

# **Reduction of Dislocated Total Hip Replacements in the Emergency Department Clinical Guideline**

**V1.0**

**January 2020**

## Summary

(a) "ASA 1 or 2 – potential admission avoidance"

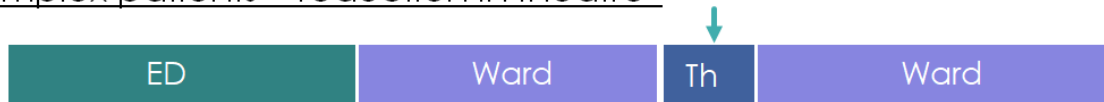
↓ Hip reduction



(b) "ASA 3 if appropriate – unlikely to discharge from ED"



(c) "Complex patients – reduction in theatre"



# 1. Aim/Purpose of this Guideline

## 1.1. Relevant stakeholders:

Emergency Department medical and nursing staff

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Anaesthetic medical staff

Contact: [laraherbert@nhs.net](mailto:laraherbert@nhs.net)

Trauma and Orthopaedic medical staff

Contact: [shaunsexton@nhs.net](mailto:shaunsexton@nhs.net)

Therapy staff

Contact: TBC

1.2. This version supersedes any previous versions of this document.

## 1.3. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## **2. The Guidance**

### **2.1 Scope of Guidance**

This protocol is applicable to all emergency department, anaesthetic and trauma and orthopaedic and therapy staff involved in the treatment of patients with a dislocated total hip replacement.

### **2.2 Aim of Guidance**

To allow expeditious treatment of patients with dislocated total hip replacements.

### **2.3 Objectives**

- To reduce the average time to reduction for patients with dislocated total hip replacements
- Achieve a higher percentage of reductions in the emergency department within the 4 hour treatment window
- Discharge patients as soon as is practical and safe

### **2.4 Patients to be considered for relocation in the emergency department**

All patients with a dislocated total hip replacement should be considered for reduction in the emergency department using the Emergency Department Safe Sedation Protocol

### **2.5 Patients not suitable for relocation of total hip replacements in the emergency department**

- Patients with native hip dislocations
- Patients with peri-prosthetic fractures associated with the dislocation
  - (Patients with a “simple” Vancouver A type fracture should still be considered under this protocol)
- Patients with “complex” total hip replacements
  - This should include constrained liners and patients with other complex metalwork associated with their hip replacement.
- Patients with significant osteolysis around the dislocated hip or other condition with an increase in the risk peri-prosthetic fracture during reduction.

## 2.6 Proposed pathways

(a) "ASA 1 or 2 – potential admission avoidance"

↓ Hip reduction



(b) "ASA 3 if appropriate – unlikely to discharge from ED"



(c) "Complex patients – reduction in theatre"



## 2.7 Requirements for safe relocation of dislocated total hip replacement in the emergency department

- A suitable patient
  - As per safe sedation guidelines
  - To be judged by the emergency department staff on a case by case basis
- A suitable hip
  - To be judged by the on-call orthopaedic team
  - All patients should have at least an AP pelvis and lateral of the affected hip prior to reduction. These films should include all metalwork and extend beyond the distal extent of the stem to ensure no peri-prosthetic fracture is present.
  - Further imaging may be indicated on a case by case basis.
- A suitable department
  - Adequate space in resus and sufficient staffing levels within the department
- Availability of suitable staff
  - Anaesthetist to perform sedation or sedation trained emergency department staff
  - Sufficient nursing staff available in resus
  - Orthopaedic on call staff to perform the reduction
- Each patient should be consented for "manipulation under anaesthetic of dislocated total hip replacement" on the appropriate standard consent form prior to sedation to avoid having to wait for patients to regain capacity before proceeding to the operating theatre if the relocation is unsuccessful. This consent form should be valid for both the attempt in the emergency department and the operating theatre should this become necessary.

