

Hip Fracture Care Pathway Information For Post-Surgical Healthcare Providers

This patient has undergone hip fracture surgery and is following a provincial continuum of care (the Hip Fracture Care Pathway, made up of the acute surgical pathway and the restorative care pathway). This information sheet is a guide to promote consistency with care delivery for all hip fracture patients.

While on the surgical unit, the patient was provided with the "After Your Hip Fracture" information book and teaching about their care post-operatively. Patients are expected to keep this book with them at all times.

There are unique aspects of the Restorative Care Pathway that we would encourage you to continue to follow while this patient is in your care.

- **Dress the patient in their clothes.** This encourages independence and promotes the idea that they are not "sick", merely on their way to improved mobility.
- Continue with hip exercises and mobilization. They are aware of the exercises they can do which can be found in the book that they received. Patients should be mobilized 3-4 times per day with appropriate assistance, which may include PT, OT, Nursing, Healthcare Aides, Nursing Attendants and/or Therapy Assistants.
- Encourage independence in all activities of daily living.
- Ensure pain and nausea is controlled to encourage mobilization and active participation in rehabilitation.
- **Encourage** patients to actively engage in their recovery.

Length of stay in the acute surgical unit is ideally less than 7 days. The Pathway encourages a total length of stay (LOS) for hip fracture patients of 28 days or less, including the time spent at your facility. We are making efforts to meet provincial LOS targets through the use of the Pathway.

Transition Criteria from your facility:

- Eating and elimination patterns are approximating or have returned to normal
- Surgical wound is clean and dry, or arrangements for wound care have been made
- Mobility/Function: (*patient meets criteria below or is at pre-fracture level of function)
 - Able to do bed and chair transfers independently
 - Verbalizes and demonstrates movement precautions if needed (with hemiarthroplasty fixation)
 - Dresses and toilets independently with appropriate aids
 - o Performs activities of daily living and uses necessary equipment and aids
 - Walks independently or is mobilizing with appropriate aids on the level and stairs (if needed) maintaining any weight bearing restriction
 - Performs recommended home exercises
- Pain is managed with oral medications
- Patients may be transitioned when not independent with any of the above if appropriate assistance is available.

For more information on the Hip Fracture Care Pathway, please visit the Bone and Joint Health Strategic Clinical Network Hip Fracture Toolkit webpage at http://www.albertahealthservices.ca/hfcptoolkit.asp.

Information about hip fractures can be found on www.myhealth.alberta.ca; search 'After Your Hip Fracture'. Links to translated materials can be found in the overview section.