

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

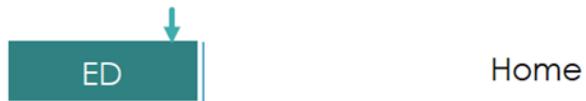
V2.0

April 2023

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
Contact: Joanne.bareham1@nhs.net

Anaesthetic medical staff
Contact: laraherbert@nhs.net

Trauma and Orthopaedic medical staff
Contact: shaunsexton@nhs.net

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

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 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 cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust 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 four 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”

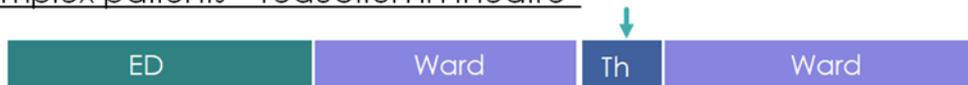
↓ Hip reduction



(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 be coded on Bluespier 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.
- 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

- If following a period of recovery from sedation patients 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.
- 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

Information Category	Detail of process and methodology for monitoring compliance
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	<ul style="list-style-type: none"> ▪ 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	<p>Initial trial period – 3 months</p> <p>Subsequent yearly reviews of practice.</p> <p>This can be modified if procedural problems are identified, or the process requires modification.</p>
Reporting arrangements	<p>Data will be presented as part of routine governance processes within each affected department. This will include ED, anaesthetics and trauma and orthopaedics.</p> <p>Reports on the progress of this guideline will be reported via the standard governance processes already in place for each department.</p> <p>The lead of each department will be responsible for acting upon any problems or deficiencies identified in the system and act upon them.</p>

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	<p>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.</p> <p>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.</p>
Change in practice and lessons to be shared	<p>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.</p>

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 and 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

Information Category	Detailed Information
Document Title:	Reduction of Dislocated Total Hip Replacements in the Emergency Department Clinical Guideline V2.0
This document replaces (exact title of previous version):	Reduction of Dislocated Total Hip Replacements in the Emergency Department Clinical Guideline V1.0
Date Issued/Approved:	March 2023
Date Valid From:	April 2023
Date Valid To:	April 2026
Directorate / Department responsible (author/owner):	Dr Jo Bareham ED Consultant and Dr Sarah Miller T and O
Contact details:	joanne.bareham1@nhs.net
Brief summary of contents:	Protocol for the safe reduction of dislocated total hip replacements in the emergency department.
Suggested Keywords:	Dislocation. Total Hip Replacement. Emergency Department. Safe Sedation.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Emergency Department Governance Meeting
General Manager confirming approval processes:	Jo Floyd
Name of Governance Lead confirming approval by specialty and care group management meetings:	Paul Evangelista
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified?	No. Emergency Department trainees will require training in safe sedation techniques that will occur as part of standard training. Trauma and

Information Category	Detailed Information
	orthopaedic trainees will receive training in relocating total hip replacements as part of standard training.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Trauma and Orthopedics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
08 January 2020	V1.0	Initial issue	Dr Andrew King
March 2023	V2.0	Full Update	Dr Joanne Bareham, ED Consultant

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. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Reduction of Dislocated Total Hip Replacements in the Emergency Department Clinical Guideline V2.0
Directorate and service area:	Emergency Department
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Joanne Bareham, ED Consultant
Contact details:	01872 252452

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This policy is aimed at all patients sustaining a dislocation of a total hip replacement.
2. Policy Objectives	To allow for the safe relocation in these dislocations in the Emergency Department.
3. Policy Intended Outcomes	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. How will you measure each outcome?	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. Who is intended to benefit from the policy?	All patients sustaining a dislocated total hip replacement.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: 1: Trauma and orthopaedics 2: Anaesthetics 3: Emergency Department
6c. What was the outcome of the consultation?	Agreed by all parties that this policy was safe, appropriate and fair.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: NO

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr Jo Bareham, ED Consultant

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)