

# Glasgow Royal Infirmary

## Fractured Neck of Femur

### Big 6 Proforma



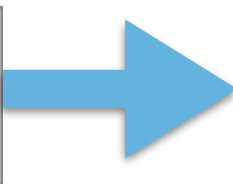
Please affix patient label

Date of arrival            \_\_\_/\_\_\_/\_\_\_  
 Time of arrival            \_\_\_:\_\_\_  
 Referral time              \_\_\_:\_\_\_  
 Time left ED                \_\_\_:\_\_\_  
 ED Doctor                  \_\_\_\_\_

**Pain score on arrival in ED**

/10

Side of radiologically confirmed NOF



Recent deterioration in function or mobility

Concurrent UTI/LRTI

	Done	Time
Bed requested - Trauma Co-ordinator 07989681763 (7.30am-7.30pm) Ortho OOH pg 13681		___:___
Repose mattress overlay		___:___
<b>Analgesia</b> at presentation to ED		___:___
Fascia Iliaca Block infiltrated (if appropriate, see overleaf)		___:___
IV access & Bloods -please use '#NOF order set' on Trakcare		___:___
<b>IV fluids</b> - Hartmann's at 1L/6hrs (modified if known LV dysfunction)		___:___
Titrate Oxygen Saturations to >95% (88-92% in COPD)		___:___
X-ray AP pelvis		___:___
Appropriate heel boot applied		___:___
<b>ECG reviewed</b>		___:___
CXR & lateral hip x-ray reviewed		___:___
AP & lateral long femur x-rays if history of malignancy		___:___
Oramorph 2.5 mg PRN prescribed on Kardex		___:___
<b>NEWS documented</b>		___:___
<b>4AT documented</b>		___:___
<b>Pressure areas reviewed</b>		___:___

# The BIG 6

- Ensure all of checklist overleaf complete (red text indicates part of big 6)
- Remember to check pressure areas assessment and 4AT screening performed with documentation in nursing notes
- Consider FIB and document in notes if not indicated, or contraindicated

## Fascia Iliaca Block

**SIDE OF RADIOLOGICALLY CONFIRMED  
NOF (left or right)**

**Contraindications (please circle)**

Patient Refusal

Allergy to local anaesthetic

Infection at injection site

Warfarin/DOAC

**Verbal consent obtained**

**LA dose appropriate for weight**

**Aseptic technique**

**Pain scores**

Weight	Dose
< 50 kg	30 ml of 2.5mg/ml Levobupivacaine
> 50 kg	40 ml of 2.5mg/ml Levobupivacaine

Date & time of FIB infiltration \_\_\_/\_\_\_/\_\_\_ \_\_\_\_:\_\_\_\_

Side of block \_\_\_\_\_

Volume of 2.5mg/ml levobupivacaine infiltrated \_\_\_\_\_

Signature of person administering block \_\_\_\_\_

Time post block (mins)	BP	Pulse	O2 sats	RR
5				
10				
15				
30				

**Pain score on departing ED**

/10

PRINT NAME

Signature