

OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH A FRACTURED NECK OF FEMUR

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

This Occupational Therapy (OT) guideline has been agreed with the OT manager for the acute Hospitals NHS Trust in Worcestershire to be used with patients following a fractured neck of femur

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All qualified and unqualified Occupational Therapy staff working in trauma and orthopaedics

Lead Clinician(s)

Beverley Phillips	Occupational Therapy Clinical Team Lead, WRH
Karen Grinsted	Occupational Therapy Clinical Specialist, Alex

Approved by :

Trauma and Orthopaedic OT Clinical Governance Group on 19/9/18

19TH September 2018

Therapies Clinical Governance Group 28/11/18

28th November 2018

OT Clinical Governance Group on 3/10/18

3rd October 2018

Review Date:

This is the most current document and should be used until a revised version is in place

28th November 2020

Key amendments to this guideline

Date	Amendment	Approved by:
<u>02/06/13</u>	To complete AMT in neck of femur pathway for all patients	OT Trauma and Orthopaedic Clinical Governance Group
<u>10/6/15</u>	Identify cause of fall and discuss with MDT, issue home safety check booklet, referral to patient flow for support/rehab, patients are now seen on bank holidays, patients from residential homes are now seen routinely.	OT Trauma and Orthopaedic Clinical Governance Group
August 2017	Document extended for 6 months as per TMC paper approved 22 nd July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
August 2018	Document extended for 6 months as per email from Julie Elliot while new manager is in place and document new key document page approved	Julie Elliot
August 2018	Removal of hip precautions for hemi arthroplasty OT protocol amended.	OT Trauma and Orthopaedic Clinical Governance Group and OT clinical governance group Therapy management clinical governance group

INTRODUCTION:

All OT staff working in an Orthopaedic area should be aware of the existence of the guideline and the location of where a copy is kept. All intervention should be clearly documented and signed in the neck of femur pathway in the medical notes.

Patients are referred to occupational therapy because they are experiencing some degree of limitation in their occupational performance (self care, transfers, domestic tasks and cognition) following their surgery.

All neck of femur patients are routinely assessed other than those from care home environments. These patients need to be referred on an individual basis.

**OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT
PROTOCOL FOR PATIENTS WITH A FRACTURED NECK OF FEMUR
(NOF)**

Pre-op:

- Screening assessment of patients occupational performance and environment if the patient consents to intervention or contact next of kin if patient lacks capacity.
- Establish Occupational Therapy intervention plan to facilitate discharge..
- Issue height measurement sheet (HMS) if required.
- Issue Age UK home safety checker booklet.

Post –op:

(Day 1 = the first day after the operation date)

Day 1

- Check consultants post operative management plan
- If the patient has had a hemiarthroplasty recommend patients to avoid any extreme movement or positions that may cause undue discomfort.
- Complete post op AMT and 4AT with consent.
- Screening assessment of patient’s occupational performance and environment. if the patient consents to intervention or contact next of kin if patient lacks mental capacity, if not already completed.
- Establish Occupational Therapy intervention plan to facilitate discharge if not already completed..
- Issue height measurement sheet (HMS) if required if not already issued.
- Issue Age UK home safety checker booklet if not already issued.
- Identify cause of fall and if appropriate discuss with the orthogeriatrician /MDT .
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan.

Day 2 onwards

Assess daily living tasks as appropriate in line with the occupational therapy intervention plan.

Consider the provision of short term loan equipment for discharge to the home environment to facilitate independence.

In consultation with patient, MDT and family refer on to PW1(or equivalent if out of area) for assistance with ongoing rehab/package of care at home if required.

For those patients who are unable to complete the OT intervention plan in the acute setting they will require referral for PW2 ongoing in patient rehab in consultation with patient, MDT and family if appropriate.

Discharge Criteria To be discharged from occupational therapy once the occupational therapy intervention plan is complete.

MONITORING TOOL

- How will monitoring be carried out?
Audit of OT notes
- Who will monitor compliance with the guideline?
Band 8a/7 Occupational therapist

Item	%	Exceptions
# NOF patients will be screened within 2 working days of referral date.	95%	Weekends Patient Medically-unwell

REFERENCES

- In-patient Occupational Therapy Assessment and Treatment procedure - WAHNNHST
- Fractured neck of femur care pathway – WAHNNHST
- NICE guidelines for hip fractures

CONTRIBUTION LIST

Key individuals involved in developing the document

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