

= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

TOTAL HIP JOINT REPLACEMENT DISLOCATION

Date: _____ Time: _____ Assessment nurse: _____ Sign: _____

INCLUSION CRITERIA

THJR dislocation suspected

EXCLUSION CRITERIA

Any major injury or acute medical instability

Select Treatment Pathway on Whiteboard
*Enter actual time started
Data collected for Ministry of Health*

ALLOCATE DIRECTLY TO RESUS

STOP! Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT *Aim < 30 minutes*

Request Radiology ASAP *Nurse initiated. E-radiology PATHWAYS. Portable pelvis AP & lateral*

IV access (+/- bloods) *Bloods only if there was a collapse or clinical concern:
✓ General panel ✓ Coagulation studies if indicated:
• Warfarin: INR only
• Other anticoagulants / coagulation disorders: Coag studies*

Pain score /10 *Nurse initiated analgesia. Formulary page 4*

ECG

Provide patient information sheet *In Bundle pack or BCB page, EM CeDDS*

RED FLAGS *All Red Flags boxes must be populated* = YES = NO

<input type="checkbox"/> Abnormal vital signs	<input type="checkbox"/> Shortness of breath (<i>new</i>)	<input type="checkbox"/> Seizure (<i>pre / post fall</i>)	<input type="checkbox"/> Other significant injuries
<input type="checkbox"/> Head injury	<input type="checkbox"/> Chest pain (<i>active / recent</i>)	<input type="checkbox"/> Collapse ? cause	<input type="checkbox"/> Decreased LOC (<i>new</i>)

NO RED FLAGS Continue Best Care Bundle

RED FLAGS PRESENT (ANY) → Senior Dr review ASAP (*SMO / Senior Registrar*)
Dr Name: _____ Sign: _____

Continue Best Care Bundle. Intervention if any: _____

Exit Care Bundle: Reason: _____
↳ Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff

NEUROVASCULAR OBSERVATIONS *done on the injured limb - Q 30 mins please*

	Time	:	:	:	:	:	:	:
	<i>Nurse sign</i>							
Color	(P) Pink (D) Dusky (B) Blue (W) White							
Temperature	(W) Warm (C) Cool							
Sensation	(N) Normal (D) Dull (T) Tingling (A) Absent							
Pulse	(S) Strong, (W) Weak (A) Absent							
Cap Refill	(B) Brisk, (S) Sluggish							



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PROCEDURAL SEDATION CHECKLIST

** PLEASE COMPLETE THIS PAGE. KPI FOR THIS BEST CARE BUNDLE. USED FOR AUDIT PURPOSES

? ANY POTENTIAL CONTRAINDICATIONS TO REDUCTION IN ED	STOP!								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Young patient (< 50) (<i>relative</i>)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Previous failed ED reductions</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> First time dislocations (<i>relative</i>)</td> <td style="border: none;"><input type="checkbox"/> Difficult airway expected</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Recent surgery (< 6 weeks)</td> <td style="border: none;"><input type="checkbox"/> Clinical concern re sedation risk</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Complicated hip (<i>Revisions, dysplastic hips, non-standard components or constrain devices</i>)</td> <td style="border: none;"><i>See EM CeDDS 'Notes on procedural sedation'</i></td> </tr> </table>	<input type="checkbox"/> Young patient (< 50) (<i>relative</i>)	<input type="checkbox"/> Previous failed ED reductions	<input type="checkbox"/> First time dislocations (<i>relative</i>)	<input type="checkbox"/> Difficult airway expected	<input type="checkbox"/> Recent surgery (< 6 weeks)	<input type="checkbox"/> Clinical concern re sedation risk	<input type="checkbox"/> Complicated hip (<i>Revisions, dysplastic hips, non-standard components or constrain devices</i>)	<i>See EM CeDDS 'Notes on procedural sedation'</i>	<div style="font-size: 2em; font-weight: bold;">→</div> <p><input type="checkbox"/> YES to any</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>? Reduction in theatre</p> <p><i>Discuss with SMO & ORTHO</i></p> </div>
<input type="checkbox"/> Young patient (< 50) (<i>relative</i>)	<input type="checkbox"/> Previous failed ED reductions								
<input type="checkbox"/> First time dislocations (<i>relative</i>)	<input type="checkbox"/> Difficult airway expected								
<input type="checkbox"/> Recent surgery (< 6 weeks)	<input type="checkbox"/> Clinical concern re sedation risk								
<input type="checkbox"/> Complicated hip (<i>Revisions, dysplastic hips, non-standard components or constrain devices</i>)	<i>See EM CeDDS 'Notes on procedural sedation'</i>								

