

Impactful Statements

Management of Hip Fractures in Older Adults

An impactful recommendation is one that offers the potential for current evidence to change care offered to patients. This influence can be due to one or more of the following:

- Evidence highlighting current variations in care that were previously unsupported by evidence
- Current evidence supporting a significant difference or change from current clinical practice or previously held "gold standard" care

The following impactful statements are based on the Management of Hip Fractures in Older Adults Evidenced-Based Clinical Practice Guideline:

1. Surgery for hip fracture patients should be performed within 24-48 hours of admission to optimize outcomes unless prohibited by patient co-morbidities or factors related to the medical center (e.g., staffing an OR availability).
2. In hip fracture patients treated with arthroplasty, the fixation of the femoral component should be with cement.
3. Preoperative nerve blocks should be part of the multimodal analgesia for hip fracture patients.
4. Hip fracture patients should be cared for by an interdisciplinary team of medical providers.
5. Surgeons should use the surgical approach of their choice for arthroplasty in the treatment of femoral neck fractures. There is no preferred approach.
6. Although a sliding hip screw may be used for a stable intertrochanteric hip fracture, cephalomedullary devices should be used for unstable intertrochanteric hip fracture as well as subtrochanteric or pertrochanteric hip fractures.

The following guideline recommendations are the basis of the impactful statements:

1. Hip fracture surgery within 24-48 hours of admission may be associated with better outcomes.
2. In patients undergoing arthroplasty for femoral neck fractures, the use of femoral stems is recommended.
3. Multimodal analgesia incorporating preoperative nerve block is recommended to treat pain after hip fracture.
4. Interdisciplinary care programs should be used in the care of hip fracture patients to decrease complications and improve outcomes.
5. In patients undergoing treatment of femoral neck fractures with hip arthroplasty, evidence does not show a favored surgical approach.
6. **a.** In patients with stable intertrochanteric fractures, use of either a sliding hip screw or a cephalomedullary device is recommended.
b. Patients with unstable intertrochanteric fractures should be treated with a cephalomedullary device.
c. In patients with subtrochanteric or reverse obliquity fractures a cephalomedullary device is recommended.
d. In patients with pertrochanteric femur fractures, short or long cephalomedullary nail may be considered.