



## National Hip Fracture Database - Dataset specification v15 (2024)

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

All fields on this form must be completed.

### 1. Patient information

<b>1.1 NHS / CHI number</b>	<b>1.2 Patient ID / Hospital number</b>
<b>1.3 First name</b>	<b>1.4 Surname</b>
<b>1.5 Date of birth</b> __ / __ / __	
<b>1.6 Sex</b> <i>Note: for those whose gender is different from their sex registered at birth, this answer does not need to be the same as their birth certificate.</i>	<b>1.7 Patient's post code</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	

### 2. Admission

<b>The whole of a patient's NHFD data entry is the responsibility of the operating/treating hospital</b>	
<b>3 letter NHFD code of the operating hospital</b>	<b>2.1 Date and time of first presentation to ED or trauma team in this <u>operating</u> hospital</b>
__ __ __	__ / __ / ____ : __

<b>Teams in a small number of hospitals have specialist pathways, accepting patients referred on from other NHFD hospitals (you should not complete this section for referrals from community hospitals, psychiatric hospitals, non-trauma hospitals in your local area)</b>	
<b>2.2 Was the patient transferred to this operating hospital from the trauma team in another <u>NHFD</u> hospital?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.2a If yes, 3 letter code of the <u>referring</u> hospital</b>	<b>2.2b If yes, date and time of first presentation to the ED or trauma team in <u>referring</u> hospital</b>
__ __ __ (If the referring hospital doesn't have a 3 letter NHFD code then you do not need to collect this data for it)	__ / __ / ____ : __
<b>2.3 Residence before this hospital admission</b>	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care

NHFD also seeks to identify whether hip fractures are due to inpatient falls in any hospital so that these can be flagged to the National Audit of Inpatient Falls (NAIF) to help local teams learn from them

<b>2.4 Was patient's initial presentation with a hip/femoral fracture via ED, as opposed to possibly having arisen while they were an inpatient?</b>	<b>2.5 Date/time of admission to an orthopaedic or orthogeriatric ward</b> <i>Note: the NHFD definition of the type of ward in this question does <u>not</u> include admission to a more general ward designed to accept all types of acute surgical patients</i>
<input type="checkbox"/> Yes – this patient sustained their hip fracture outside hospital <input type="checkbox"/> No – already inpatient on this hospital site <input type="checkbox"/> No – already inpatient in another hospital site of this Trust/HB <input type="checkbox"/> No – already inpatient in another Trust/HB	___ / ___ / _____ : ___  <input type="checkbox"/> Never admitted to orthopaedic/orthogeriatric ward
<b>2.6 Nerve block in ED or the ward before arrival in theatre suite (record the first nerve block if more than one)</b>	
<input type="checkbox"/> Yes – by ambulance staff <input type="checkbox"/> Yes – in Emergency Department <input type="checkbox"/> Yes – in ward before going to theatre <input type="checkbox"/> No – offered but patient refused	<input type="checkbox"/> No – systemic contraindication ( <i>an issue with the patient e.g local anaesthetic allergy, too agitated</i> ) <input type="checkbox"/> No – local contraindication ( <i>an issue at the injection site e.g. previous femoral bypass graft, hernia, skin infection</i> ) <input type="checkbox"/> Not done/not documented/unknown

