

Name: _____

CHI number:

Audit number:

MSk Audit – Hip#

V4, 13/3/19

Hospital Code Postcode Audit No:

Sex: 1 Male
 2 Female

Age:

Ortho Consultant:

Pre# Residence:

- 1 Home 2 Care Home
- 3 NHS continuing care
- 4 Rehab 5 Acute hospital
- 6 IC – NHS 7 IC – non-NHS
- 9 Other (specify in comments)

TRANSFER

FIRST Hospital Code

Hip#

Date/time arrival FIRST Hosp: /

ED or IP fall? 1 Presented to ED/MIU
 2 IP fall/# FIRST hosp
 3 Direct admission to ward

Management FIRST Hosp: 1 Admitted to FIRST hosp
 2 Direct transfer to OP hosp ED
 3 Direct transfer to ward in OP hosp

Date/time decision to transfer: /

Date/time left FIRST Hosp: /

Date/time arrived OP Hosp: /

ED Date/time of arrival at ED: /

Time left ED:

suspected or confirmed in ED? 1 Yes
 2 No

Analgesia: (include pre-ED) 1 Analgesia given in ED (or SAS)
2 Not given – declined
3 Not given – no reason
9 Not given – other reason

Nerve block first given: 1 Nerve block given in ED
2 Not given – declined
3 Not given – no reason
4 Nerve block first given in ward
9 Not given – other

ECG carried out: 1 Yes
2 No

Bloods taken: 1 Yes 2 No

Delirium screening in ED? 1 Yes 2 No

Pressure Areas recorded: 1 Yes
2 No

IV fluids: 1 Yes
2 No
3 Not required

EWS Score recorded in ED: 1 Yes
2 No

Delirium screening score in ED:

INPATIENT STAY

Date/time of admission: /

Pathological fracture? 2 No
3 Atypical
4 Malignant
5 Type unknown

Falls Ass'ment <24 hours? 1 Yes
2 No

Delirium screening on ward <24 hrs? 1 Yes
2 No

Delirium screening score on ward:

Nutrition Ass'ment <24 hrs? 1 Yes
2 No

Pressure Areas <24 hrs: 1 Yes
2 No

CGA date:

Assessed by: 1 Geriatrician 3 GPSWI
2 Specialist Nurse 9 Other

SURGERY

Date/time into theatre: /

ASA Grade: Use 6 if not ever fit for theatre, 7 if surgery not required

Main reason Theatre Delayed >36 hours: 0 No delay 4 Further # investigation
1 Medically unfit 5 Delayed consent
2 Lack of theatre time 6 Wait for THR
3 Initial conservative Rx 9 Other

How many times was pt fasted?

Type of operation: 1 Cannulated screws 5 Hemi - uncemented
2 Intramedullary fixation 6 Hemi – cement not specified
3 Pin & plate (includes DHS) 7 THR
4 Hemi – cemented 9 Other (specify in comments)

Type of anaesthetic: 1 Spinal 2 GA
3 Both spinal and GA
4 Failed spinal then GA
9 Other

Post-op mobilisation: 1 By first day postop 2 Second day postop
3 3rd day postop or later/not mobilised
9 Not for mobilisation

Bone health assessed: 1 Yes 2 No

Date of discharge:

Date assessed by physio:

Discharge destination: 1 Home 6 Intermediate Care – NHS funded
2 Care Home 7 Intermediate Care – non-NHS
3 NHS continuing care 9 Other (use comments)
4 Rehabilitation 10 Died
5 Acute Hospital

Date assessed by OT:

PB1: PB2: PB3: PB4: PB5: PB6:

Comments: