

Hip fracture is a common debilitating injury particularly for people over the age of 50. The vast majority of hip fractures are associated with falls. This Clinical Care Standard tells you what care should be offered if you have a hip fracture. You can use this information to help you and your carer make informed decisions in partnership with your doctor.

## UNDER THIS CLINICAL CARE STANDARD



### Care at presentation

A patient presenting to hospital with a suspected hip fracture receives care guided by timely assessment and management of medical conditions, including diagnostic imaging, pain assessment and cognitive assessment.

#### What this means for you

When you arrive at hospital, the clinical team assesses you to see if you have a hip fracture, so that there is no delay in having an operation if clinically needed. They also ensure your pain is controlled, and identify any underlying reasons for your fall or difficulties with your memory, thinking and communication.



### Pain management

A patient with a hip fracture is assessed for pain at the time of presentation and regularly throughout their hospital stay, and receives pain management including the use of multimodal analgesia, if clinically appropriate.

#### What this means for you

If you are in pain on arrival to the hospital as a result of a hip fracture, a doctor, nurse or other clinician assesses your pain immediately and then regularly throughout your hospital stay. You receive the medicines you need to relieve pain at all times, based on these assessments.



### Orthogeriatric model of care

A patient with a hip fracture is offered treatment based on an orthogeriatric model of care as defined in the *Australian and New Zealand Guideline for Hip Fracture Care*.

#### What this means for you

If you have a hip fracture, you are involved in important decisions about your care from the time you are admitted to hospital. This includes working out what you would like the care to achieve, and the best way to get there. Your care is shared between clinicians with different areas of expertise. This will ensure all your health issues are taken into account, and give you the best chance of recovery.



### Timing of surgery

A patient presenting to hospital with a hip fracture, or sustaining a hip fracture while in hospital, receives surgery within 48 hours, if no clinical contraindication exists and the patient prefers surgery.

#### What this means for you

If you go to hospital with a hip fracture or sustain a hip fracture while in hospital, you have surgery within 48 hours. The exceptions are if you do not want to have surgery, or if your doctor advises you that it is better for you to wait or not have surgery at all. If you are in a remote location, you are transferred and receive surgery in a timely manner.



## Mobilisation and weight-bearing

A patient with a hip fracture is offered mobilisation without restrictions on weight-bearing the day after surgery and at least once a day thereafter, depending on the patient's clinical condition and agreed goals of care.

### What this means for you

The day after hip fracture surgery, you are encouraged to sit out of bed and start to walk using your full weight, unless there are good reasons for this not to occur.



## Minimising risk of another fracture

Before a patient with a hip fracture leaves hospital, they are offered a falls and bone health assessment, and a management plan based on this assessment to reduce the risk of another fracture.

### What this means for you

Before you leave hospital, you are assessed for your risk of having another fracture. This assessment will help to identify anything that might make you more likely to fall, and to see if there are things that can be done to help you avoid falling or having another fracture. You are offered bone protection medicines if they benefit you, and are provided with written information and advice on how to reduce your risk of another fracture. You can use this information to help you discuss your care with your general practitioner or ongoing clinical provider.



## Transition from hospital care

Before a patient leaves hospital, the patient and their carer are involved in the development of an individualised care plan that describes the patient's ongoing care and goals of care after they leave hospital. The plan is developed collaboratively with the patient's general practitioner. The plan identifies any changes in medicines, any new medicines, and equipment and contact details for rehabilitation services they may require. It also describes mobilisation activities, wound care and function post-injury.

This plan is provided to the patient before discharge and to their general practitioner and other ongoing clinical providers within 48 hours of discharge.

### What this means for you

Before you leave hospital, your doctor discusses with you your recovery and the ongoing care you will need when you leave hospital. They help develop a plan with you in a format that you understand. The plan describes the ongoing treatment you may need, such as the medicines you may need to take, information on how to prevent future fractures, and any rehabilitation services and equipment you may need.

You get a copy of this plan before you leave hospital. Your general practitioner and other ongoing clinical providers get a copy within two days of you leaving hospital.

More information on the Clinical Care Standards program is available from the Australian Commission on Safety and Quality in Health Care website at [www.safetyandquality.gov.au/ccs](http://www.safetyandquality.gov.au/ccs)

The Australian Commission on Safety and Quality in Health Care has developed this resource to inform you of the care that may be offered if you have a certain medical condition. The information is intended as a guide to inform your discussions with your healthcare professional about the care that is appropriate for your individual condition. It is not intended as a substitute for medical advice.