



AMERICAN ACADEMY OF  
ORTHOPAEDIC SURGEONS

# Hip Fractures in Older Adults

## -Preoperative Checklist-

Clip this checklist to the patient chart and upon completion, insert in file

Patient's Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(Apply patient sticker over header if available)*

Date of Surgery: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Secondary survey and concomitant injuries should be assessed
- Should not routinely utilize preoperative traction
- Pre-operative assessment should be performed (identify present areas of skin breakdown and at risk areas for decubiti)
- Pre-operative activity level and gait status should be assessed and documented
- Goals of care discussion around the procedure and expected outcomes should be initiated
- Home environment should be discussed with patient and family for post-op discharge planning
- Initiation of discharge planning discussions
- Co-management and interdisciplinary care, including medical optimization and risk stratification, should be performed
- Acutely manage Warfarin reversal with vitamin K and/or FFP for short durations
- Do no delay for patients on anti-platelet therapy
- Operate within 24-48 hours of admission when patient has been medically optimized
- For patients undergoing spinal anesthesia, the timing of spinal placement should be made relative to anticoagulant dosing to reduce the likelihood of epidural hematoma formation
- Optional: Preoperative regional analgesia (nerve blocks) may be considered to treat pain after hip fracture.**

Clinician Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

View the 2021 AAOS Clinical Practice  
Guideline at [www.aaos.org/hipfxcpq](http://www.aaos.org/hipfxcpq)