MONITORING & O ₂ MUST MEET ALL	RESUSCITATION EQUIPMENT <i>available in the room</i>
<input type="checkbox"/> Cardiac monitoring (<i>continuous</i>) <input type="checkbox"/> Blood pressure (<i>auto cycle q5 min</i>) <input type="checkbox"/> SPO ₂ probe on <input type="checkbox"/> EtCO ₂ attached <input type="checkbox"/> NP oxygen on <input type="checkbox"/> Pre-oxygenated for 3 minutes	<input type="checkbox"/> BVM connected to O ₂ and working <input type="checkbox"/> Suction checked <input type="checkbox"/> Guedel airway sized and out <input type="checkbox"/> Laryngoscope & blade out and working <input type="checkbox"/> Correct size ETT and LMA out <input type="checkbox"/> Surgical airway kit located

CHECK PATIENT	CHECK TEAM
<input type="checkbox"/> Airway assessment and ASA score documented <input type="checkbox"/> Previous anaesthetic issues reviewed <input type="checkbox"/> Allergies documented and reviewed <input type="checkbox"/> Fasting status documented and acceptable <input type="checkbox"/> IV access: patent & connected to 1L NAACL & 'Tuta' set	<input type="checkbox"/> Proceduralist to perform reduction <input type="checkbox"/> Doctor with suitable airway experience <input type="checkbox"/> Nurse <input type="checkbox"/> Emergency airway plan vocalised

PROCEDURE NOTE: please complete: KPI for this Bundle	
Documentation	<input type="checkbox"/> Written consent <i>page 3</i> <input type="checkbox"/> Regional Procedural Sedation book completed
Sedating clinician:	
Pre-oxegenation started:	Sedation commenced:
Procedural drugs:	in total
	in total
	in total
Reduction:	<input type="checkbox"/> Successful → <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Difficult <i>describe:</i>
	<input type="checkbox"/> Not successful → <input type="checkbox"/> Reattempt in ED <i>Ortho team to be involved in 2nd attempt</i> <input type="checkbox"/> Reduction in theatre
Post reduction X-Ray:	<input type="checkbox"/> No fracture <input type="checkbox"/> Fracture <i>describe:</i>
Zimmer splint:	<input type="checkbox"/> Do not apply <input type="checkbox"/> Please apply <i>see guide on page 4</i>
Complications (if any):	<input type="checkbox"/> None
Additional notes:	



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CONSENT TO TREATMENT

IF YOU NEED A TRAINED INTERPRETER - PLEASE ASK YOUR DOCTOR / NURSE

Maori: Memea koare koe e mohio ki te korero whaaki ngai ki te takuta (korero)

Samoan: Afai ete le malamalama ile gagana fa'a peretania f'amolemole talanoa ilau form'i

Tongan: Ka'olu 'ikai ke mahino kiate koe 'a e lea fakapilitani fakamolemole 'o tala ki ho'o toketa

Chinese: 如果您需要一位专业的翻译员，请告知您的医生或护士

Korean: 전문 통역사가 필요하신 경우 의사 혹은 간호사에게 문의하세요

Niuean: Ka ai iloa poke ai maama e kow e vagahau faka peritania fak amolemole talaage ke he ekekafo (toketa)

Cook Island: Me kare koe marama I te tuatua papaa e akakite mai ki te taote

Interpreter required Yes / No

Language spoken: _____

SURGERY/PROCEDURE/TREATMENT

____ / ____ / ____ (Date) I, _____ being the proposed patient

or next of Kin / Guardian / Legal representative (circle one) of _____
(Name of person undergoing procedure)

- I agree to the following procedure / treatment:

Relocation of dislocated hip joint prosthesis under procedural sedation

- I agree that I have been able to discuss this with Dr _____ (name) _____ (designation) whose signature appears below.

