Injury of hip

Observations/NEWS

Read Patient Alerts



Temperature

Pulse

Blood pressure

Respiratory rate

☑ Oxygen saturations (on air or O2 %)

AVPU

Pupil size

Blood glucose

FAIN SCORE

Investigations

Discuss with senior staff; not all patients will require all investigations. Early review if abnormal ECG or NEWS >5

Mechanical fall	Fall/Long lie		
-X-ray hip (triage may use resus 2 if available)	-IV access		
-May not require any other investigations	-Admission bloods (as per order set):		
	FBC, U&E's, LFT's and add CK		
	-CRP – (if suspected infection)		
	-Coag & Group and save – (If #NOF)		
	-VBG		
	-ECG		
	-Waterlow		
	(Ensure CP aware of waterlow for 'Big 6')		

UNDRESS PATIENT FOR XRAY

Treatments

Consider:

- Analgesia oral or intravenous depending on pain severity score
- IV Fluids (If confirmed #NOF and not contraindicated)

See fractured neck of femur protocol on next page, may require Fascia-iliac block.

Red flags

- Fractured neck of femur red flags: Documented on next page
- Long lie: Ensure CK taken High risk for rhabdomyolysis
- Known hip replacements: Consider hip dislocations.
- IV Morphine in #NOF: Be cautious with IV morphine as post Fascia-iliac block, patients may develop respiratory depression/reduced conscious level.
- Vascular compromise: There will be a combination of pallor, coldness, altered sensation and pain with or without absent pulses distal to the injury.
- Critical skin: A fracture or dislocation may leave fragments or ends of bone pressing so hard against the skin that the viability of the skin is threatened. The skin will be white and under tension.

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