

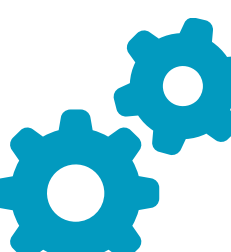
Analgesia and Anaesthesia in Fractured Neck of Femurs (#NOF)

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BACKGROUND

- The definitive management of hip fractures is operative fixation
- Prompt assessment and response to pain helps speed up recovery and prevent complications
- Previous audits have identified poor documentation of pain scores and rate of nerve blocks



METHODS

- Retrospective review of 32 case notes and electronic prescribing
- NICE Hip Fracture Management Guideline CG124



KEY FINDINGS

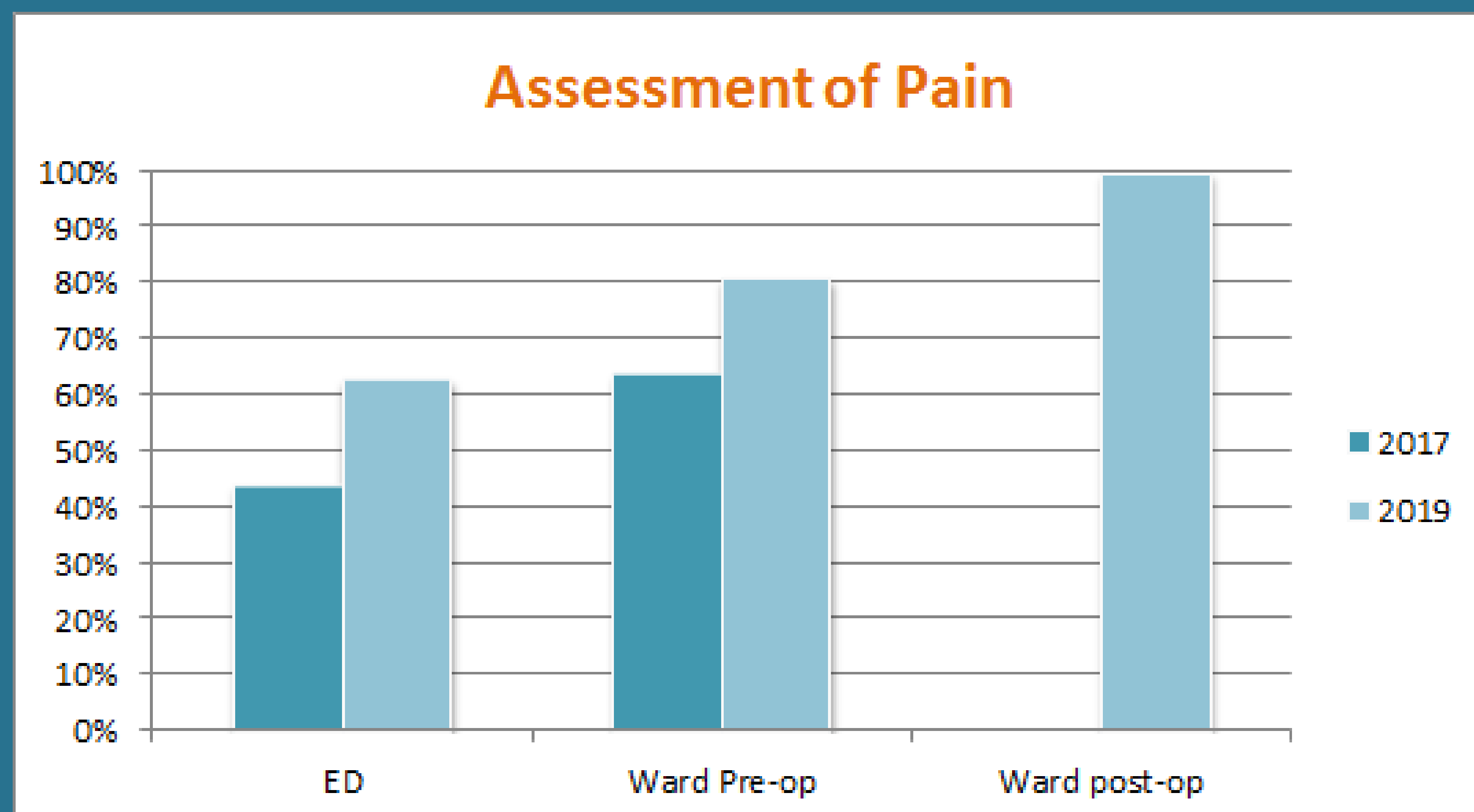
1. Documentation of pain scores has improved, although occasional dubious recording of consistent zeros
2. 41% received nerve block on admission
3. Vast majority of patients received intra-operative nerve block



