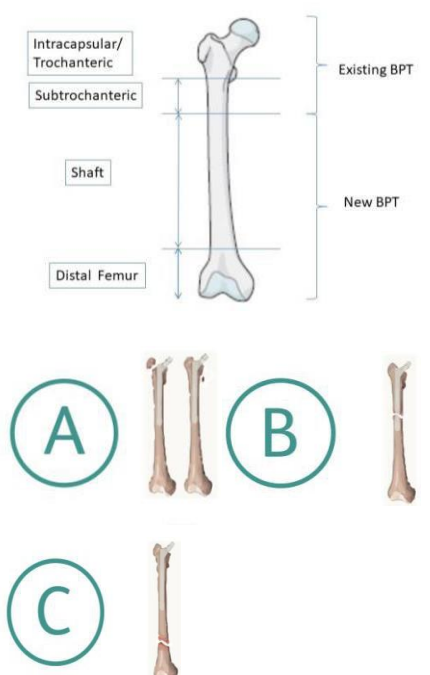


National Hip Fracture Database - Dataset specification v15.0 (2024)

(Applicable to patients with any form of hip/femoral fracture admitted from 1 Jan 2024)

Theatre Data Collection Sheet - Only for use in operating theatre – Only to be completed by theatre staff
All fields on this form must be completed.

| | |
|--|--|
| Date & time of surgery | Side of fracture (For bilateral fractures complete two forms) |
| __ / __ / ____ : __ : __ <input type="checkbox"/> No operation performed | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| Fracture Type | |
| <i>Note: The NHFD does not collect data for patients with isolated fractures of greater or lesser trochanters</i> | |
| <p>Hip Fracture</p> <input type="checkbox"/> Intracapsular – displaced <input type="checkbox"/> Intracapsular - undisplaced <input type="checkbox"/> Trochanteric <input type="checkbox"/> Intertrochanteric / Reverse oblique <input type="checkbox"/> Subtrochanteric <p>Femoral shaft fractures <i>Definition: A fracture 5 cm or more below the lesser trochanter and 5cm or more above the knee joint</i></p> <input type="checkbox"/> Femoral shaft <p>Distal femoral fracture <i>Definition: Fracture within 5cm of the knee joint line (=1 Muller square)</i></p> <input type="checkbox"/> Distal femoral – extra articular <input type="checkbox"/> Distal femoral –partial articular <input type="checkbox"/> Distal femoral – complete articular <p>Peri-prosthetic femoral fracture <i>Do not include acetabular/ pelvic or tibial fractures</i></p> <input type="checkbox"/> Peri-prosthetic, around a hip replacement – A (apophyseal) <input type="checkbox"/> Peri-prosthetic, around a hip replacement – B (around the stem) <input type="checkbox"/> Peri-prosthetic, around a hip replacement – C (distal to stem/ cement) <input type="checkbox"/> Peri-prosthetic, around a knee replacement – A (epicondyles) <input type="checkbox"/> Peri-prosthetic, around a knee replacement – B (involving implant/ cement) <input type="checkbox"/> Peri-prosthetic, around a knee replacement – C (proximal to implant/cement) <input type="checkbox"/> Peri-prosthetic, between a THR and a TKR – D (inter-prosthetic) <input type="checkbox"/> Peri-prosthetic, around previous fixation device – plate/screws <input type="checkbox"/> Peri-prosthetic, around previous fixation device – nail | <p style="text-align: center;">Femoral fracture BPT</p>  |
| Pathological | |
| <input type="checkbox"/> No <input type="checkbox"/> Malignancy <input type="checkbox"/> Atypical bisphosphonate type fracture (any site) | |

| ASA grade | Modes of anaesthesia used (Tick all which apply in this case) |
|--|--|
| <input type="checkbox"/> 1. A normal healthy patient <input type="checkbox"/> 2. A patient with mild systemic disease <input type="checkbox"/> 3. A patient with severe systemic disease <input type="checkbox"/> 4. A patient with severe systemic disease that is a constant threat to life <input type="checkbox"/> 5. A moribund patient who is not expected to survive without the operation <input type="checkbox"/> Unknown | <input type="checkbox"/> GA <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Intra-operative sedation <input type="checkbox"/> Intra-operative nerve-block <input type="checkbox"/> High volume peri-articular LA infiltration (by surgeon) |
| Operation performed | Reason if delay > 36 hours |
| <input type="checkbox"/> Internal fixation - Sliding hip screw <input type="checkbox"/> Internal fixation - Cannulated screws <input type="checkbox"/> Internal fixation - IM nail (long) <input type="checkbox"/> Internal fixation - IM nail (short) <input type="checkbox"/> Arthroplasty – Hemiarthroplasty (cemented) <input type="checkbox"/> Arthroplasty – Hemiarthroplasty (uncemented) <input type="checkbox"/> Arthroplasty – Primary THR (uncemented) <input type="checkbox"/> Arthroplasty – Primary THR (cemented) <input type="checkbox"/> Other Additional options for fractures of the distal femur or periprosthetic fractures: <input type="checkbox"/> Revision THR <input type="checkbox"/> Revision TKR <input type="checkbox"/> Internal fixation (plate +/- screws or cables) <input type="checkbox"/> Internal fixation - IM nail and plate <input type="checkbox"/> Revision THR & internal fixation (plate) <input type="checkbox"/> Revision TKR & internal fixation (plate) <input type="checkbox"/> Proximal femoral replacement <input type="checkbox"/> Distal femoral replacement <input type="checkbox"/> Total femoral replacement <input type="checkbox"/> Other | <input type="checkbox"/> No delay - surgery < 36hrs <input type="checkbox"/> Awaiting fracture diagnosis or confirmation (e.g. imaging) <input type="checkbox"/> Awaiting medical review /investigation or stabilisation <input type="checkbox"/> Delayed due to insufficient theatre capacity <input type="checkbox"/> Delayed for reversal of warfarin <input type="checkbox"/> Delayed for reversal of DOAC* <input type="checkbox"/> Delay due to appropriate surgeon / equipment not available <input type="checkbox"/> Other <input type="checkbox"/> Unknown <i>* Direct oral anticoagulants (DOACs) are apixaban, edoxaban, rivaroxaban and dabigatran (Do not record clopidogrel or prasugrel - they are antiplatelet drugs not DOACs)</i> |

| Grade of the senior <u>surgeon scrubbed in operating room</u> | Grade of the senior <u>surgeon present in operating room</u> | Grade of the senior <u>anaesthetist present in operating room</u> |
|---|---|---|
| <input type="checkbox"/> Consultant <input type="checkbox"/> Specialist/associate specialist <input type="checkbox"/> Specialty doctor/staff-grade <input type="checkbox"/> ST3+ <input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown | <input type="checkbox"/> Consultant <input type="checkbox"/> Specialist/associate specialist <input type="checkbox"/> Specialty doctor/staff-grade <input type="checkbox"/> ST3+ <input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown | <input type="checkbox"/> Consultant <input type="checkbox"/> Specialist/associate specialist <input type="checkbox"/> Specialty doctor/staff-grade <input type="checkbox"/> ST3+ <input type="checkbox"/> Below ST3 <input type="checkbox"/> Anaesthetic associate <input type="checkbox"/> Unknown |
| Documented that the patient is allowed to FULL weight-bear post-op.? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |