# Hip Fracture

<table>
<thead>
<tr>
<th>Goals</th>
<th>Interventions</th>
<th>Sources</th>
<th>Strength of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider need to implement practice guideline(s):</td>
<td>Preoperative Phase of Hospitalization</td>
<td>12</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Postoperative Phase of Hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement practice guideline(s):</td>
<td>Acute Pain</td>
<td>11,12</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Monitor for muscle spasms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risk for Falls</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impaired Physical Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risk for Skin Breakdown – Adult/Pediatric Practice Guideline if indicated by Braden/Braden Q score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain heel precautions:</td>
<td>Suspend heels using one pillow under length of each lower leg</td>
<td>3,9,10,11,12</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Remove anti-embolic stockings every shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor skin integrity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider need to implement practice guideline(s):</td>
<td>Fractures/Casts/Traction</td>
<td>11,12</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Altered Role Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No signs and symptoms of neurovascular compromise</td>
<td>Compare bilateral circulation, motor, and sensory (CMS) function for:</td>
<td>1,2,4,5,8,11,12</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Increased pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cyanosis/pallor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diminished sensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Numbness or tingling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diminished or absent pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delayed capillary refill</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Altered mobility/movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature change/increased coolness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Edema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain extremity in proper alignment</td>
<td>If using Buck’s traction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor skin integrity under traction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor alignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep weights free hanging and off floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Encourage use of overhead trapeze and frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No signs and symptoms of emboli</td>
<td>Monitor for pulmonary embolism:</td>
<td>1,2,4,7,8</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dyspnea, tachypnea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adventitious lung sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypoxemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiovascular</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Tachycardia
- Hypotension/hypertension
  - Neurological
    - Restlessness
    - Headache
    - Confusion
    - Disorientation
    - Change in level of consciousness
  - Increased temperature (greater than 38°C)

**Note:** Typically, fat embolism signs and symptoms do not appear until at least 6-12 hours after the time of injury; primary symptoms occur within 24-72 hours of injury. Petechiae are primarily located on the upper chest but may also be seen in buccal membranes, hard palate, conjunctival sacs, and anterior axillary folds.

Consider need to implement **Pulmonary Embolism Practice Guideline**

**Monitor for deep vein thrombosis (DVT):**
- Redness
- Warmth
- Edema
- Calf tenderness
- Strength of pulses
- Discoloration
- Increased temperature (greater than 38°C)

Consider need to implement **Deep Vein Thrombosis (DVT) Practice Guideline**

**Prevent venous stasis:**
- Avoid long periods of sitting with legs dependent
- Use of antiembolic stockings or devices
- Encourage active range-of-motion (ROM) of ankle(s)

**No signs and symptoms of infection**
- **Monitor for:**
  - Persistent pain
  - Difficulty in weight bearing

**No signs and symptoms of compartment syndrome**
- **Monitor for:**
  - Pain
    - Progressive, localized, deep throbbing, persistent pain unrelieved by immobilization and medications
    - On passive stretch
  - Diminished capillary refill
  - Weak or unequal pulses
  - Paresthesia
  - Weakness progressing to paralysis

**No signs and symptoms of joint displacement**
- **Maintain hip precautions:**
  - Affected extremity held in slight abduction using abductor pillow or regular pillow
    - Toes and kneecap should point towards ceiling
    - Do not rotate operative leg
  - Avoid bending the affected leg at a 90° angle
    - Do not raise leg in bed
    - May use fracture bed pain until ambulates to bathroom or commode
    - Utilize elevated toilet seat and high, firm armchair
- Instruct patient, while sitting to:
  - Avoid bending forward
  - Place affected leg out in front to prevent excessive pressure in hip
  - Use assistive devices (reachers, long-handled sponge, sock-aid)
- Instruct patient to avoid crossing legs
  - Do not cross midline of body with affected leg
  - Turn with pillows between knees
  - Keep affected leg straight

Monitor for signs of dislocation after position changes and transfers:
- Increased pain in affected joint
- Misalignment (leg in internal rotation or abduction)
- Change in hip contour (dislocated hip may be palpated)
- Change in length of affected extremity (leg may appear shortened)

Reinforce Physical Therapy (PT)/Occupational Therapy (OT) teaching, exercises, transfers:
- Hip precautions, as appropriate
- Weight bearing status
- Ambulating
- Flexion exercises of foot
- Muscle strengthening

Verbalizes and/or demonstrates understanding of education provided

Teach regarding:
- Hip precautions
- Anticoagulation therapy and lab draws/levels
  - Precautions to prevent bleeding
    - Booklet and film
    - When to call physician (bleeding, excessive bruising)
- Reinforce the need to continue with prescribed physical therapy regimen:
  - Exercises
  - Assistive/adaptive devices
- Antithrombotic hose/skin care giving special attention to heels and inner thighs
- Antithrombotic devices
- Pain management (e.g., routine and pre-activity)
- Incentive spirometry, if indicated
- Bowel care (constipation)
- Diet intake of high protein foods/snacks
- Importance of removing environmental hazards (e.g., throw rugs, low tables, pets, electrical cords, toys)
- No tub baths or swimming until approved by physician
- Notifying physician if any of the following symptoms develop:
  - Sharp pain or "popping" is felt in affected extremity or if there is a feeling of the hip being "out of socket"
  - Increase in pain
  - Fever
  - Drainage
  - Swelling
  - Redness around the incision
  - Calf pain, redness or swelling in legs
<table>
<thead>
<tr>
<th>Prepared for discharge</th>
<th>Collaborate with physician, case management, PT/OT and social work regarding need for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Physical Therapy</td>
</tr>
<tr>
<td></td>
<td>- Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td>- Assistive devices</td>
</tr>
<tr>
<td></td>
<td>- Skilled nursing care versus home health care</td>
</tr>
</tbody>
</table>

3. (2005). Preventing heel pressure ulcers in immobilized patients. *Advanced Skin and Wound Care*, 18(1), 22. (Type V)