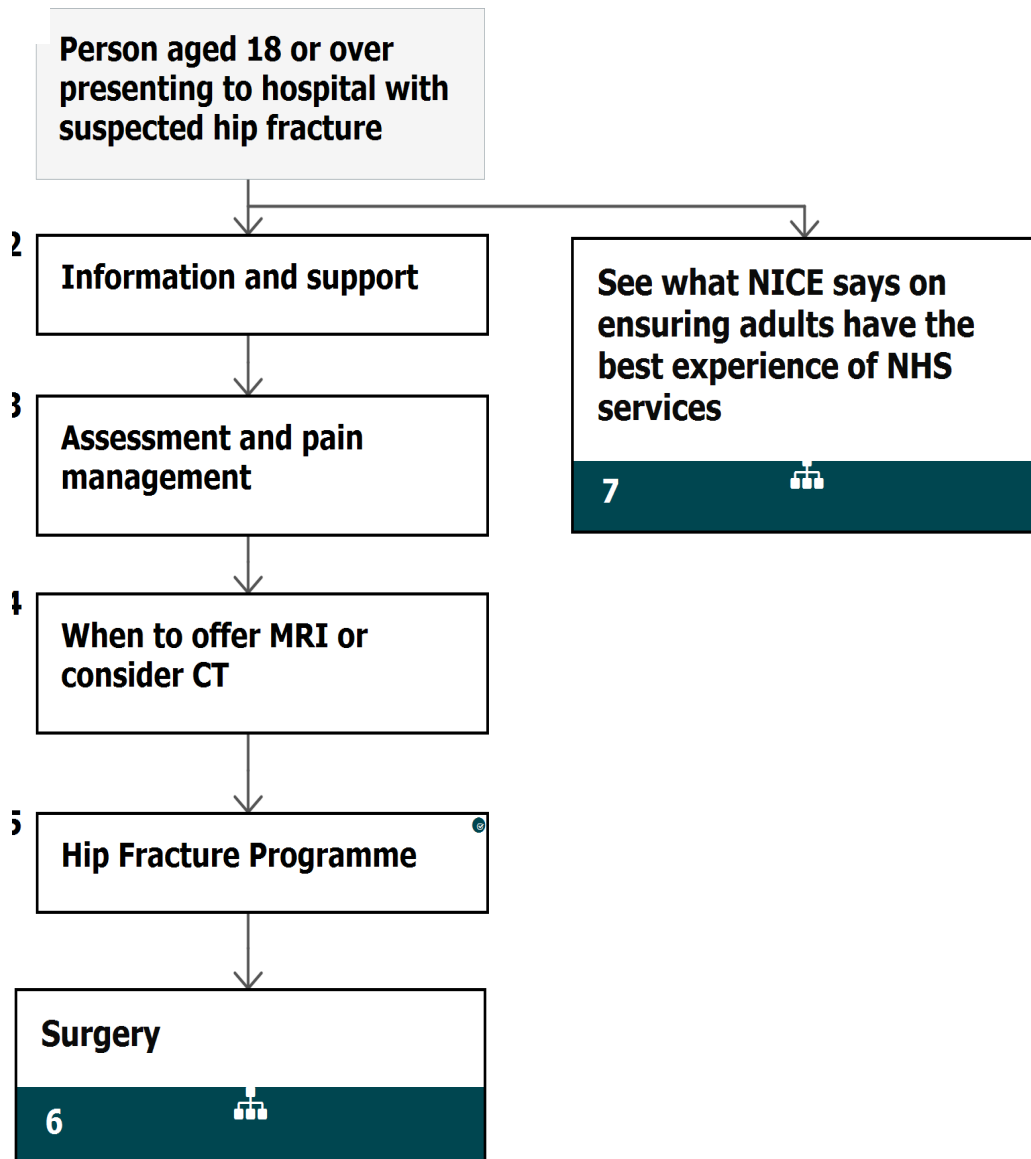
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/hip-fracture>

NICE Pathway last updated: 15 August 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person aged 18 or over presenting to hospital with suspected hip fracture

No additional information

2 Information and support

Offer patients (or, as appropriate, their carer and/or family) verbal and printed information about treatment and care including:

- diagnosis
- choice of anaesthesia
- choice of analgesia and other medications
- surgical procedures
- possible complications
- postoperative care
- rehabilitation programme
- long-term outcomes
- healthcare professionals involved.

NICE has written information for the public on [hip fracture: management](#).

3 Assessment and management of pain

Healthcare professionals should deliver care that minimises the patient's risk of delirium and maximises their independence, by:

- actively looking for cognitive impairment when patients first present with hip fracture
- reassessing patients to identify delirium that may arise during their admission
- offering individualised care in line with NICE's recommendations on [delirium](#).

See what NICE says on [acutely ill patients in hospital](#) and [dementia](#).

Assess the patient's pain:

- immediately upon presentation at hospital **and**
- within 30 minutes of administering initial analgesia **and**

- hourly until settled on the ward **and**
- regularly as part of routine nursing observations throughout admission.

Offer immediate analgesia to patients presenting at hospital with suspected hip fracture, including people with cognitive impairment.

Ensure analgesia is sufficient to allow movements necessary for investigations (as indicated by the ability to tolerate passive external rotation of the leg), and for nursing care and rehabilitation.

NSAIDs are not recommended.

Other limb and joint fractures

See what NICE says on [fractures in hospital](#) in relation to traumatic injury.

4 When to offer MRI or consider CT

Offer MRI if hip fracture is suspected despite negative X-rays of the hip of an adequate standard. If MRI is not available within 24 hours or is contraindicated, consider CT.

5 Hip Fracture Programme

From admission, offer patients a formal, acute, orthogeriatric or orthopaedic ward-based Hip Fracture Programme that includes all of the following:

- orthogeriatric assessment
- rapid optimisation of fitness for surgery
- early identification of individual goals for multidisciplinary rehabilitation to recover mobility and independence, and to facilitate return to pre-fracture residence and long-term wellbeing
- continued, coordinated, orthogeriatric and multidisciplinary review
- liaison or integration with related services, particularly mental health, falls prevention, bone health, primary care and social services
- clinical and service governance responsibility for all stages of the pathway of care and rehabilitation, including those delivered in the community.

See what NICE says on [preventing falls in older people](#), [nutrition support in adults](#), [osteoporosis](#), [pressure ulcers](#) and [transition between inpatient hospital settings and community or care home settings for adults with social care needs](#).

Person with a terminal illness

If a hip fracture complicates or precipitates a terminal illness, the multidisciplinary team should still consider the role of surgery as part of a palliative care approach that:

- minimises pain and other symptoms **and**
- establishes patients' own priorities for rehabilitation **and**
- considers patients' wishes about their end-of-life care.

See what NICE says on [end of life care for people with life-limiting conditions](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Multidisciplinary management

6 Surgery

See [Hip fracture / Hip fracture surgery](#)

7 See what NICE says on ensuring adults have the best experience of NHS services

See [Patient experience in adult NHS services](#)

Glossary

BIS

Bispectral Index

EEG

electroencephalography

NSAIDs

non-steroidal anti-inflammatory drugs

SD

standard deviations

Sources

[Hip fracture: management](#) (2011 updated 2017) NICE guideline CG124

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services,

and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to

make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.