Royal Osteoporosis Society
Better bone health for everybody

REDUCE

VERSUS ARTHRITIS

University of BRISTOL

REDUCE Emergency Department/ Admission 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.

Short term

1. Nerve blocks (typically femoral or fascia iliaca)
   Action: Nerve block trolley set up for hip fracture cases
   Target: At least 70% of hip fracture patients offered a nerve block pre-operatively

2. Pain score
   Action: Routine use of pain scores (e.g. PainAD score)
   Target: Protocol in place: 100% patients scored and managed pre-operatively

3. Pre-operative energy supplement juice drink prescribed
   Action: Prescribe 100mls at 06:00 ready for morning list, repeat at 10:00 for afternoon list
   Target: Protocol in place: 100% patients prescribed pre-operatively

4. Treatment plan discussed with patient **AND** those close to them (i.e. family/friends) on admission
   Action: Not just operation consent, but discussion re medical, nursing, physio management, treatment escalation (e.g. RESPECT form), expected recovery and rehab pathway
   Target: Documentation of discussion in 100% patients
   Patient experience feedback indicated discussions are valuable

5. Ensure a reliable system is established to **promptly notify** orthopaedic/orthogeriatric/nursing admitting team(s) when a patient with hip fracture is identified in the ED

6. An ED representative should attend monthly hip fracture team clinical governance meetings, and feed back minutes and discussion to the ED

Medium-longer term

7. After prompt assessment and management (including of pain), hip fracture admissions should move directly to an orthopaedic ward from the ED within 4 hours of presentation to hospital
   Target: >95% admitted directly to orthopaedic ward (vs. outlying ward)
   Pre-hospital notification systems for expected hip fracture presentations may help expedite assessment (and prompt pain management)

8. Establish a dedicated hip fracture ward to which patients can be admitted direct from ED
   Target: >95% admitted directly to hip fracture ward (vs. outlying ward)