

Clinical Practice Guideline Overview

Management of Hip Fractures in Older Adults

Published December 3, 2021

This clinical practice guideline examines the surgical treatment of hip fractures in adults age 55 years and older.



Literature Review

8,678
abstracts reviewed



1,836
articles recalled
for full text review



213
articles included
after full text review
and quality analysis



Strong and Moderate Guideline Recommendations*



Venous thromboembolism (VTE) prophylaxis should be used in hip fracture patients. **(S)**



Interdisciplinary care programs should be used in the care of hip fracture patients to decrease complications and improve outcomes. **(S)**



Either spinal or general anesthesia is appropriate for patients with a hip fracture. **(S)**



In patients with unstable (displaced) femoral neck fractures, unipolar or bipolar hemiarthroplasty can be equally beneficial. **(M)**



In patients with unstable (displaced) femoral neck fractures, arthroplasty is recommended over fixation. **(S)**



In properly selected patients with unstable (displaced) femoral neck fractures, there may be a functional benefit to total hip arthroplasty over hemiarthroplasty at the risk of increasing complications. **(M)**



Preoperative traction should not be used for patients with a hip fracture. **(S)**



In patients undergoing arthroplasty for femoral neck fractures, the use of cemented femoral stems is recommended. **(S)**



In patients undergoing treatment of femoral neck fractures with hip arthroplasty, evidence does not show a favored approach. **(M)**



In patients with stable intertrochanteric fractures, use of either a sliding hip screw or cephalomedullary device is recommended **(S)**



A blood transfusion threshold of no higher than 8g/dl is suggested in asymptomatic postoperative hip fracture patients. **(M)**



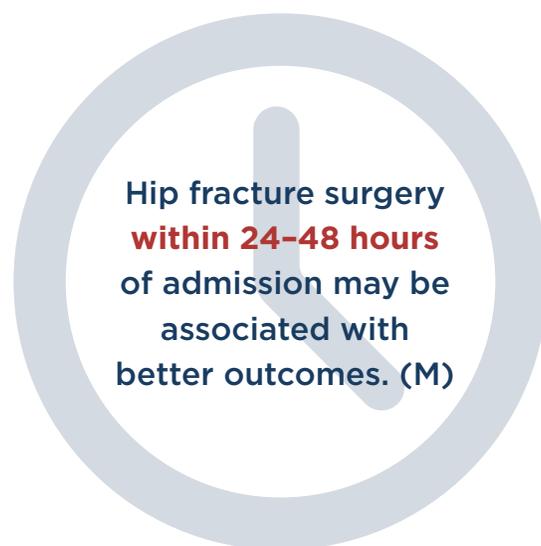
In patients with a subtrochanteric or reverse obliquity fracture a cephalomedullary device is recommended. **(S)**



Multimodal analgesia incorporating preoperative nerve block is recommended to treat pain after hip fracture. **(S)**



Tranexamic acid should be administered to reduce blood loss and blood transfusion in patients with hip fractures. **(S)**



Future Research

Consideration for future research is provided for each recommendation within this document are based on the work groups clinical experience and perceived need for better guiding data.

Learn More at OrthoGuidelines!

Please visit [OrthoGuidelines.org](https://www.OrthoGuidelines.org) to view the limited and consensus recommendations for this guideline.



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