

Patient details

Full name

DoB

Unit number

(use sticker if available)

① **Analgesia guidance**

Up to moderate pain (score < 7) within 30min:

- Dihydrocodeine 30mg PO
- Paracetamol 1G PO

Severe pain (score 7-10) within 20min:

- Morphine 2-10mg IV titrated
- Metoclopramide 10mg IV only if nauseated
- Dihydrocodeine 30mg PO
- Paracetamol 1G PO

② **Clinical CXR indication?**

Yes, as at least one of the below

Acute lower respiratory tract problem

Features of chronic active lung disease

Acute cardiac problem

Clinical evidence of heart failure

Abnormal ECG

Chest trauma

Clinical suspicion of lung malignancy

No, as none of the above

NB: Radiographers will perform a 'pre-op' CXR without request if hip fracture found AND patient > 70 years old AND no CXR in previous 3 months

③ **Fascia iliaca block (FICB)**

Only for clinicians signed off as competent

- Obtain verbal consent after telling patient about 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 one of them, using short IV extension set, with a blunt short bevel fill needle (has a red sheath)
- Prepare insulin syringe with Lidocaine 1% 0.5mL
- Draw inguinal ligament & femoral artery on skin
- Circle entry point: 1cm lateral to arterial pulse and 1-2cm distal to inguinal ligament
- Disinfect area with Chlorhexidine skin preparation
- Raise intradermal Lidocaine bleb at entry point
- Next, pre-puncture skin with a large bore needle
- Advance preassembled blunt needle 45° cranially until two 'pops' (1. fascia lata 2. fascia iliaca) felt
- Apply pressure to thigh 2-4cm distal to needle to force upward spread of local anaesthetic
- Ask assistant to inject Levobupivacaine slowly (aspiring before start and after every 5mL)
- Maintain pressure for 30sec after completion
- Withdraw needle and cover site with small plaster
- Document procedure details in box 7 on reverse

④ **Is fast-tracking safe?**

No, as at least one of the below

EWS now > 2

ECG acutely ischaemic

ECG acutely arrhythmic

Bloods results need action in ED

Other injuries need ED attention

Yes, as none of the above

⑤ **Specialist care needs?**

Yes - at least one of the below

Renal failure requiring dialysis

Acute stroke

Cardiac condition requiring CCU

Severe sepsis

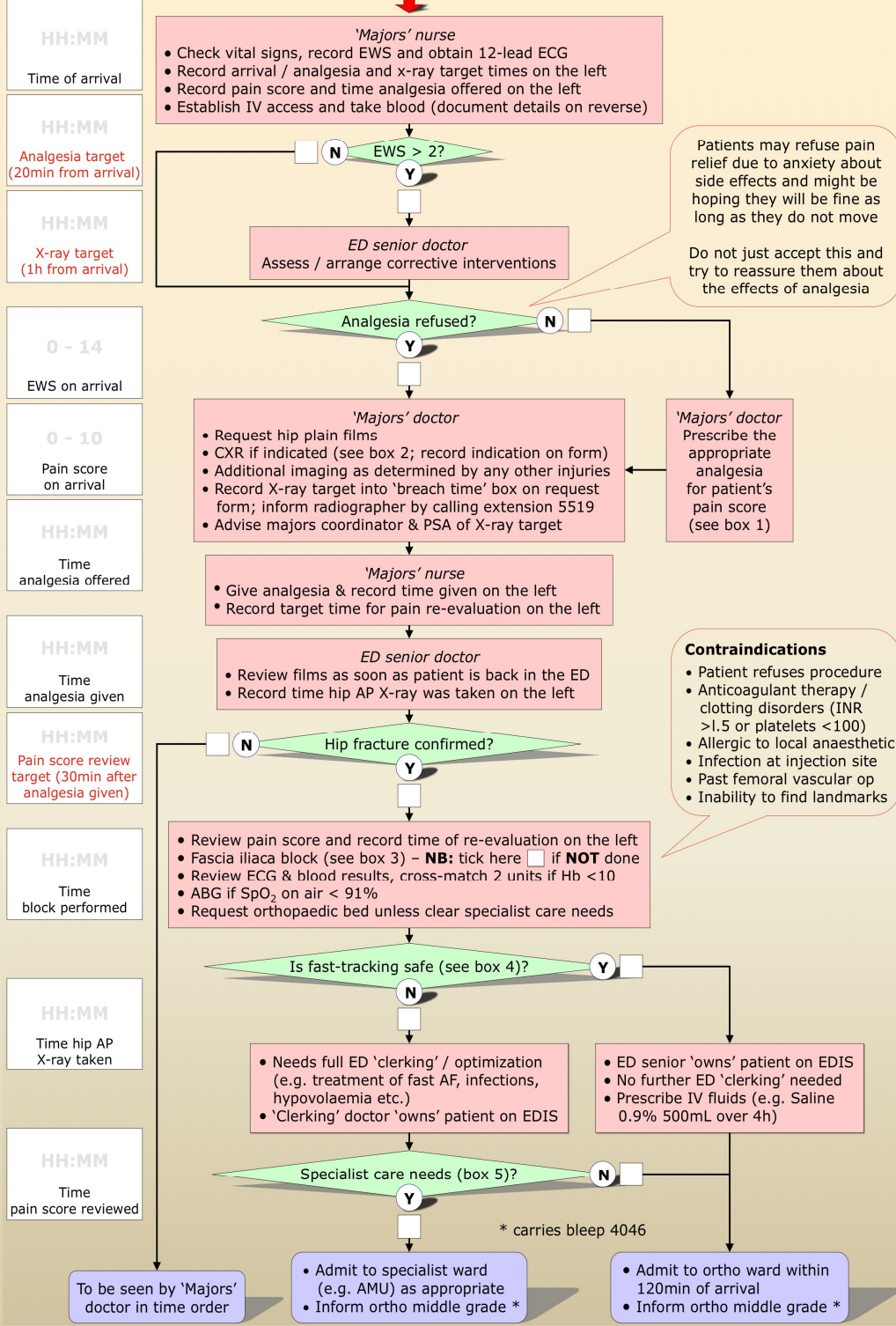
Respiratory failure requiring (non-invasive) ventilation

Head injury requiring neurosurgery

Critical care required

Other condition or injury for which relevant specialist team requests priority admission under its care

No - none of the above



Assessed by _____

Print name Signature Role

⑥ Required blood tests for patients with suspected hip fractures

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.)	

⑦ Fascia iliaca compartment block (FICB) procedural record

Verbal consent obtained

Skin prepared with Chlorhexidine 2% and sterile technique maintained

0.25% Levobupivacaine 0.6mL x kg = mL injected into FIC

No immediate complications **OR**

The following complications were observed

Print name	Signature	Role
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