

**3.0 Specialist Assessment**  
 Assessment by on-call trauma team  
 WITHIN 1 HOUR OF REFERRAL  
 On call physician (consultant or med. reg.)  
 Assessment WITHIN 2-6 HOURS OF REFERRAL (dep. on time of day and need)  
 #NOF ICP IMPLEMENTED

**3.6 Discharge to rehabilitation**  
 DAY 5  
**3.7 Red Flags**

**4.0 Rehabilitation**  
 Admission to specialist rehabilitation bed  
 (e.g. Runcie, Gossams End, Whindmill, Langley, Hemel)  
 or home based rehab  
 or Nursing Home/ Residential Home

**3.1 Diagnostic thresholds and decision aids**

**4.1 Diagnostic thresholds and decision aids**

**3.2 Diagnostics (Dx)**

|   |  |  |
|---|--|--|
| <b>3.2.2 Imaging</b><br>X-ray<br>CXR (>75 yrs)<br>MRI<br>if indicated - | <b>3.2.3 Pathology</b><br>results available from 2.3.2<br>also cross match blood | <b>3.2.4 Physiological measurement</b><br>ECG<br>O2 Saturation |
|---|--|--|

GR - plan for MRI @ Westford  
 ID - not yet agreed money or finance to run it  
 will be 8/12 since get agreement on funding

**4.2 Diagnostics (Dx)**

|                                     |                             |                                      |                                    |
|-------------------------------------|-----------------------------|--------------------------------------|------------------------------------|
| <b>4.2.1 Cognitive reassessment</b> | <b>4.2.2 ADL assessment</b> | <b>4.2.3 Osteoporosis assessment</b> | <b>4.2.4 Falls risk assessment</b> |
|-------------------------------------|-----------------------------|--------------------------------------|------------------------------------|

CT Prospekt opening APU  
 is an extra  
 can't get MRI up by October  
 doing work on OPD MR  
 otherwise transfer in pts for MR

**3.3 Treatment thresholds and decision aids**

**4.3 Treatment thresholds and decision aids**

**3.4 Definitive Treatments (Tx)**

|   |   |  |  |  |
|---|---|--|--|--|
| <b>3.4.2 Admission</b><br>orthopaedic ward<br>WITHIN 4 HOURS OF ARRIVAL | <b>3.4.3 Physical</b><br>NEXT DAY MOBILISATION, TWICE DAILY PHYSIOTHERAPY, DAILY OT | <b>3.4.4 Medication</b><br>Thrombo-embolic prophylaxis<br>Antibiotic prophylaxis | <b>3.4.5 Preoperative Assessment</b><br>anaesthetist | <b>3.4.6 Dedicated Trauma List</b><br><br>HIP SURGERY WITHIN 24-48 hours of referral and during normal working hours |
|---|---|--|--|--|

**4.4 Definitive Treatments (Tx)**

|   |  |                               |                           |                                     |
|---|--|-------------------------------|---------------------------|-------------------------------------|
| <b>4.4.1 Inpatient MDT</b><br>social, nursing, medical, therapy | <b>4.4.2 medication</b><br>medication review and rationalisation | <b>4.4.3 Inpatient Physio</b> | <b>4.4.4 Inpatient OT</b> | <b>4.4.5 # Liaison</b>              |
|   |  |                               |                           | <b>4.4.6 Intermediate Care Team</b> |

**3.5 Monitoring and Review**  
 LOS - 5 DAYS  
 hemiarthroplasty only, not for DHS and check x-ray should be done unless specific instructions to the contrary from

**4.5 Rehabilitation and Review**  
 National Hip #database  
 LOS - 6 DAYS  
 falls prevention