1 Analgesia guidance **Patient details LRI Emergency Department** Up to moderate pain (score < 7) within 30min: Hip fracture Proforma developed by Martin Wiese • Dihydrocodeine 30mg PO **ED** management • Paracetamol 1G PO and audit tool Jan 14 Severe pain (score 7-10) within 20min: • Morphine 2-10mg IV titrated Use for all adult patients • Metoclopramide 10mg IV only if nauseated • Dihydrocodeine 30mg PO with a suspected hip 34 • Paracetamol 1G PO fracture, starting from Version first nurse assessment ② Clinical CXR indication? **Disclaimer:** This is a clinical template; Yes, as at least one of the below clinicians should always use Unit judgment when managing Acute lower respiratory tract problem individual patients Features of chronic active lung disease (use sticker if available) Acute cardiac problem Clinical evidence of heart failure Abnormal ECG 'Majors' nurse Chest trauma • Check vital signs, record EWS and obtain 12-lead ECG Clinical suspicion of lung malignancy • Record arrival / analgesia and x-ray target times on the left Time of arrival • Record pain score and time analgesia offered on the left No, as none of the above • Establish IV access and take blood (document details on reverse) NB: Radiographers will perform a 'pre-op' Patients may refuse pain EWS > 2? N Analgesia target relief due to anxiety about CXR without request if hip fracture found (20min from arrival) Y 🍃 side effects and might be AND patient > 70 years old hoping they will be fine as AND no CXR in previous 3 months long as they do not move ED senior doctor X-ray target (1h from arrival) Do not just accept this and Assess / arrange corrective interventions try to reassure them about ③ Fascia iliaca block (FICB) the effects of analgesia Only for clinicians signed off as competent Analgesia refused? N Obtain verbal consent after telling patient about Y potential risks (all very rare): failure, soft tissue infection, vascular puncture and nerve damage Prepare 0.6mL/kg of Levobupivacaine 0.25% in 20mL syringes (maximum 60mL) and assemble EWS on arrival 'Majors' doctor 'Majors' doctor one of them, using short IV extension set, with a Request hip plain films blunt short bevel fill needle (has a red sheath) Prepare insulin syringe with Lidocaine 1% 0.5mL Prescribe the appropriate • CXR if indicated (see box 2; record indication on form) Pain score • Additional imaging as determined by any other injuries Draw inguinal ligament & femoral artery on skin analgesia Record X-ray target into 'breach time' box on request form; inform radiographer by calling extension 5519 Circle entry point: 1cm lateral to arterial pulse and 1-2cm distal to inquinal ligament for patient's pain score Advise majors coordinator & PSA of X-ray target Disinfect area with Chlorhexidine skin preparation (see box 1) Raise intradermal Lidocaine bleb at entry point Next, pre-puncture skin with a large bore needle Time 'Maiors' nurse Advance preassembled blunt needle 45° cranially analgesia offered Give analgesia & record time given on the left until two 'pops' (1. fascia lata 2. fascia iliaca) felt Apply pressure to thigh 2-4cm distal to needle to • Record target time for pain re-evaluation on the left force upward spread of local anaesthetic Ask assistant to inject Levobupivacaine slowly Contraindications ED senior doctor (aspirating before start and after every 5mL) • Patient refuses procedure • Review films as soon as patient is back in the ED Time Maintain pressure for 30sec after completion Anticoagulant therapy / analgesia given • Record time hip AP X-ray was taken on the left Withdraw needle and cover site with small plaster clotting disorders (INR Document procedure details in box 7 on reverse >1.5 or platelets <100) • Allergic to local anaesthetic Hip fracture confirmed? Pain score review · Infection at injection site target (30min after Past femoral vascular op 4 Is fast-tracking safe? analgesia given) · Inability to find landmarks • Review pain score and record time of re-evaluation on the left No, as at least one of the below Fascia iliaca block (see box 3) – **NB:** tick here if **NOT** done Review ECG & blood results, cross-match 2 units if Hb <10 Time ABG if SpO₂ on air < 91% EWS now > 2block performed · Request orthopaedic bed unless clear specialist care needs ECG acutely ischaemic ECG acutely arrhythmic Bloods results need action in ED Is fast-tracking safe (see box 4)? Other injuries need ED attention N **Yes**, as none of the above Time hip AP X-ray taker Needs full ED 'clerking' / optimization • ED senior 'owns' patient on EDIS No further ED 'clerking' needed (e.g. treatment of fast AF, infections, • Prescribe IV fluids (e.g. Saline hypovolaemia etc.) 'Clerking' doctor 'owns' patient on EDIS 0.9% 500mL over 4h) ⑤ Specialist care needs? Yes - at least one of the below Specialist care needs (box 5)? Time Y pain score reviewed Renal failure requiring dialysis * carries bleep 4046 Acute stroke Cardiac condition requiring CCU · Admit to specialist ward Admit to ortho ward within Severe sepsis To be seen by 'Majors' (e.g. AMU) as appropriate 120min of arrival Respiratory failure requiring doctor in time order • Inform ortho middle grade * • Inform ortho middle grade * (non-invasive) ventilation Head injury requiring neurosurgery Assessed by Critical care required Other condition or injury for which relevant specialist team requests priority admission under its care No - none of the above Print name Signature Role

6 Required blo	od tests for patien	ts with sus	pected	hip frac	tures	
Bloods to be taken during first assessment – please initial each test when done (failure to do so will delay surgery)						Initials
FBC (near-patient)	All patients					
Venous Blood Gas	All patients					
U&E (laboratory)	All patients					
INR	If on Warfarin, EtOH-dependent, known liver disease, signs of shock or clotting problem					
Group & Save	All patients					
Bloods to be taken after senior review - please initial each test when done (failure to do so will delay surgery)						Initials
Arterial blood gas	If SaO ₂ < 91% on room air					
Cross-match blood	If Hb < 10, cross-match 2 units of packed red blood cells (transfuse if Hb < 7)					
Other	As appropriate – please state which tests have been done (e.g. dipstick urinalysis etc.)					
 Verbal consent obtained Skin prepared with Chlorhexidine 2% and sterile technique maintained 						
 0.25% Levobupivacaine 0.6mL x No immediate complications OR 						to FIC
The following	complications were	observed				
Driv	nt name	Signature			Role	