
Yale New Haven Health

Emergency Services Yale New Haven Hospital

Fragility Hip Fracture Guideline

Original: 07/2017
Last Reviewed: 08/2020

Purpose:

To provide guidance on patients with whom present to the emergency department with a fragility hip fracture.

Guidelines for Care:

- The patient will present to the emergency department (ED) with a fragility hip fracture via several methods including by ambulance, orthopedic surgeon's direction, or family transport.
- Emergency Medical Services (EMS) will transport fragility hip fracture patients to the SRC Emergency Department unless they meet major trauma criteria.

Patients presenting at Saint Raphael Campus (SRC):

- 1) The ED provider will use the "ED Hip Fracture Evaluation" order set to ensure consistency of evaluation for a patient with a suspected fragility hip fracture.
- 2) When a fragility hip fracture has been confirmed, the ED provider will contact the on call SRC CMC APP/Orthopaedic Resident and hospitalist using the "hip fracture alert" group page in Smartweb.
 - a. The CMC APP or resident will evaluate the patient and communicate with both the hospitalist assigned for co-management and the on call Orthopedic hip fracture attending.
- 3) If the patient with a fragility hip fracture is a candidate for a Single Shot Femoral Nerve Block (SSFNB) then the ED provider will page the Anesthesia Block team using the "hip fracture block" group page in Smartweb. Alternatively, the ED attending physician who is trained and approved to do a SSFNB can perform the procedure at their discretion.
 - a. Inclusion criteria for SSFNB:
 - i. Patient is an isolated hip fracture
 - ii. Patient is hemodynamically stable
 - iii. Patient is not on anticoagulation medication (aspirin excluded or if on Coumadin with INR ≤ 3)
 - iv. Patient is capable of giving consent for the SSFNB or a consenting individual is available or accessible
- 4) The patient may be admitted to the orthopedic hip fracture attending on call and transferred from the ED to the inpatient unit prior to evaluation in the ED by the APP/Resident.
 - a. If the patient insists on an orthopedic surgeon attending who is not on call, the Ortho APP/Resident/Hospitalist will discuss this with the patient and if appropriate the APP/Resident will change the name of the admitting orthopedic surgeon.
- 5) Patients with a fragility hip fracture should be admitted to medicine only if they require an Intensive Care Unit (ICU) or Step Down Unit (SDU) level of care. The on call SRC CMC APP/Resident should be notified of any fragility hip fracture admitted to ICU or SDU. Patients who need telemetry should be admitted to orthopedic surgeon service and CMC floor with monitoring capability.

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- 6) Patients with isolated frailty greater trochanteric fractures are included in the frailty hip fracture program and processes are the same with admission to the hip fracture orthopedic attending and co-management by the hospitalist.

Patients presenting to **York Street Campus (YSC)**:

- 1) The YSC ED provider will use “ED Hip Fracture Evaluation ” order set to ensure consistency of evaluation for a patient with a suspected frailty hip fracture.
- 2) When a frailty hip fracture has been confirmed and the patient is eligible for transfer to SRC (see exclusions in #4), the ED provider will contact the on call SRC CMC APP/Resident using “SRC Hip Fracture Alert” listed in Amion. The patient is admitted to the service of the orthopedic surgeon on hip fracture call. Patients who need telemetry can be admitted to SRC CMC floor with monitoring capability.
- 3) EMS transfers the patient to SRC and the patient is taken to the floor (is not transferred to SRC ED). The SRC CMC APP/Resident will evaluate the patient on the SRC floor.
 - a. If the patient insists on an orthopedic surgeon attending who is not on call, the CMC APP/Resident/Hospitalist will discuss this with the patient and if appropriate the APP/Resident will change the name of the admitting orthopedic surgeon.
 - b. The SRC CMC APP/Resident will screen the patient for the SSFNB on arrival to SRC and call the anesthesia attending if appropriate. The anesthesia attending will see the patient on the floor at SRC and perform the SSFNB.
- 4) Patients with major trauma or who need an ICU or SDU level of care should be admitted to appropriate YSC service. The ED provider should notify the “York Hip Fracture Alert” listed on Amion for any frailty hip fracture patient that requires admission to YSC.

Patients presenting to **Shoreline (SMC)**:

- 1) The Shoreline ED provider will use the “ED Hip Fracture Evaluation” order set to ensure consistency of evaluation for a patient with a suspected frailty hip fracture.
- 2) When a frailty hip fracture has been confirmed, the ED provider will contact the on call SRC CMC APP/Resident using “SRC Hip Fracture Alert” listed in Amion or the “hip fracture alert” group page in Smartweb. *It is essential that the Shoreline ED physician contact the SRC CMC APP/Resident to alert them that the patient is being transferred to SRC.* Patients who need telemetry can be admitted to SRC CMC floor with monitoring capability.
- 3) EMS transfers the patient to SRC and the patient is taken to the floor (is not transferred to SRC ED). The SRC CMC APP/Resident will evaluate the patient on the SRC floor.
 - a. If the patient insists on an orthopedic surgeon attending who is not on call, the SRC CMC APP/Resident/Hospitalist will discuss this with the patient and if appropriate the APP/Resident will change the name of the admitting orthopedic surgeon.
 - b. The SRC CMC APP/Resident will screen the patient for the SSFNB on arrival to SRC and call the anesthesia attending if appropriate. The anesthesia attending will see the patient on the floor at SRC and perform the SSFNB.