

CSP Hip Fracture Standards

STANDARD 2: All patients are mobilised on the day of, or day following, hip fracture surgery

This headline data is captured by the NHFD. We have created this audit tool for you to use to identify why you might not be achieving 100%.

'Mobilised' means the end of the period of bedrest. Bedrest is the period of management between sustaining a fracture until the day of, or day following, hip fracture surgery. Extended periods of bed rest impact optimal patient outcomes. Any member of the healthcare team may get a patient out of bed after surgery. For patients who do not get out of bed on the day of, or day after, hip fracture surgery, the clinical reason for extended bed-rest is clearly recorded.

For poorly controlled pain, as part of team working, we expect prescribing physiotherapists to review a patient's pain medication to ensure they can mobilise within 24 hours. We expect non-prescribing physiotherapists to refer the patient for medical review of their medication to ensure the patient can mobilise within 24 hours. We also expect a physiotherapist to undertake the 4AT test to ensure prompt identification and management of delirium. We expect a registered physiotherapist to review each patient that does not mobilise within 24 hours.

Record the reason why your patient does not mobilise within 24 hours of hip fracture surgery in the tool below. For each patient who does not mobilise, a registered physiotherapist is involved in the MDT discussion to address the reasons for extended bed rest. A clear physiotherapy action plan, with timescales, is in place to manage the clinical conditions that prevent a patient mobilising.

For patients experiencing delirium a specific bed exercise programme is delivered

Day Of Surgery	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Yes /No							
If no, why not?							
Pain							
Delirium							
Hypotension							
Previously Bed Bound							

