

Standard Operation Procedure

Ref: PHC/Med/35/V_01

Title: Management of Suspected Hip Fractures

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1. PURPOSE

Primary HealthCare is often the first port of call for patients with injuries to the hip area.

It is important to investigate and manage such injuries appropriately to avoid unnecessary patient pain.

Page 1 of 6
- 8. 1 01 0



Standard Operation Procedure

Ref: PHC/Med/35/V_01

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2. SCOPE

The aim of this SOP is to instruct and regulate on the correct management of suspected hip fractures in patients referred to PHC Radiology for investigations.

3. **DEFINITIONS**

Hip fracture⁽¹⁾: a break in the upper portion of the femur (thighbone). Most hip fractures occur in elderly patients whose bones have become weakened by osteoporosis.

Residential homes⁽²⁾: provide residential care service in an emotionally safe and secure environment for senior citizens and persons with disability, who can no longer cope with living in their own homes.

Detatchable digital detector⁽³⁾: equipment needed for horizontal beam lateral hip radiograph or shoot through hip which an orthogonal view of the neck of the femur to the AP projection. The projection is used to assess the neck of the femur in profile during the investigation of a suspected neck of femur fracture

4. GENERAL

Hip fractures are a relatively common type of fracture in the Maltese Isalnds and the incidence is on the increase due to an ageing population. The consequences of such



Standard Operation Procedure

Ref: PHC/Med/35/V_01

Title: Management of Suspected Hip Fractures

fractures can be quite serious. In fact following a hip fracture, the mortality rate was calculated as 18.5% at 1 year and 26.21% at 2 years. Apart from a high mortality rate, 28.19% of individuals sustained another fragility fracture before or after the hip fracture⁽⁴⁾. This shows the importance of proper investigation and management of such cases.

Whilst Primary HealthCare has Health Centres that are equipped with an Xray machine, hip fractures at times require the use of particular equipment to take the necessary views (horizontal beam lateral hip radiograph). This detatchable digital detector is not a feature of the digital Xray machines available at PHC locations. This is to be kept in mind by referring doctors, whether referring directly from the Health Centres or from outside locations such as Residential Homes. The process outlines in Section 6 (Specific) is to be followed in cases of suspected hip fractures.

Unfortunately this is not always known by the administrators of the Residential Homes in question leading to unnecessary referrals to the Health Centres for Xrays which cannot be done. In addition, at times such patients are brought to the Health Centres by relatives from Residential Homes using wheelchairs which may cause immeasurable pain to the patient, only to then be referred further for the appropriate investigation. This SOP will aim to reduce such instances as much as possible.



Standard Operation Procedure

Ref: PHC/Med/35/V_01

Title: Management of Suspected Hip Fractures

5. RESPONSIBILITY

The GP assessing the patient with suspected hip fracture will ensure optimal care is given to the patient and that no unnecessary pain is inflicted on the patient.

6. SPECIFIC

- GPs within Residential Homes for the Elderly and those dealing with elderly patients within their private residences are <u>urged to avoid referrals for hip Xrays to the Health Centres</u> due to the inavailablity of a detatchable digital detector. Such cases of strongly suspected hip fractures should be referred directly to the Emergency Department at Mater Dei Hospital using the ambulance service since they can be better managed in a hospital setting. (agreed by Dr.Mary Rose Cassar Deputy Chairperson ED MDH on 31st May, 2023).
- If patients present to the Health Centre with strongly suspected hip fractures, they are to be <u>directed immediately to the treatment room</u>.
- The GP on duty in the treatment room will assess the patient and administer any analgesia needed. It is important to make sure the patient is haemodynamically stable and to assess holistically (including the exclusion of any head injury, the assessment of HGT and any other necessary parameter).
- <u>Unnecessary movement of the patient should be avoided</u> unless deemed necessary by the examining doctor. Before moving patients (for example from a wheelchair



Standard Operation Procedure

Ref: PHC/Med/35/V_01

Title: Management of Suspected Hip Fractures

to a couch), a risk benefit analysis should be undertaken by the examining GP especially in cases of possible unstable fractures. GPs are urged to use their clinical knowledge and to keep risk at a minimum, keeping in mind the condition of the patient and the level of pain they're in.

• If the GP on duty confirms the suspicion of a hip fracture, after explaining to the relatives, the ambulance services should be called and the patient referred to the ED at Mater Dei Hospital for adequate radiography. Movement of the patient should be kept at a minimum to avoid complications. The patient is to be kept in the treatment room until the ambulance arrives, at which time, responsibility of mobilization is given over to the ambulance team.

7. APPENDICES

N/A

8. <u>CROSS-REFERENCES</u>

N/A

9. REFERENCES

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https://orthoinfo.aaos.org/en/diseases--conditions/hip-



Standard Operation Procedure

Ref: PHC/Med/35/V_01

Title: Management of Suspected Hip Fractures

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- (2) https://www.servizz.gov.mt/en/Pages/Inclusion_-Equality-and-Social-Welfare/Social-Inclusion/Elderly-Care-and-Services/WEB05374/default.aspx (Accessed: 17th May 2023).
- (3) Young, J.W., Burgess, A.R., Brumback, R.J. and Poka, A., 1986. Pelvic fractures: value of plain radiography in early assessment and management. Radiology, 160(2), pp.445-451.
- (4) Bugeja, M., Curmi, A., Desira, D., Bologna, G.A., Galea, F. and Esposito, I., 2021. Hip Fractures in Malta: Are we Missing an Opportunity?. The Surgery Journal, 7(03), pp.e184-e190.

10. REVISION HISTORY

N/A