## **2.8 Protocol for the relocation of dislocated total hip replacements in the emergency department**

- Above criteria met
- Clinical team assembled and happy to proceed
- Time Out as per WHO guidance
- Sedation as per ED Safe Sedation guidelines
  - Consideration should be given to the fact that significant muscular relaxation is usually required to enable the relocation in this scenario. Staff should be trained and confident performing this level of sedation.
- Orthopaedic team to perform reduction
  - This should be used as a learning opportunity for all emergency department and trauma and orthopaedic staff.
- An assessment of the stability of the total hip replacement should be made post-reduction and clearly documented in the notes. This should be done by the orthopaedic registrar on-call.
- It is expected that up to 25% of reductions will fail in the emergency department and require reduction in theatre which should be carried out as soon as possible.
- A post-reduction AP of the pelvis should be taken
- Procedure fully documented in the patients notes.
  - Procedures should be in place to allow for data capture and an audit trail produced
  - This will coded on Bluespир by the orthopaedic team as well as coded by the emergency department.
- A plan should be agreed for the post-procedural care of the patient by all teams.
- The default destination of the patient should be to CDU to recover prior to being discharged.
- A follow up appointment will be made to see an appropriate hip surgeon as an out-patient. This will be the responsibility of the orthopaedic team.

## **2.9 Care of patients following relocation of a dislocated total hip replacement in the emergency department**

- Younger and fitter patients should be admitted to the Clinical Decisions Unit (CDU) to be assessed by therapy with aim of prompt discharge from hospital.
- If a patient is admitted to CDU and following a period to recover from sedation they are not fit for discharge or fail OT they will be admitted to the orthopaedic ward.
- If a patient is frail and following sedation and reduction of dislocated THR in the ED, the patient is not considered likely to go home within 6 hours they will be admitted under the orthopaedic team.

- If space is unavailable in CDU the patient will be admitted under the orthopaedic team, unless there is a medical reason the patients care would be best lead by a different team.
- No splinting or bracing should be applied to the patients after relocation of the total hip replacement.
- Patients should be mobilised fully weight bearing with standard “hip precautions” under the guidance of the therapists unless a clear justification exists to prevent this.
- Any patient that is unsafe for discharge is the responsibility of the orthopaedic team unless clear justification for admitting under another team exists

### 3. Monitoring compliance and effectiveness

Element to be monitored	Frequency and success of the procedure in the Emergency Department (ED). Effect on length of stay in ED and as an inpatient of performing procedure in the ED.
Lead	Dr Joanne Bareham – ED Consultant
Tool	Oceano – Length of stay in ED.  ED procedural sedation proforma – patient demographics, efficacy of procedure and complications occurring as a result.  RADAR – Length of stay as hospital inpatient.  Bluespier – Outcome of subsequent orthopaedic management of patients i.e. operation notes, clinic follow ups etc.
Frequency	Initial trial period – 3 months Subsequent yearly reviews of practice. This can be modified if procedural problems are identified or the process requires modification.
Reporting arrangements	Data will be presented as part of routine governance processes within each affected department. This will include ED, anaesthetics and trauma and orthopaedics. Reports on the progress of this guideline will be reported via the standard governance processes already in place for each department. The lead of each department will be responsible for acting upon any problems or deficiencies identified in the system and act upon them.
Acting on recommendations and Lead(s)	The lead department is the Emergency Department and this department’s governance committee will be responsible for action planning based on the recommendations of any of the above processes. Required actions will be identified and completed in a timeframe specified by the lead committee based on the extent of any

	problems or changes encountered.
Change in practice and lessons to be shared	This procedure is already performed within the emergency department on a regular basis. This protocol is designed to formalize the procedure with respect to the specific problem of dislocated total hip replacements. Required changes to practice will be identified and actioned within a time frame suitable for change required. 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 through the standard governance pathways of each department involved in this practice.

## 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, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

### 4.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.



## Appendix 1. Governance Information

<b>Document Title</b>	Reduction of Dislocated Total Hip Replacements in the Emergency Department Clinical Guideline V1.0		
<b>Date Issued/Approved:</b>	8 <sup>th</sup> January 2020		
<b>Date Valid From:</b>	January 2020		
<b>Date Valid To:</b>	January 2023		
<b>Directorate / Department responsible (author/owner):</b>	Author: Andrew King, SpR in Trauma and Orthopaedics Owner: Joanne Bareham, Emergency Department Consultant		
<b>Contact details:</b>	<a href="mailto:andrewking3@nhs.net">andrewking3@nhs.net</a> <a href="mailto:joanne.bareham1@nhs.net">joanne.bareham1@nhs.net</a>		
<b>Brief summary of contents</b>	Protocol for the safe reduction of dislocated total hip replacements in the emergency department.		
<b>Suggested Keywords:</b>	Dislocation. Total Hip Replacement. Emergency Department. Safe Sedation.		
<b>Target Audience</b>	RCHT	CFT	KCCG
	✓		
<b>Executive Director responsible for Policy:</b>	Medical Director		
<b>Date revised:</b>	08/01/2020		
<b>This document replaces (exact title of previous version):</b>	New Document		
<b>Approval route (names of committees)/consultation:</b>	Clinical governance groups of the following departments: 1: Trauma and orthopaedics 2: Anaesthetics 3: Emergency Department		
<b>Care Group General Manager confirming approval processes</b>	Charlotte Timmins		
<b>Name and Post Title of additional signatories</b>	Not Required		
<b>Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings</b>	{Original Copy Signed}		
	Name: Suzanne Atkinson		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		