### 3. Assessment

<b>3.1 Pre-fracture mobility</b>																									
<input type="checkbox"/> Freely mobile without aids <input type="checkbox"/> Mobile outdoors with one aid <input type="checkbox"/> Mobile outdoors with two aids or frame	<input type="checkbox"/> Some indoor mobility but never goes outside without help <input type="checkbox"/> No functional mobility (using lower limbs) <input type="checkbox"/> Unknown																								
<b>3.2 Pre-operative 4AT</b> <i>Provide the AMTS score or the 4AT score (recommended). The pre-op AMTS will be replaced by 4AT from April 2024 when BPT will require 4AT to be completed.</i>																									
<input type="checkbox"/> 4AT assessment prior to operation ( <i>recommended</i> ) <input type="checkbox"/> AMTS prior to operation _____/10 <input type="checkbox"/> Not done/patient refused																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3"></th> <th style="text-align: right;"><i>Score / Total</i></th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">a. Alertness</td> <td style="width: 20%;">0 (Normal)</td> <td style="width: 20%;">4 (Abnormal)</td> <td style="width: 20%; text-align: right;">/ 4</td> </tr> <tr> <td>b. AMT4</td> <td>0 (No mistakes)</td> <td>1 (One mistake)      2 (Two mistakes)</td> <td style="text-align: right;">/ 2</td> </tr> <tr> <td>c. Attention</td> <td>0 (No mistakes)</td> <td>1 (One mistake)      2 (Two mistakes)</td> <td style="text-align: right;">/ 2</td> </tr> <tr> <td>d. Acute change or fluctuating course</td> <td>0 (No change)</td> <td>4 (Change)</td> <td style="text-align: right;">/ 4</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total</td> <td style="text-align: right;">/ 12</td> </tr> </tbody> </table>					<i>Score / Total</i>	a. Alertness	0 (Normal)	4 (Abnormal)	/ 4	b. AMT4	0 (No mistakes)	1 (One mistake)      2 (Two mistakes)	/ 2	c. Attention	0 (No mistakes)	1 (One mistake)      2 (Two mistakes)	/ 2	d. Acute change or fluctuating course	0 (No change)	4 (Change)	/ 4	Total			/ 12
			<i>Score / Total</i>																						
a. Alertness	0 (Normal)	4 (Abnormal)	/ 4																						
b. AMT4	0 (No mistakes)	1 (One mistake)      2 (Two mistakes)	/ 2																						
c. Attention	0 (No mistakes)	1 (One mistake)      2 (Two mistakes)	/ 2																						
d. Acute change or fluctuating course	0 (No change)	4 (Change)	/ 4																						
Total			/ 12																						
<b>3.3 ASA grade</b>	<b>3.4 Nutritional risk assessment performed on admission</b>																								
<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. 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"/> Yes – assessment indicates malnourished <input type="checkbox"/> Yes – assessment indicates at risk of malnutrition <input type="checkbox"/> Yes – assessment indicates normal <input type="checkbox"/> No																								

**3.5 Bone protection being taken prior to the hip/femoral fracture** (if more than one type has been taken then record the most recent treatment)

- |   |  |
|---|--|
| <input type="checkbox"/> Alfacalcidol or Calcitriol | <input type="checkbox"/> Romosozumab                             |
| <input type="checkbox"/> Alendronate                | <input type="checkbox"/> Teriparatide                            |
| <input type="checkbox"/> Denosumab                  | <input type="checkbox"/> Zoledronate                             |
| <input type="checkbox"/> Ibandronate                | <input type="checkbox"/> Not taking any of these bone treatments |
| <input type="checkbox"/> Risedronate                |  |

## 4. Fracture

### 4.1 Side of fracture

- Left     Right

### 4.2 Type of fracture

#### Fracture location:

- Hip fracture  
 Femoral shaft fracture  
 Distal femoral fracture  
 Peri-prosthetic femoral fracture

#### Fracture type:

- |   |   |
|---|---|
| <input type="checkbox"/> Intracapsular – displaced                    | <input type="checkbox"/> Peri-prosthetic around a hip replacement - A (apophyseal)                  |
| <input type="checkbox"/> Intracapsular - undisplaced                  | <input type="checkbox"/> Peri-prosthetic around a hip replacement - B (around the stem)             |
| <input type="checkbox"/> Trochanteric                                 | <input type="checkbox"/> Peri-prosthetic around a hip replacement - C (distal to stem/cement)       |
| <input type="checkbox"/> Intertrochanteric / Reverse oblique          | <input type="checkbox"/> Peri-prosthetic around a knee replacement - A (epicondyles)                |
| <input type="checkbox"/> Subtrochanteric                              | <input type="checkbox"/> Peri-prosthetic around a knee replacement - B (involving implant/cement)   |
| <input type="checkbox"/> Femoral shaft fracture                       | <input type="checkbox"/> Peri-prosthetic around a knee replacement - C (proximal to implant/cement) |
| <input type="checkbox"/> Distal femoral fracture – extra articular    | <input type="checkbox"/> Peri-prosthetic between a THR and a TKR - D (inter- prosthetic)            |
| <input type="checkbox"/> Distal femoral fracture –partial articular   | <input type="checkbox"/> Peri-prosthetic around previous fixation device – plate/screws             |
| <input type="checkbox"/> Distal femoral fracture - complete articular | <input type="checkbox"/> Peri-prosthetic around previous fixation device – nail                     |

### 4.3 Pathological

- No  
 Malignancy  
 Atypical bisphosphonate type fracture (any site)

