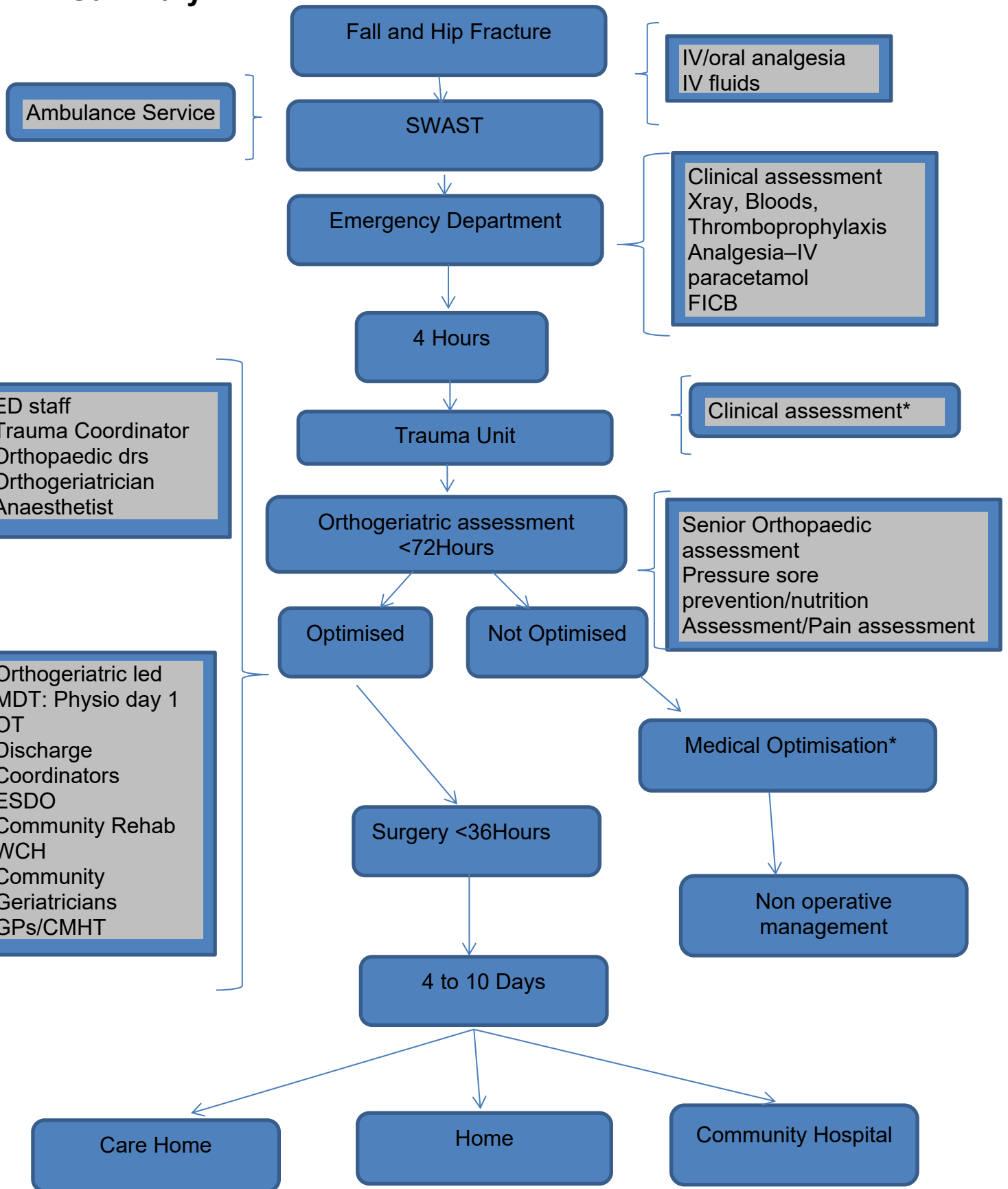


# **Fractured Neck of Femur Clinical Guideline**

**V3.0**

**August 2026**

## Summary



\*See Medical Guidelines for Fractured Neck of Femur on intranet

# 1. Aim/Purpose of this Guideline

- 1.1. To provide best practice care for all patients with fractured neck of femur.
- 1.2. This version supersedes any previous versions of this document.

## Data Protection Legislation

The Trust must comply with the UK GDPR, Data Protection Act 2018, and Data (Use and Access) Act 2025 by ensuring all personal data is processed lawfully, fairly, transparently, and for a defined purpose.

Before processing personal data, an appropriate Article 6 UK GDPR lawful basis must be identified and recorded. Where special category data is involved, a relevant Article 9 condition must also be documented.

All staff, contractors, students, volunteers, agency workers, and third parties working on behalf of the Trust are responsible for complying with data protection legislation.

Further guidance is available in the Trust's Information Use Framework and Information Governance policies. Advice can also be obtained from the Information Governance Team.

# 2. The Guidance

- 2.1 SWAST – for suspected fractured neck of femur patients, parenteral analgesia and intravenous normal saline commenced in the ambulance en route to RCHT.
- 2.2 Emergency Department – Pelvic x-ray within 1 hour and Trauma co-ordinator informed if fracture confirmed. Fascia Iliaca Compartment Block (FICB) should be performed for effective analgesia pre-theatre.
- 2.3 Transfer to Trauma Unit within 4 hours under joint care of orthopaedics and orthogeriatrics. Orthopaedic review and listed for theatre on next available list. Medical optimization as needed (for further information see; intranet, A-Z services, Trauma/Orthopaedics (RCHT), Medical Management of Hip Fractures). The admitting Orthopaedic doctor should complete a 4AT assessment on first review.
- 2.4 Surgery should be within 36 hours of admission to RCHT unless medical optimization necessitates further delay. This is a multi-disciplinary decision (orthopaedics, anaesthetics and orthogeriatrics) at senior level. All patients reviewed by senior orthopaedic surgery prior to surgery.
- 2.5 All patients are seen within 72 hours of admission by orthogeriatrician for medical, bone health and falls assessment. A post operative 4AT should be completed by the orthogeriatrics team on the first review post surgery.