- He / She has explained the possible benefits and risks to me of the surgery / procedure / treatment relating to my clinical history and presentation. The risk include but are not limited to:

Allergy / anaphylaxis (severe allergy) / aspiration (inhaling stomach content) / respiratory depression (stopping breathing) / hypotension (low blood pressure) / heart rhythm abnormalities / failure of the procedure (unable to put the hip joint back) / emergence phenomenon (bad dreams) / nausea and vomiting

- I have read and understood the patient information sheet, and I have had my questions answered
- I agree to such further emergency measures that are directly related to the surgery / procedure / treatment and are necessary to save my life
- I agree to have samples of my blood tested for transmittable diseases is a health worker is directly exposed to my blood
- Acknowledge that no assurance has been given that the operation will be performed by any particular surgeon

____ (Signature) _____ (Signature)
Patient / Next Of Kin / Guardian Interpreter

____ (Dr Signature) ____ / ____ / ____

PLEASE NOTE: If you are aware of any reason why others should be consulted about this consent either legally as in the case of joint guardianship or for cultural reasons please discuss this with your doctor or nurse



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FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**

ALL MEDICATIONS MUST BE CHARTED ON THE NATIONAL MEDICATION CHART

ANALGESIA & ANTIEMETICS FOR USE IN ED

Medication	Dose	Route	Freq	Notes
Paracetamol	1 g	IV	6 hourly	Reduce dose if <50 kg. Standing Order
Morphine as per protocol	0.5 - 2 mg	IV	3 minutes	Ensure RR > 8. Alternative Fentanyl
Morphine standing order	up to 5 mg	IV	slow bolus	Ensure RR > 8. Standing Order
Fentanyl as per protocol	10 - 20 mcg	IV	3 minutes	Ensure RR > 8. Choice in sensitive patients
Ondansetron	4 - 8 mg	IV	6 hourly	First 4mg standing order
Cyclizine	12.5 - 25 mg	IV	8 hourly	Can induce tachycardia esp. IV. Can worsen confusion

ZIMMER SPLINT DECISION GUIDE: *Zimmer splints can also be a hazard & falls risk*

AIM: Immobilise the knee → prevent getting into positions that favour re-dislocation
Provides some proprioception and awareness of their leg

IMPORTANT: Patient should also sleep with a pillow in between the legs to prevent their legs crossing
The splint can be removed for mobilising during the day
10 days maximum

INDICATIONS

- First time dislocations
- Recurrent dislocations happening at night in bed

CONTRA-INDICATIONS

- No family member or helper to apply & remove splint
- Patients with good awareness and proprioception
They already understand the risks

DISCHARGE CRITERIA **MUST MEET ALL**

- Senior doctor agrees with discharge plan
- Fully recovered after procedural sedation
- Able to mobilise safely & independently
- No barriers to discharge identified by MDT team

ADMISSION CRITERIA

- Reduction NOT successful
- Reduction inappropriate for ED
- Unable to mobilise despite reduction
- Suspected occult fracture

DISCHARGE CHECKLIST

Document in the EDS:

- THJR Dislocation advice sheet provided
Bundle pack or BCB page, EM CeDSS
- Hip precautions for 6 / 52
*Some precautions should be avoided for life
(Flexion + Abduction + Internal rotation)*
- Zimmer splint decision *see guide above*
 - Not Applied Applied
- Procedural sedation drugs and dosage

FOLLOW UP - *please document this in the EDS*

Orthopaedic follow up:

- Public patients: original surgical team (not the on-call team) *Pre-populated referral letter (EM CeDSS page) fax 2348*
- Private patients: Original surgeon
Patient to arrange