## 5. Surgery

### 5.1 was an operation performed

- |   |   |
|---|---|
| <input type="checkbox"/> Yes ( <b><i>please complete theatre data form</i></b> )  | <input type="checkbox"/> No - Surgery not possible for this patient ( <i>e.g. patient too unwell, patient refused</i> ) |
| <input type="checkbox"/> No - Surgery not indicated for this fracture ( <i>e.g. fracture impacted, already healed/healing</i> ) | <input type="checkbox"/> No - patient died before surgery could take place  |

## 6. Post surgery

<b>6.1 Assessed by physiotherapist on the day of or day after surgery</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.2 'Out of bed' on day of or day following surgery</b> <i>Was the patient helped or hoisted to stand or sit out of bed by the day after operation; if not then select one option that describes the main reason why not</i>		
<input type="checkbox"/> Yes - physiotherapist	<input type="checkbox"/> No - patient too agitated or confused	
<input type="checkbox"/> Yes - other ward staff	<input type="checkbox"/> No - other documented clinical contraindication	
<input type="checkbox"/> No - inadequate post-op. pain control	<input type="checkbox"/> No - lack of staff or other resources	
<input type="checkbox"/> No - symptomatic hypotension	<input type="checkbox"/> No - other	
<b>6.3 If assessed by a geriatrician, what was their grade</b> <i>BPT and KPI1 both require assessment by a consultant, specialist/associate specialist, specialty doctor/staff-grade, or registrar at grade ST3 or above</i>		<input type="checkbox"/> Consultant <input type="checkbox"/> Below ST3 <input type="checkbox"/> Specialist/associate specialist <input type="checkbox"/> Unknown <input type="checkbox"/> Specialty doctor/staff-grade <input type="checkbox"/> Not seen <input type="checkbox"/> ST3+
<b>6.3a Date and time assessed by geriatrician</b> <i>For patients referred from one NHFHD hospital for surgery in another this date/time is when which they were first seen by an orthogeriatrician in the <u>second, operating/treating hospital</u></i>		___ / ___ / _____ :__
<b>6.4 Specialist falls assessment</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.5 Did patient acquire a new pressure ulcer (of Grade 2 or above) during the acute admission?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>6.6 Bone protection medication plan after hip/femoral fracture</b>		
<input type="checkbox"/> Alfacalcidol or Calcitriol <input type="checkbox"/> Alendronate <input type="checkbox"/> Denosumab <input type="checkbox"/> Ibandronate	<input type="checkbox"/> Risedronate <input type="checkbox"/> Romosozumab <input type="checkbox"/> Teriparatide <input type="checkbox"/> Zoledronate	<input type="checkbox"/> Assessed – no bone protection medication needed/appropriate <input type="checkbox"/> Informed decline – patient decided not to take offered treatment <input type="checkbox"/> On no treatment – pending DXA scan or bone clinic assessment <input type="checkbox"/> No assessment or action taken

## 7. Post-operative 4AT

<b>7.1 Repeat 4AT after operation</b>				
<input type="checkbox"/> Assessed by the 3rd day after surgery, as required for KPI5 ( <i>care will be eligible for BPT</i> ) <input type="checkbox"/> Assessed after the 3rd day but before the 7th day after surgery ( <i>care will be eligible for BPT</i> ) <input type="checkbox"/> Not done by the 7th day after surgery ( <i>care will <u>not</u> be eligible for BPT</i> ) <input type="checkbox"/> Not done/patient refused				
				<i>Score / Total</i>
a. Alertness	0 (Normal)	4 (Abnormal)		/ 4
b. AMT4	0 (No mistakes)	1 (One mistake)	2 (Two mistakes)	/ 2
c. Attention	0 (No mistakes)	1 (One mistake)	2 (Two mistakes)	/ 2
d. Acute change or fluctuating course	0 (No change)	4 (Change)		/ 4
			Total	/ 12

## 8. Discharge

<b>8.1 Date of discharge from acute orthopaedic ward</b>	<b>8.3 Date of final discharge from Trust/Health Board</b>
___ / ___ / _____	___ / ___ / _____
<b>8.2 Discharge destination from acute orthopaedic ward</b>	<b>8.4 Discharge destination from Trust/Health Board</b>
<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in this Trust/HB <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust/HB <input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead (please complete section 8.5) <input type="checkbox"/> Other	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust/HB <input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead <input type="checkbox"/> Other <input type="checkbox"/> Unknown

