Background

Geriatric trauma is becoming more prevalent as the number of older patients continues to increase. These patients require medical specialists in evaluating and managing the elderly patients’ co-morbidities. A multidisciplinary approach to minimize complications and optimize care is critical.

Geriatric patients commonly present with hip fractures (femoral neck or inter/sub-trochanteric fractures). A concerted effort to efficiently evaluate and optimize the patient’s pre-operative period improves outcomes. Similarly, post-operative efforts are also important in having dedicated inpatient rehabilitation and efficient discharge planning; as well as osteoporotic bone programs for prevention of future insufficiency fractures.

This protocol is a first effort in coordinating care for the geriatric trauma patients with hip fractures.

GERIATRIC HIP FRACTURE PROTOCOL

1. Initial Management
   a. Per ATLS protocols
   b. Radiographic workup as indicated
   c. Consult Orthopaedic Trauma for clinically and radiographically determined fractures
      i. Hip fracture (femoral neck or inter/sub-trochanteric fractures) identified
      ii. Traction XR may be needed
      iii. Skeletal traction may be applied
      iv. Advanced imaging:
         1. CT hip may be needed if traction XR not helpful

2. Pre-operative Period
   a. Expedited medical clearance
      i. Cardiology consult as needed with necessary testing for clearance

3. Operative Treatment
   a. Goal: within 24 hours
   b. Hip fracture patients benefit from early operative care; therefore, the orthopaedic trauma on call OR will assist in achieving this timing and positively impact patient outcomes.
4. Post-operative Period
   a. Geriatric medical specialists: to manage post operative pain appropriately given patient age and co-morbidities; DVT/anticoagulation, aggressive Foley management.
   b. Physical therapy service will assist in aggressive rehabilitation as appropriate.
   c. Discharge planning to efficiently arrange for next stage in care (Rehab, SNF, home health, etc.)

5. Prevention
   a. Consult: Metabolic/endocrine evaluation and management is paramount in prevention efforts. This can be initiated before discharge with planned follow-up established to address osteoporosis care.

Rationale:

It has been well-documented in the literature that a multidisciplinary approach to geriatric hip fractures minimizes complications and improves patient care. Key elements to this approach are an efficient pre-operative clearance process to enable operative care within 24 hours, along with a multidisciplinary team effort to inpatient care; with benefits such as decrease UTI and MI, decreased hospital stay and overall costs, and fewer readmissions. Additionally, complete osteoporosis outpatient care, along with fracture prevention, will positively impact the geriatric patient healthcare landscape in our region.

References:

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