

# Fascia iliaca compartment blocks in hip fracture patients

S McGovern, F Wilson

City Hospitals Sunderland NHS Foundation Trust



City Hospitals Sunderland  
NHS Foundation Trust

## INTRODUCTION

There are around 450 hip fracture patients admitted to our unit annually, mainly in the elderly population. Fascia iliaca compartment blocks (FICB) have increasingly become part of routine perioperative hip fracture care over recent years. National guidance now suggests they should be considered both pre-operatively, in order to minimise opioid usage, and intra-operatively for all surgical candidates<sup>1</sup>. Traditionally use in our unit has been limited due to availability of trained staff, specifically in the emergency department (ED), where our pre-operative blocks are performed.

## AIM

We audited the number of patients receiving a FICB and the effect of this intervention on pre-operative morphine usage. This project completed an audit cycle from 2015 which recommended increased staff training in performing FICBs, specifically targeting ED staff.

## RESULTS

67.6% of patients (n=121) had a FICB in the ED setting, compared to 9% in 2015.

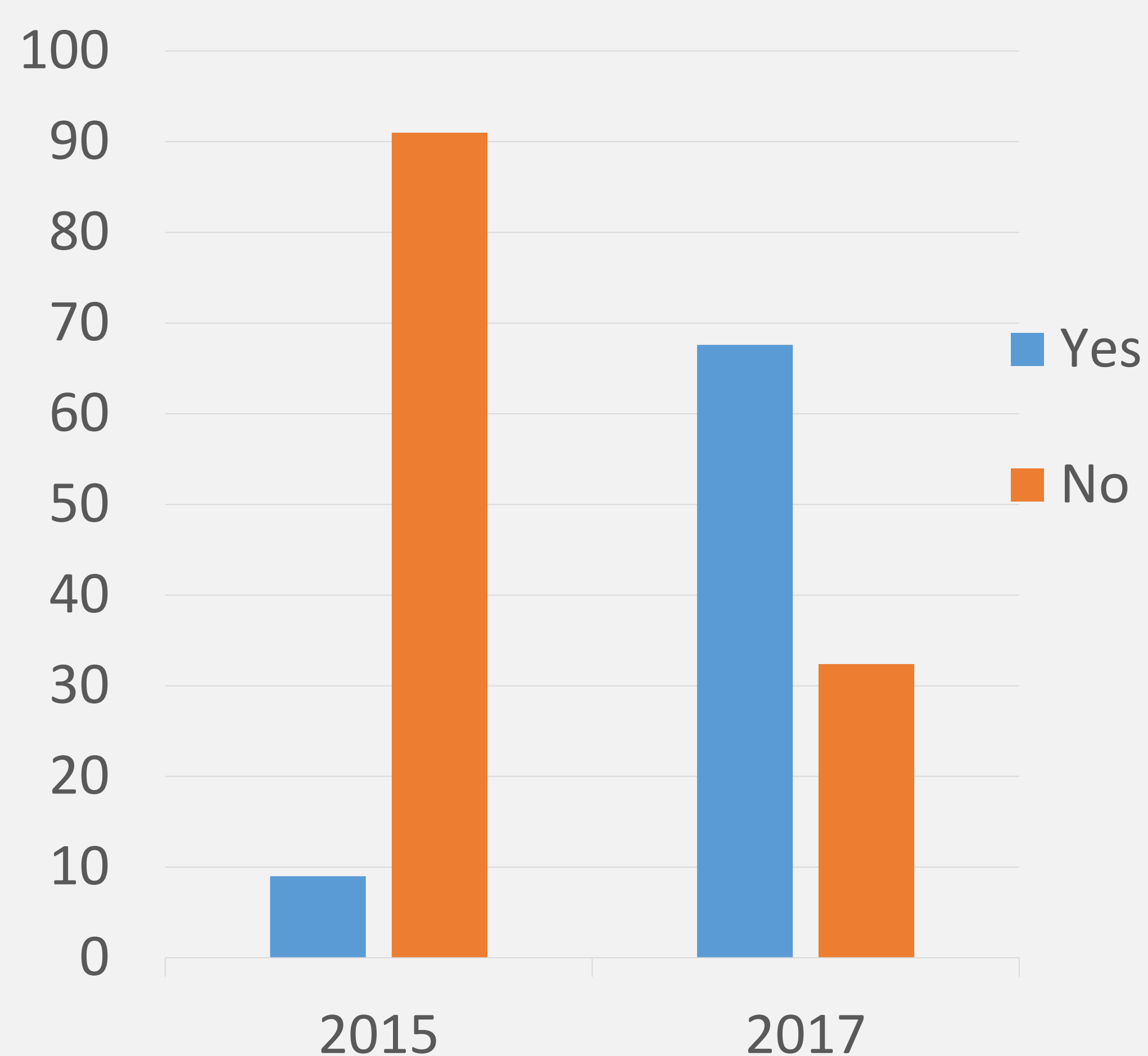


Figure 1: Percentage of FICB completed in the ED

- Average morphine dose reduced from 21mg to 13mg.
- 53.7% of those who had a FICB in the ED received no analgesia or paracetamol only pre-FICB
- Overall 35.7% received no morphine pre-operatively. 43 of these 63 patients had received a FICB in the ED.

