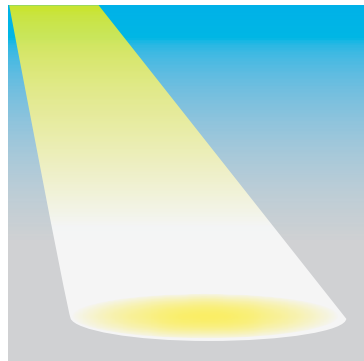


Scottish Standards of Care for People with Hip Fractures.

Spring 2017 spotlight on.....Fascia Iliaca Blocks



Standard 2:

Patients who have a clinical suspicion or confirmation of a hip fracture should have the “Big Six” interventions/treatments before leaving the Emergency Department.

1. Provision of Pain Relief.

All patients who sustain this painful injury should be offered analgesia. In many cases opiate analgesia will have been provided by ambulance staff pre-hospital. The early use of an injection (nerve block) to the affected area reduce pain, opioid requirement and delirium, has grown in popularity with many hospitals introducing fascia iliaca blocks as standard. The use of a nerve block remains the recommendation of the Hip Fracture Advisory group. Provision of oral non-opiate analgesia without either opioid or regional analgesia should be regarded on the whole as sub-optimal care, however it may be sufficient in a few cases e.g. for subacute impacted fractures.

IMPLEMENTATION

Hannah Browne, trainee in Emergency Medicine, NHS GG&C tells us her story: 'Every month in the Emergency Department (ED) at the Queen Elizabeth University Hospital, Glasgow, we see approximately 50 patients who have sustained a hip fracture. An audit in 2015 revealed we had several areas we needed to improve in the management of these patients and analgesia was highlighted as a key area to work on. Disappointingly, only 14% of our hip fracture patients were getting nerve blocks. Over the course of 12 months – from October 2015 to October 2016, we put in place four main interventions within the Emergency Department to try and improve this.

- 1) Hip Fracture Room; a dedicated cubicle in resus where patients with a potential hip fracture are taken from triage to have an immediate portable AP pelvis xray. If a fracture is identified, the patient receives a nerve block prior to other fast-track procedures and transfer to radiology (for further imaging) and the ward.
- 2) Nerve Block Trolley; locating everything needed for a fascia iliaca block 'FIB' in a portable trolley to avoid excessive time spent looking for equipment and drugs.
- 3) Hip Fracture Clerking Proforma; a simple sheet to replace the ED 'Kardex' which has prompts and documentation for a FIB.
- 4) Teaching sessions on how to perform a FIB; for incoming junior and middle grade doctors who rotate through the ED.

With these interventions in place, we have dramatically increased the number of patients receiving nerve blocks for their hip fractures from 14% to 72% in 1 year. Both nursing and medical staff are engaged with the process and we hope that with time; further teaching; and education, to one day hit 100% nerve blocks.'

Angela Stewart, Advanced Nurse Practitioner, NHS Ayrshire & Arran shares her experience:

'We were mentored by an anaesthetist and were required to complete a logbook of 20 supervised FI blocks following Ayrshire & Arran FIB guideline before being able to perform independently. We also completed an exam on Local Anaesthetic toxicity and label stickers were developed to put in case notes for easy recognition once patient received FIB, which state patient consent, date, time amount of L.A. and asks if any complications during procedure.'

WHERE CAN I FIND OUT MORE?

- [Access the Trauma and Orthopaedic Portal to see data for my hospital](#)
- http://www.shfa.scot.nhs.uk/_docs/20161109_SSC_for_Hip_Fracture_Patients.pdf
- <http://www.rcem.ac.uk/docs/QI%20+%20Clinical%20Audit/FIB%20guideline%20document%20for%20the%20ED.pdf>
- <http://www.rcemlearning.co.uk/modules/fascia-iliaca-block/>