2.6 Post-operatively, all patients are seen by physiotherapist on day 1

with the aim to stand. Multi-disciplinary discharge planning led by orthogeriatrician. All patients should have access to daily physiotherapy.

2.7 After day 4 post-operatively, patients can potentially be discharged

to either; home, care home, or transferred for continuing rehabilitation in a community hospital or West Cornwall Hospital. Consider Early Supportive Discharge Orthopaedics (ESDO) for patients without dementia who are medically fit and require ongoing rehabilitation in their home.

### 3. Monitoring compliance and effectiveness

| Information Category                               | Detail of process and methodology for monitoring compliance                                                                                                                                                                                  |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Element to be monitored</b>                     | Monitoring trends of; key performance indicators for fractured neck of femur, mortality and Best Practice Tariff.                                                                                                                            |
| <b>Lead</b>                                        | Dr Simon McIntosh.                                                                                                                                                                                                                           |
| <b>Tool</b>                                        | National Hip Fracture Database.                                                                                                                                                                                                              |
| <b>Frequency</b>                                   | Monthly meeting of Hip Fracture Working Group.                                                                                                                                                                                               |
| <b>Reporting arrangements</b>                      | Reporting will be to the Patient Safety, Experience and Effectiveness Sub-Committee (PSEEC).<br><br>Minutes of meetings will be disseminated within group and to PSEEC as reflected in terms of reference of the Hip Fracture Working Group. |
| <b>Acting on recommendations and Lead(s)</b>       | Hip Fracture Working Group (terms of reference).                                                                                                                                                                                             |
| <b>Change in practice and lessons to be shared</b> | Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.         |

### 4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity and Inclusion Policy](#) or the [Equality and Diversity website](#).

4.2. Quality and Equality Impact Assessment (QEIA)

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged. The Quality and Equality Impact Assessment (QEIA) Form is available via the link in [Appendix 2](#).

## Appendix 1. Governance Information

| Information Category                                                     | Detailed Information                                                                                                     |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Document Title:</b>                                                   | Fractured Neck of Femur Clinical Guideline V3.0                                                                          |
| <b>This document replaces (exact title of previous version):</b>         | Clinical Guideline for Fractured Neck of Femur V2.0                                                                      |
| <b>Date Issued/Approved:</b>                                             | August 2026                                                                                                              |
| <b>Date Valid From:</b>                                                  | August 2026                                                                                                              |
| <b>Date Valid To:</b>                                                    | August 2029                                                                                                              |
| <b>Directorate/Department responsible (author/owner):</b>                | Dr Simon McIntosh, Orthogeriatrics                                                                                       |
| <b>Contact details:</b>                                                  | 01872 252447                                                                                                             |
| <b>Brief summary of contents:</b>                                        | Guideline summarizes best practice for inpatient management of hip fracture patients.                                    |
| <b>Suggested Keywords:</b>                                               | Fractured neck of femur.                                                                                                 |
| <b>Target Audience:</b>                                                  | <b>RCHT:</b> Yes<br><b>CFT:</b> No<br><b>CIOB ICB:</b> No                                                                |
| <b>Executive Director responsible for Policy:</b>                        | Chief Medical Officer                                                                                                    |
| <b>Approval route for consultation and ratification:</b>                 | Emergency Department, Trauma and Orthopaedics Directorate, Orthogeriatrics, Trauma Coordinators, Anaesthetic department. |
| <b>Manager confirming approval processes:</b>                            | Charlotte Chapman                                                                                                        |
| <b>Name of Governance Lead confirming consultation and ratification:</b> | Suzanne Atkinson                                                                                                         |
| <b>Links to key external standards:</b>                                  | None                                                                                                                     |
| <b>Related Documents:</b>                                                | National Hip Fracture Database 2016 Annual Report, NICE CG124                                                            |
| <b>Training Need Identified?</b>                                         | No                                                                                                                       |
| <b>Publication Location (refer to</b>                                    | Internet and Intranet                                                                                                    |

| Information Category                              | Detailed Information                        |
|---------------------------------------------------|---------------------------------------------|
| Policy on Policies – Approvals and Ratification): |                                             |
| Document Library Folder/Sub Folder:               | Clinical / Trauma and Orthopaedics / Trauma |

### Version Control Table

| Date         | Version Number | Summary of Changes                                                       | Changes Made by                    |
|--------------|----------------|--------------------------------------------------------------------------|------------------------------------|
| October 2017 | V1.0           | Initial issue                                                            | Dr Simon McIntosh, Orthogeriatrics |
| July 2020    | V2.0           | Full update with no changes to content and placed on new Trust template. | Dr Simon McIntosh, Orthogeriatrics |
| July 2026    | V3.0           | Full update with no changes to content and placed on new Trust template. | Dr Simon McIntosh, Orthogeriatrics |

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.**

**This document is only valid on the day of printing.**

### Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## **Appendix 2. Quality and Equality Impact Assessment (QEIA) Form**

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

**Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:**

[E11 QEIA Policy](#)

For guidance, please see the [QEIA Essentials – Quick Reference Guide](#) or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: [rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Quality Governance guidance, please contact Jillian Tozer: [jillian.tozer3@nhs.net](mailto:jillian.tozer3@nhs.net)