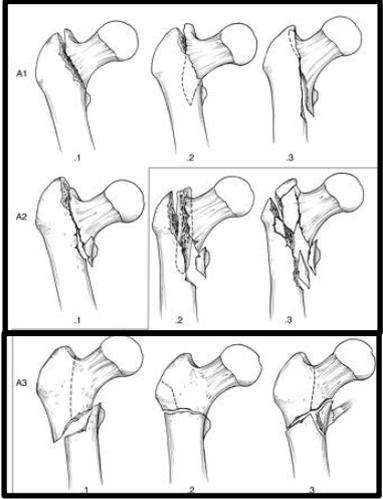
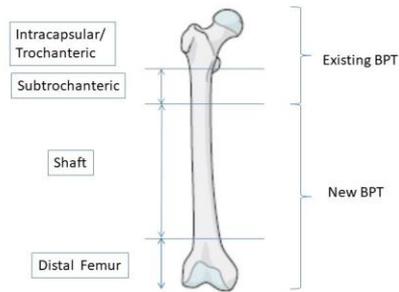


National Hip Fracture Database

Dataset specification v13.0 (2020)

(Applicable to patients with any form of hip/femoral fracture admitted from 1 Jan 2020)

Theatre Data Collection Sheet - Only for use in operating theatre – Only to be completed by theatre staff

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
Type of fracture (Please note that selecting the correct fracture type affects the measurement of compliance with NICE guidance)	
<p>Hip Fracture</p> <input type="checkbox"/> Intracapsular - displaced <input type="checkbox"/> Intracapsular - undisplaced <input type="checkbox"/> Trochanteric - grade A1/A2 <input type="checkbox"/> Trochanteric - grade A3 (including 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 involving within 5cm above knee joint (=1 Muller square)</i></p> <input type="checkbox"/> Distal femoral – Extra-articular <input type="checkbox"/> Distal femoral – Intra-articular <p>Peri-prosthetic femoral fracture <i>Definition: Do not include acetabular/ pelvic or tibial fractures</i></p> <input type="checkbox"/> Peri-prosthetic, around a hip replacement – A (trochanteric) <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 <input type="checkbox"/> Peri-prosthetic, around previous fixation device – nail	<div data-bbox="925 817 981 896"> <p>A1/ A2</p> </div>  <p>A3</p> <p>Femoral fracture BPT</p>  <div data-bbox="933 1736 1021 1848"> <p>A</p> </div>  <div data-bbox="933 1892 1021 2004"> <p>B</p> </div>  <div data-bbox="933 2027 1021 2139"> <p>C</p> </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	B M	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 – 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"/> 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 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 senior surgeon present in operating room	Grade of senior anaesthetist present 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