## 9. Re-operations

<b>9.1 Reoperation within 120 days of admission to the ED</b> <i>Note: Tick all which apply</i>	
<input type="checkbox"/> None <input type="checkbox"/> Reduction of dislocated prosthesis <input type="checkbox"/> Washout or debridement <input type="checkbox"/> Implant removal <input type="checkbox"/> Revision of internal fixation <input type="checkbox"/> Revision of arthroplasty	
<input type="checkbox"/> Conversion to Hemiarthroplasty <input type="checkbox"/> Conversion to THR <input type="checkbox"/> Girdlestone/excision arthroplasty <input type="checkbox"/> Surgery for periprosthetic fracture <input type="checkbox"/> Unknown	
<b>9.1a Was this operation due to infection?</b>	<input type="checkbox"/> Yes - infection suspected and proven by deep samples at time of operation <input type="checkbox"/> Yes - infection suspected but not proven by deep samples at time of operation <input type="checkbox"/> No

## 10. Follow-up at 120 days

<b>10.1 Date patient contacted (successfully or unsuccessfully)</b>	-- / -- / ---- or <input type="checkbox"/> Patient could not be contacted	
<b>10.2 Residential status</b>	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in this Trust/Health Board <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust/Health Board	<input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<b>10.3 Post fracture mobility</b>	<input type="checkbox"/> Freely mobile without aids <input type="checkbox"/> Mobile outdoors with one aid <input type="checkbox"/> Mobile outdoors with two aids or frame <input type="checkbox"/> Some indoor mobility but never goes outside without help <input type="checkbox"/> No functional mobility (using lower limbs) <input type="checkbox"/> Unknown	
<b>10.4 Bone protection medication</b>	<input type="checkbox"/> Yes – continues on the same bone therapy as was recommended at discharge <input type="checkbox"/> Yes – continues on another bone therapy, started after discharge <input type="checkbox"/> No longer appropriate (stopped by clinician) <input type="checkbox"/> No longer taking therapy (stopped by patient) <input type="checkbox"/> No bone therapy started	

All data must be submitted electronically at: [www.nhfd.co.uk](http://www.nhfd.co.uk)

Users wishing to import data should refer to the import notes and specifications available on the website.

**The Royal College of Physicians**  
**FFFAP Team / CQID**  
**020 3075 2395**  
[nhfd@rcp.ac.uk](mailto:nhfd@rcp.ac.uk)

# Dataset V15 User notes

## Inclusion and exclusion criteria

### **Inclusion criteria:**

All patients aged 60 and over with a fracture involving the hip, femoral shaft or distal femur should be included.

All patients aged 60 and over with a pathological hip, femoral shaft or distal femur fracture should be included.

### **Exclusion criteria:**

Patients who present late with hip/femoral fracture (eg at an outpatient appointment) should not be included.

Patients with an incidental finding of hip/femoral fracture (old undiagnosed fracture) should not be included.

### **Failed conservative management**

Patients who require surgery due to failed conservative management of hip/femoral fracture should not be entered a second time at the time of surgery, their NHFD data should be recorded under their original presentation.

### **Poly trauma and high impact hip fracture**

Patients who sustain a high impact hip/femoral fracture in the context of poly-trauma such as an RTC need not be included, unless the hip fracture is the primary focus of medical and surgical care.

**Bilateral hip/femoral fracture** – make a duplicate entry for each hip/femoral fracture; one for the left side and one for the right side. If the patient dies remember to record the patient's death on both records. Similarly when the patient is discharged remember to record the discharge details on both records.

**Simultaneous multiple fractures** – when a patient suffers simultaneous fractures at more than one site within the same femur the care given in respect of the hip fracture should take precedence, and other fractures need not be recorded (just as second fractures, such as of the wrist, are ignored when entering data on a hip fracture).

**Duplicate entries** – other than for bilateral hip/femoral fracture patients your data should not contain any duplicate records. If the patient dies after discharge the death could be recorded twice against your hospital.

**Data quality audit** – we recommend the NHFD Lead Clinician audits all records entered into the NHFD. Poor data quality may significantly exacerbate random fluctuations in hip fracture mortality triggering a false positive mortality alert or alarm of your site as an outlier for mortality. Data quality is your responsibility.

**Thank you for your continuing support of the National Hip Fracture Database.**