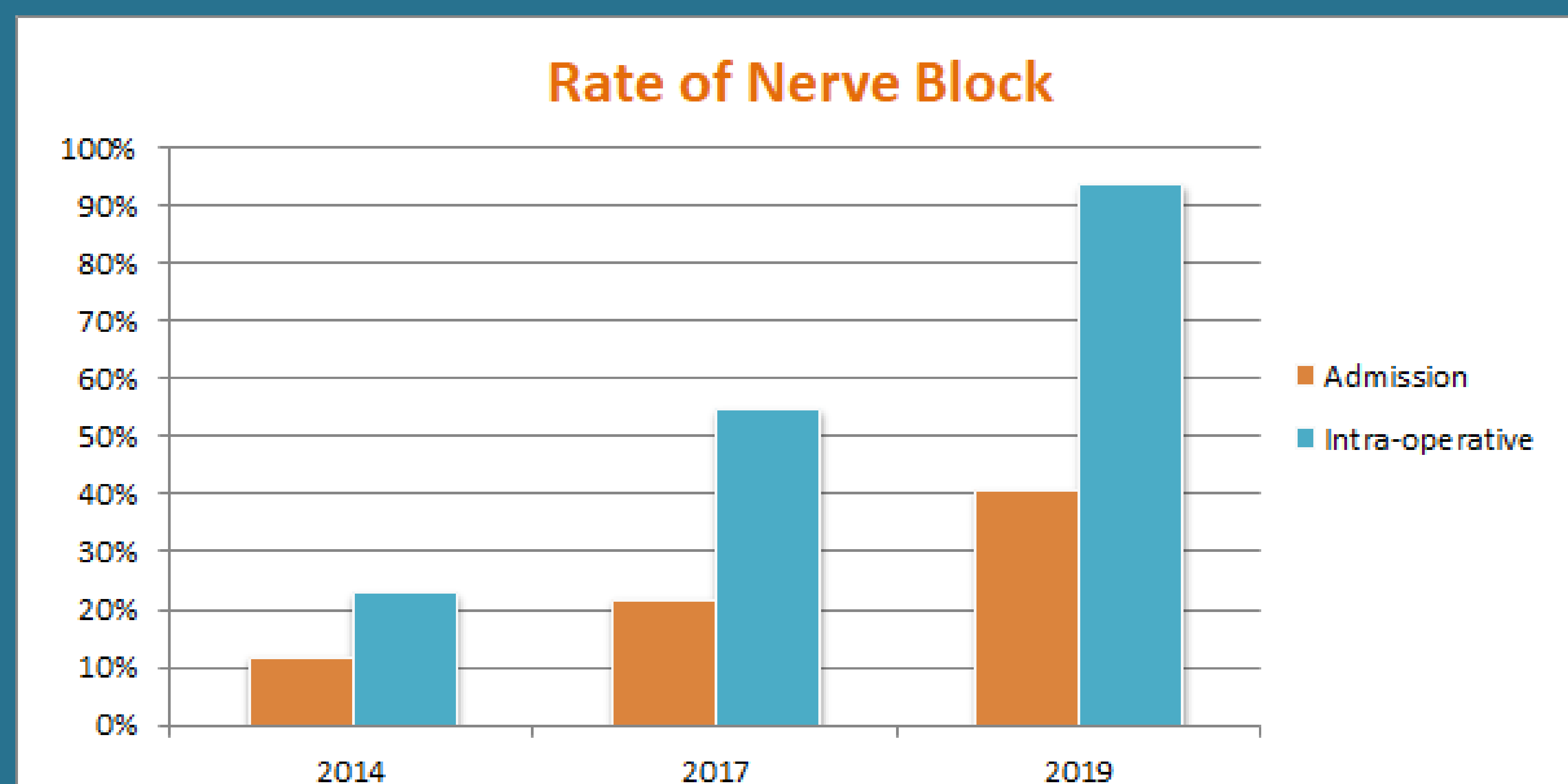
TAKE-AWAY

- High levels of adherence to NICE guidelines for #NOF
- Refresher to be given to ward staff on assessment and management of pain
- Hip Fracture Specialist Nurse now competent in nerve blocks may increase rate on admission

Results



- This graph shows an increase in the rate of recording pain scores in all settings.
- Mandatory assessment of pain as part of e-observations may account for the large increase post op.
- 100% of patients received analgesia as per guideline



- There is a year on year increase in nerve blocks on admission and intra-operatively .
- Intraoperatively, most patients receive a fascia iliaca compartment block (FICB) with the remaining receiving a femoral nerve block.