<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only	
<b>Document Library Folder/Sub Folder</b>	Clinical / Trauma and Orthopaedics			
<b>Links to key external standards</b>	None required			
<b>Related Documents:</b>	None			
<b>Training Need Identified?</b>	No. Emergency Department trainees will require training in safe sedation techniques that will occur as part of standard training. Trauma and orthopaedic trainees will receive training in relocating total hip replacements as part of standard training.			

### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
08/01/2020	V1.0	Initial version	Andrew King

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

**This document is to be retained for 10 years from the date of expiry.**  
**This document is only valid on the day of printing**

### **Controlled Document**

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

## Appendix 2. Initial Equality Impact Assessment Form

<b>Name of the strategy / policy / proposal / service function to be assessed</b> Reduction of Dislocated Total Hip Replacements in the Emergency Department Clinical Guideline V1.0					
<b>Directorate and service area:</b> Emergency Department			<b>New or existing document:</b> New		
<b>Name of individual completing assessment:</b> Andrew King			<b>Telephone:</b> 01872 250000		
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal /service function aimed at?</i>	This policy is aimed at all patients sustaining a dislocation of a total hip replacement.				
2. <i>Policy Objectives*</i>	To allow for the safe relocation in these dislocations in the emergency department.				
3. <i>Policy – intended Outcomes*</i>	To expedite the safe treatment of these patients in the emergency department and potentially avoiding the need for a visit to the operating theatre and potentially avoiding admission to hospital.				
4. <i>*How will you measure the outcome?</i>	The outcome of this policy will be monitored using standard clinical audit tools to assess the impact on the dislocated total hip replacement patient's journey through the trust.				
5. <i>Who is intended to benefit from the policy?</i>	All patients sustaining a dislocated total hip replacement.				
6a Who did you consult with	Workforce	Patients	Local groups	External organisations	Other
	X				
b). Please identify the groups who have been consulted about this procedure.	Clinical governance groups of the following departments: 1: Trauma and orthopaedics 2: Anaesthetics 3: Emergency Department				
What was the outcome of the consultation?	Agreed by all parties that this policy was safe, appropriate and fair.				

<b>7. The Impact</b>				
Please complete the following table. <b>If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.</b>				
Are there concerns that the policy <b>could</b> have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
<b>Age</b>		X		
<b>Sex</b> (male, female, trans-gender / gender reassignment)		X		
<b>Race / Ethnic communities /groups</b>		X		

<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		<b>X</b>					
<b>Religion / other beliefs</b>		<b>X</b>					
<b>Marriage and Civil partnership</b>		<b>X</b>					
<b>Pregnancy and maternity</b>		<b>X</b>					
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>X</b>					
<p><b>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</b></p> <ul style="list-style-type: none"> <li>You have ticked "Yes" in any column above and</li> <li>No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>Major this relates to service redesign or development</li> </ul>							
8. Please indicate if a full equality analysis is recommended.				<b>Yes</b>		<b>No</b>	<b>X</b>
9. If you are <b>not</b> recommending a Full Impact assessment please explain why.							
This policy covers a clinical procedure that is currently performed in the operating theatre. It is designed to allow this procedure to be safely performed in the emergency department and all patients will be assessed equally as they would have been when the procedure was being performed in the operating theatre.							
Date of completion and submission	10 <sup>th</sup> January 2020		Members approving screening assessment		Policy Review Group (PRG) <b>'APPROVED'</b>		

**This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.**

A summary of the results will be published on the Trust's web site.