



REDUCE Anaesthetic Checklist

The REDUCE Study (REducing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales) research programme identified a number of factors associated with patient outcomes post hip fracture. These research findings have directly informed the development of this evidence-based checklist. Audit standards should reflect the content of this checklist.

1. Provide near-patient haemoglobin testing for routine use in theatre/recovery
Actions:
 - Write protocol for near-patient haemoglobin testing for routine use in theatre/recovery
 - Procure near-patient haemoglobin testing equipment.Target: 100% of hip fractures post op get a near-patient haemoglobin test in theatre/recovery, before returning to the ward (as part of a return to ward check)
2. Accompany anaesthesia for hip fracture repair with nerve block (typically femoral or fascia iliaca)
Actions:
 - Write protocol for femoral nerve block use during anaesthesia for hip fracture repair
 - Ensure anaesthetists performing hip fracture repairs have access to equipment and trainingTarget: > 80% of anaesthesia for hip fracture repair accompanied by femoral nerve block
3. Agree within the hip fracture MDT that patients listed for theatre should not be cancelled by any single member of the MDT, but only after consultation with at least one other senior member of the MDT (e.g. orthopaedic surgeon, orthogeriatrician, anaesthetist)
4. Ensure the anaesthetic lead for the NHFD has this role reflected in their job plan