

National Hip Fracture Database

Dataset specification v14.0 (2022)

(Applicable to patients with any form of hip/femoral fracture admitted from 1 Jan 2022)

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 primary surgery	Side of fracture (For bilateral fractures complete two forms)
___ / ___ / _____ :__ :__ <input type="checkbox"/> No operation performed	<input type="checkbox"/> Left <input type="checkbox"/> Right
<p>Note: <i>The NHFD does not collect data for patients with isolated fractures of greater or lesser trochanter</i></p> <p>Hip Fracture</p> <p><input type="checkbox"/> Intracapsular - displaced</p> <p><input type="checkbox"/> Intracapsular - undisplaced</p> <p><input type="checkbox"/> Trochanteric - grade A1/A2</p> <p><input type="checkbox"/> Trochanteric - grade A3 (including reverse oblique)</p> <p><input type="checkbox"/> Subtrochanteric</p> <p>Femoral shaft fractures</p> <p><i>Definition: A fracture 5 cm or more below the lesser trochanter and 5cm or more above the knee joint</i></p> <p><input type="checkbox"/> Femoral shaft</p> <p>Distal femoral fracture</p> <p><i>Definition: Fracture involving within 5cm above knee joint (=1 Muller square)</i></p> <p><input type="checkbox"/> Distal femoral – Extra-articular</p> <p><input type="checkbox"/> Distal femoral – Intra-articular</p> <p>Peri-prosthetic femoral fracture</p> <p><i>Definition: Do not include acetabular/ pelvic or tibial fractures</i></p> <p><input type="checkbox"/> Peri-prosthetic, around a hip replacement – A (trochanteric)</p> <p><input type="checkbox"/> Peri-prosthetic, around a hip replacement – B (around the stem)</p> <p><input type="checkbox"/> Peri-prosthetic, around a hip replacement – C (distal to stem/ cement)</p> <p><input type="checkbox"/> Peri-prosthetic, around a knee replacement – A (epicondyles)</p> <p><input type="checkbox"/> Peri-prosthetic, around a knee replacement – B (involving implant/ cement)</p> <p><input type="checkbox"/> Peri-prosthetic, around a knee replacement – C (proximal to implant/cement)</p> <p><input type="checkbox"/> Peri-prosthetic, between a THR and a TKR – D (inter-prosthetic)</p> <p><input type="checkbox"/> Peri-prosthetic, around previous fixation device – plate/screws</p> <p><input type="checkbox"/> Peri-prosthetic, around previous fixation device – nail</p>	<div data-bbox="1050 712 1433 1211"> </div> <p>Femoral fracture BPT</p> <div data-bbox="970 1294 1362 1585"> </div> <div data-bbox="954 1659 1458 2056"> </div>

Pathological		
<input type="checkbox"/> Atypical bisphosphonate type subtrochanteric fracture <input type="checkbox"/> Malignancy <input type="checkbox"/> No <input type="checkbox"/> Unknown		
ASA grade		Type of anaesthesia (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"/> Internal fixation - IM nail WITH plate and screws combined <input type="checkbox"/> Arthroplasty – Unipolar hemi (uncemented – uncoated/ monoblock) <input type="checkbox"/> Arthroplasty – Unipolar hemi (uncemented – uncoated/ modular) <input type="checkbox"/> Arthroplasty – Unipolar hemi (uncemented - HA coated/ monoblock) <input type="checkbox"/> Arthroplasty – Unipolar hemi (uncemented - HA coated/ modular) <input type="checkbox"/> Arthroplasty – Unipolar hemi (cemented/ monoblock) <input type="checkbox"/> Arthroplasty – Unipolar hemi (cemented/ modular) <input type="checkbox"/> Arthroplasty - Bipolar hemi (uncemented - HA coated) <input type="checkbox"/> Arthroplasty - Bipolar hemi (cemented) <input type="checkbox"/> Arthroplasty - THR (uncemented - HA coated) <input type="checkbox"/> Arthroplasty - THR (cemented) <input type="checkbox"/> Arthroplasty - THR hybrid <input type="checkbox"/> Other		<input type="checkbox"/> No delay - surgery < 36hrs <input type="checkbox"/> Awaiting orthopaedic diagnosis/investigation <input type="checkbox"/> Awaiting medical review/investigation or stabilisation <input type="checkbox"/> Delayed for reversal of warfarin <input type="checkbox"/> Delayed for reversal of DOAC* <input type="checkbox"/> Delayed due to COVID-19 <input type="checkbox"/> Administrative/logistic - awaiting space on theatre list <input type="checkbox"/> Administrative/logistic - cancelled due to theatre over-run <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>
Femoral fracture at sites other than the hip may be coded using operations from the list above, or using one of the following additional options: <i>(these additional options are not to be used for patients with hip fracture)</i>		
<input type="checkbox"/> Plate(s) and screws/cables <input type="checkbox"/> Arthroplasty – revision TKR <input type="checkbox"/> Arthroplasty – revision THR (cemented) <input type="checkbox"/> Arthroplasty – revision THR (uncemented) <input type="checkbox"/> Arthroplasty – revision THR (Hybrid) <input type="checkbox"/> Arthroplasty – revision THR (reverse Hybrid) <input type="checkbox"/> Arthroplasty – primary TKR <input type="checkbox"/> Arthroplasty - excision		
Grade of the senior <u>surgeon scrubbed</u> in operating room	Grade of the senior <u>surgeon present in</u> operating room	Grade of the senior <u>anaesthetist present</u> in operating room
<input type="checkbox"/> Consultant <input type="checkbox"/> Associate specialist <input type="checkbox"/> Staff-grade/specialty doctor <input type="checkbox"/> ST3+ <input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown	<input type="checkbox"/> Consultant <input type="checkbox"/> Associate specialist <input type="checkbox"/> Staff-grade/specialty doctor <input type="checkbox"/> ST3+ <input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown	<input type="checkbox"/> Consultant <input type="checkbox"/> Associate specialist <input type="checkbox"/> Staff-grade/specialty doctor <input type="checkbox"/> ST3+ <input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown
Documented that the patient is allowed to FULL weight-bear post-op.?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		