STANDARDISING RECOVERY HANDOVER OF HIP FRACTURES PATIENTS IN WALES

Welsh Frailty Fracture Network

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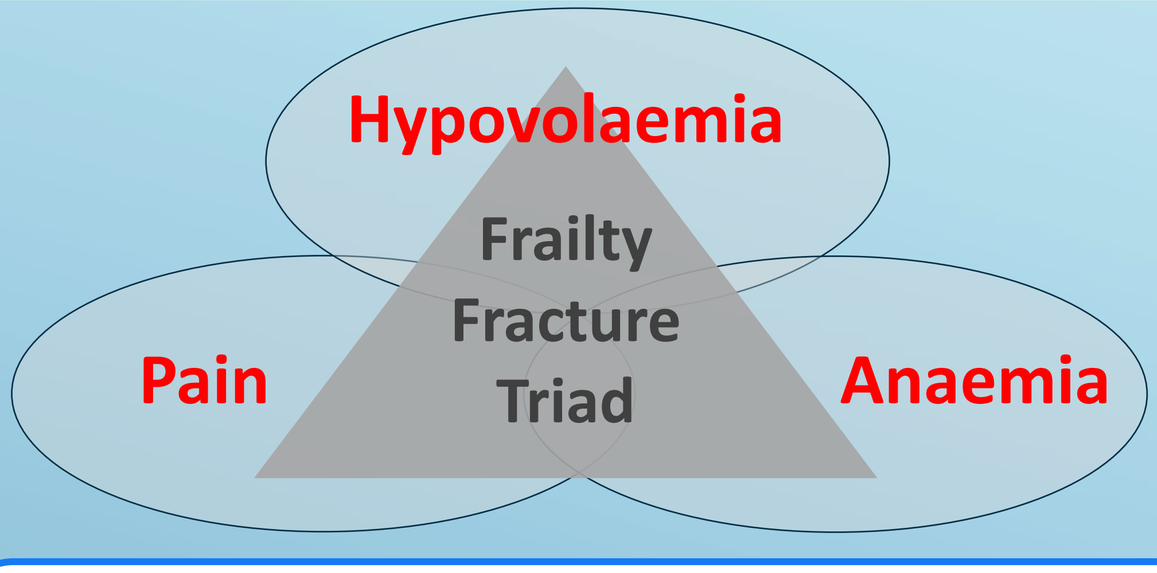
Introduction

Day 1 mobilising patients is an essential target for rehabilitation and one of the new Key Performance Indicators (KPIs) in Wales (from NHFD data)

Wales has generally underperformed on this target, achieving target 72% of cases compared with 81% across the UK. As the minimum requirement, to meet the definition mobilising, is to bed hoist a patient 2 inches above the mattress this is a hard standard not to be meeting.



Intervention

Welsh Frailty Fracture Network (WFFN) identified **3 main factors** affecting day 1 mobilisation. Anaesthetists have direct influence on these triad of essential factors:

Blood Pressure - due to hypovolaemia

Anaemia - Haemoglobin levels not being aggressively managed, trigger of 100g/l as standard.

Analgesia - dynamic pain needs more attention so WFFN recommends a standardised approach limiting delirium, constipation and anorexia inducing medications.

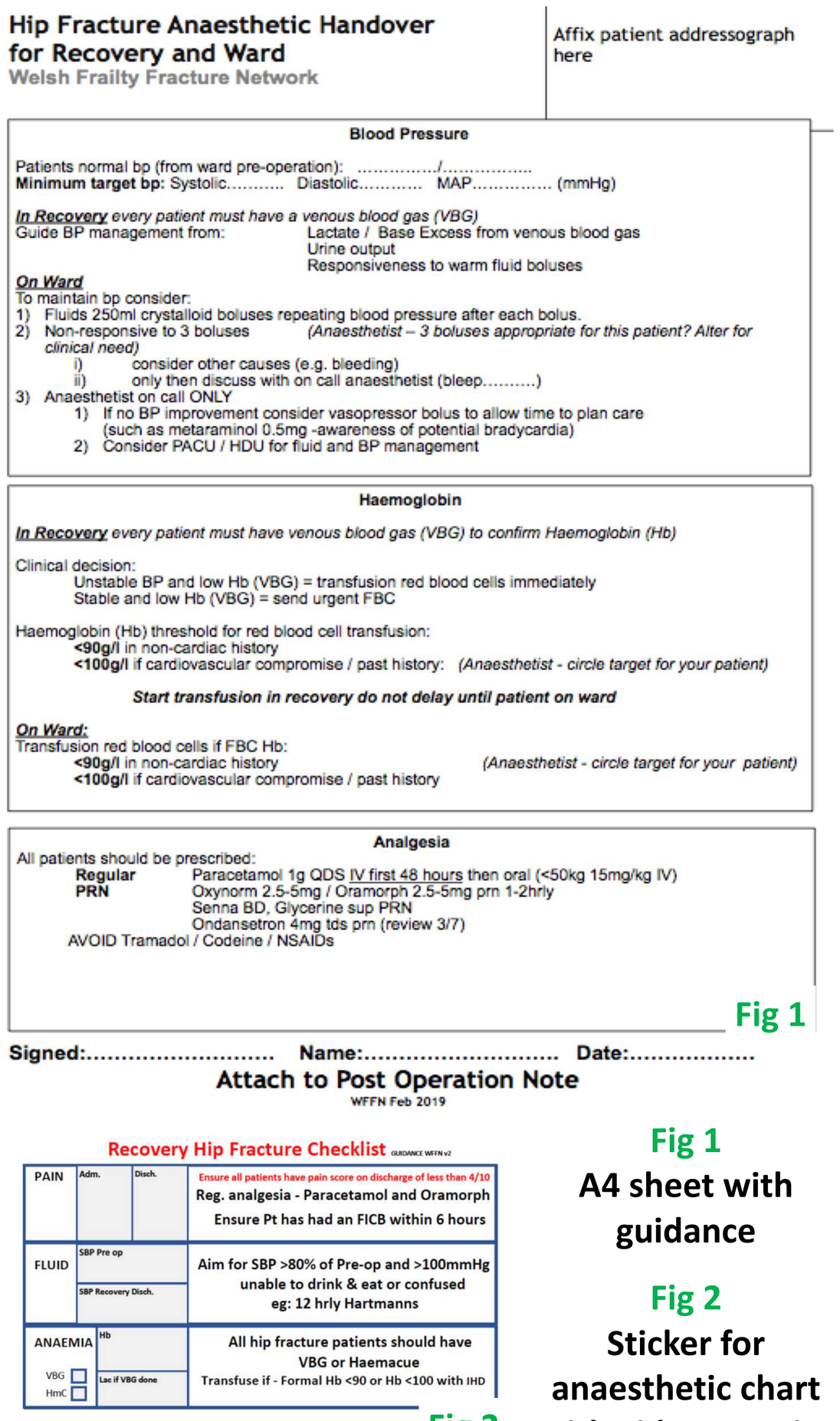
Standardising how we tackle this triads impact is an obvious progression of Anaesthetic care.

We have developed a handover document, completed by in-theatre Anaesthetist, for Recovery and Ward staff setting out a guide to minimum standards of care, and when to call for reviews by junior and Anaesthetic teams for these specific 3 factors.

Results

Since its introduction, in a few pilot hospitals, the approach has been welcomed by ward staff, nurses and junior doctors. Numbers are too small at present but supporting ward staff fcan only improve care.
All we are doing is influencing peri-operative Anaesthetic care onto the wards.

Implementation strategies:



Hip Fracture Anaesthetic Handover for Recovery and Ward
Welsh Frailty Fracture Network

Affix patient addressograph here

Blood Pressure

Patients normal bp (from ward pre-operation): ...../.....
Minimum target bp: Systolic..... Diastolic..... MAP..... (mmHg)

In Recovery *every patient must have a venous blood gas (VBG)*
Guide BP management from: Lactate / Base Excess from venous blood gas
Urine output
Responsiveness to warm fluid boluses

On Ward
To maintain bp consider:
1) Fluids 250ml crystalloid boluses repeating blood pressure after each bolus.
2) Non-responsive to 3 boluses *(Anaesthetist – 3 boluses appropriate for this patient? Alter for clinical need)*
   i) consider other causes (e.g. bleeding)
   ii) only then discuss with on call anaesthetist (bleep.....)
3) Anaesthetist on call ONLY
   1) If no BP improvement consider vasopressor bolus to allow time to plan care (such as metaraminol 0.5mg -awareness of potential bradycardia)
   2) Consider PACU / HDU for fluid and BP management

Haemoglobin

In Recovery *every patient must have venous blood gas (VBG) to confirm Haemoglobin (Hb)*

Clinical decision:
Unstable BP and low Hb (VBG) = transfusion red blood cells immediately
Stable and low Hb (VBG) = send urgent FBC

Haemoglobin (Hb) threshold for red blood cell transfusion:
<90g/l in non-cardiac history
<100g/l if cardiovascular compromise / past history: *(Anaesthetist - circle target for your patient)*

Start transfusion in recovery do not delay until patient on ward

On Ward:
Transfusion red blood cells if FBC Hb:
<90g/l in non-cardiac history *(Anaesthetist - circle target for your patient)*
<100g/l if cardiovascular compromise / past history

Analgesia

All patients should be prescribed:
Regular Paracetamol 1g QDS IV first 48 hours then oral (<50kg 15mg/kg IV)
PRN Oxynorm 2.5-5mg / Oramorph 2.5-5mg prn 1-2hrly
Senna BD, Glycerine sup PRN
Ondansetron 4mg tds prn (review 3/7)
AVOID Tramadol / Codeine / NSAIDs

Signed:..... Name:..... Date:.....

Attach to Post Operation Note
WFFN Feb 2019

Recovery Hip Fracture Checklist GUIDANCE WFFN v2

PAIN	Adm.	Disch.	Ensure all patients have pain score on discharge of less than 4/10 Reg. analgesia - Paracetamol and Oramorph Ensure Pt has had an FICB within 6 hours
FLUID	SBP Pre op		Aim for SBP >80% of Pre-op and >100mmHg unable to drink & eat or confused eg: 12 hrly Hartmanns
	SBP Recovery Disch.		
ANAEMIA	Hb		All hip fracture patients should have VBG or Haemacue Transfuse if - Formal Hb <90 or Hb <100 with IHD
VBG ☐ HmC ☐	Lac if VBG done		

Fig 1
A4 sheet with guidance

Fig 2
Sticker for anaesthetic chart with aide memoire checklist

Fig 1

Fig 2

Conclusions

Standardising approach extends Anaesthetic influence beyond theatre with better care delivered.
Wales now has a standard, easily implemented, approach to anaesthetic guided post-operative care.