

Evaluation of pre-operative analgesia received by patients admitted with fractured neck of femur at Worthing Hospital.

Dawe H, Holcombe-Law R A

Results

Background

- Pre-operative fascia iliaca compartment blocks (FIBs) provide safe and effective analgesia for patients with fractured neck of femur (#NOF)[1].
- Their use is recommended by the National Institute of Clinical Excellence (NICE) [2] and the Association of Anaesthetists of Great Britain and Ireland (AAGBI)[3].

Aims

- Our hospital pathway includes a fascia iliaca block performed in the A+E followed by regular modified release oxycodone and paracetamol. Immediate release oxycodone is administered as required.
- Patients occasionally receive a fascia iliaca catheter (FIC) with continuous infusion of local anaesthetic if surgery is likely to be delayed or is deemed inappropriate.
- This audit aimed to evaluate adherence to this protocol.

Methodology

- We retrospectively reviewed medical documentation from 20 patients presenting with #NOF to Worthing Hospital in July 2019.

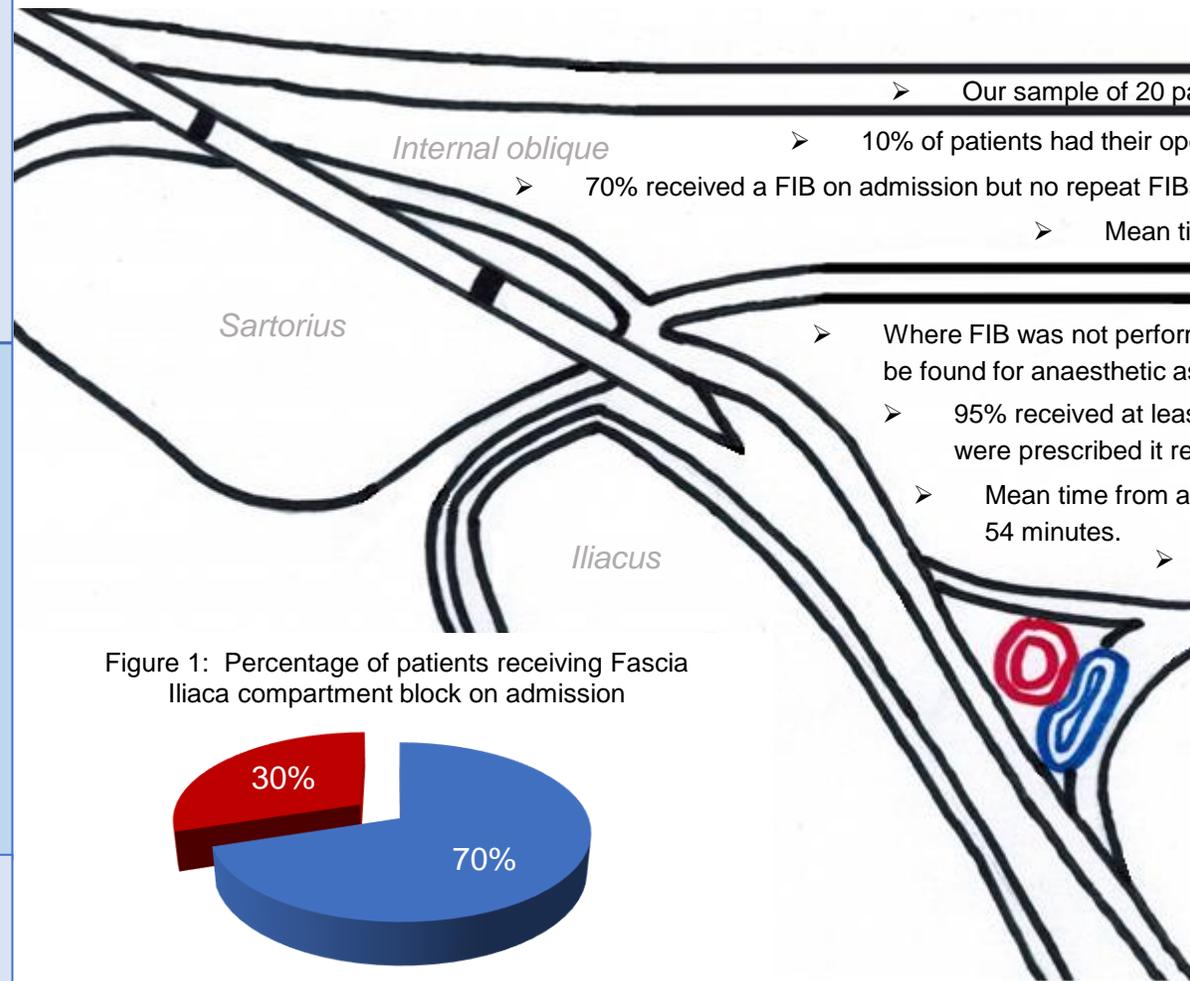
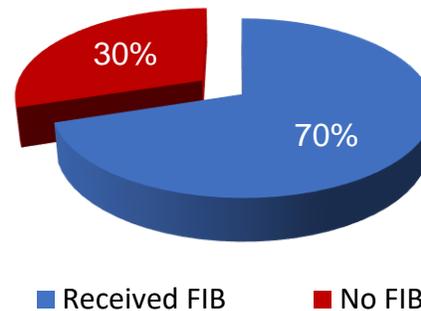


Figure 1: Percentage of patients receiving Fascia Iliaca compartment block on admission



References

- [1] Steenberg J and Møller A.M. Systematic review of the effects of fascia iliaca compartment block on hip fracture patients before operation. British Journal of Anaesthesia 2018; 120 (6): 1368-1380
- [2] National Institute of Clinical Excellence (NICE), updated 10th May 2017, Clinical Guidance 124 Hip fracture: Management.
- [3] AAGBI Management of proximal femoral fractures 2011

- Our sample of 20 patients consisted of thirteen females and seven males.
- 10% of patients had their operation performed more than 24 hours after admission.
- 70% received a FIB on admission but no repeat FIBs were performed and no FICs were inserted (Figure 1)
- Mean time from admission to FIB was 2 hours and 32 minutes.

- Where FIB was not performed due to technical difficulty, no documentation could be found for anaesthetic assistance being sought.
- 95% received at least one paracetamol dose pre-operatively, but only 50% were prescribed it regularly.
- Mean time from admission to oxycodone administration was 9 hours and 54 minutes.
- Mean oxycodone total dose per 24 hours was 23mg.
- Mean number of oxycodone PRN doses was 2.4.
- The patients requiring highest daily dose and highest PRN frequency both did not receive FIB.

Areas for improvement

Areas for improvement identified include:

- Liaising with the Emergency department to support FIB service.
- Education surrounding effective and safe prescribing.
- Working with the ward team to improve consideration of repeat FIB or possible FIC when surgery is delayed.