## CONCLUSION

The number of patients receiving a FICB in the ED setting has improved greatly from 2015 to 2017, showing the positive impact of targeted FICB training.

This has contributed to a significant reduction in the overall use of morphine pre-operatively in our hip fracture patients. However, a wide variety of analgesic prescriptions for hip fracture patients was noted.

## REFERENCES

1. NICE clinical guidance 124 (2011) – The management of hip fracture in adults

## METHOD

We retrospectively studied all hip fracture patients admitted between January 1<sup>st</sup> and June 30<sup>th</sup> 2017 using data collected from our online medical records. 179 eligible patients were included.

## STANDARDS<sup>1</sup>

- FICB to be considered pre-operatively if paracetamol and opioids alone do not provide sufficient pain relief, or to limit opioid dosage.
- FICB to be considered intra-operatively in all surgically managed patients.

## RESULTS continued

- 166 patients (93%) received a FICB either in the ED, theatre or in both settings
- 48% had both a pre- and intra-operative FICB
- Only 13 patients (7%) did not receive a FICB
- 73% of patients had an intra-operative FICB

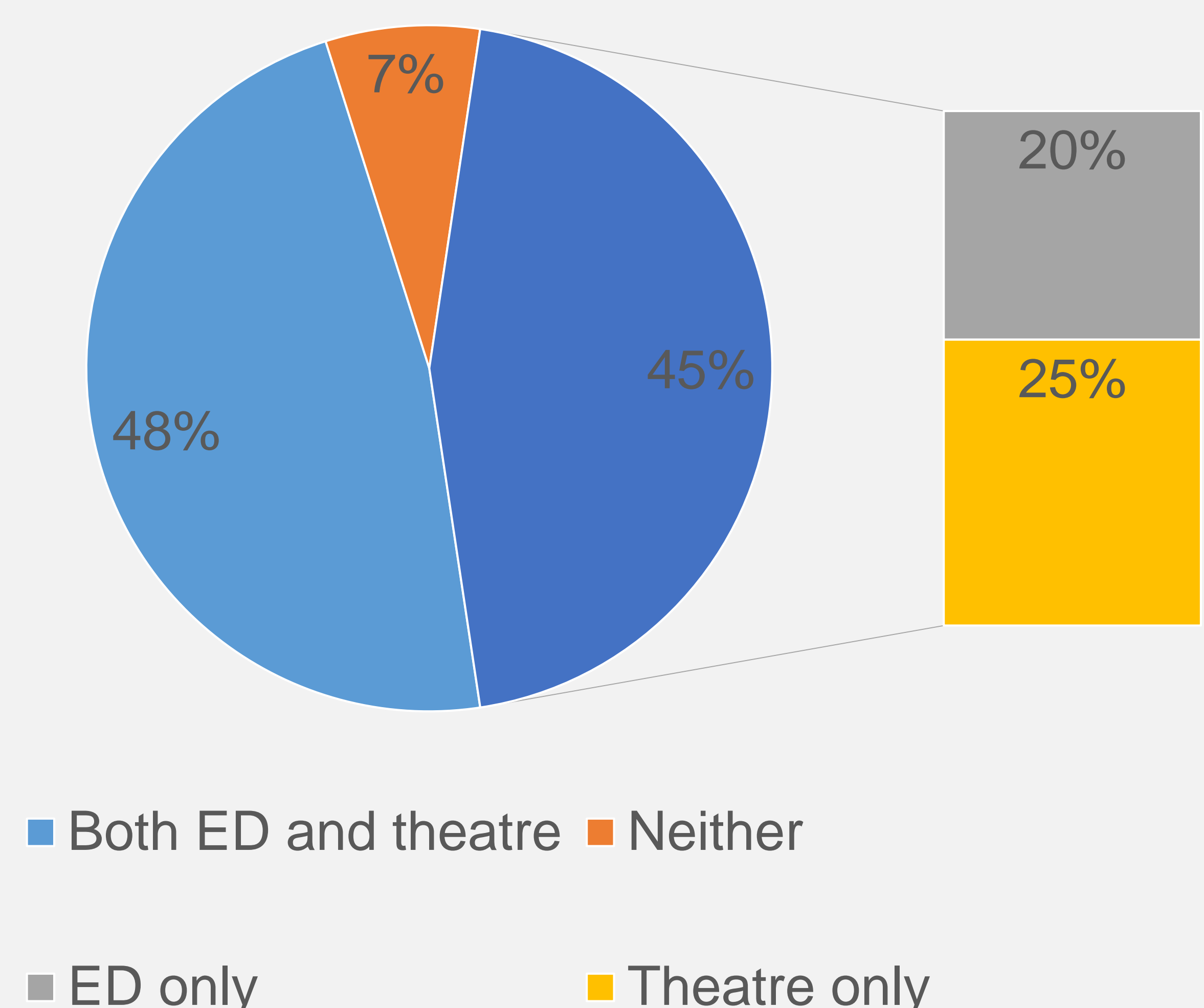


Figure 2: Total number of FICB occurring both pre and intra-operatively

## RECOMMENDATIONS

- Ongoing staff FICB training program to be expanded to include ED and orthopaedic nurse practitioners
- Standardisation of pre-operative analgesia protocol as part of a planned review of the hip fracture pathway