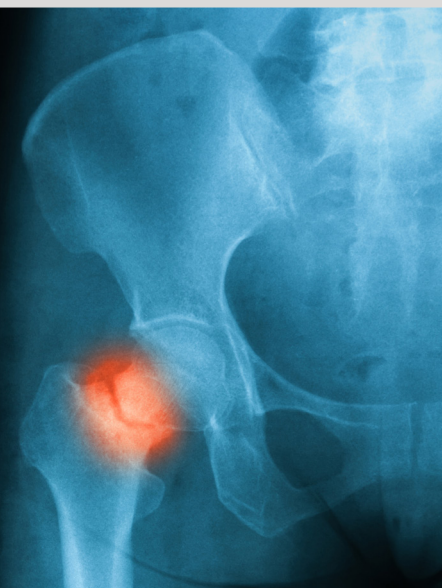


# Clinical Practice Guideline Overview

## 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)**



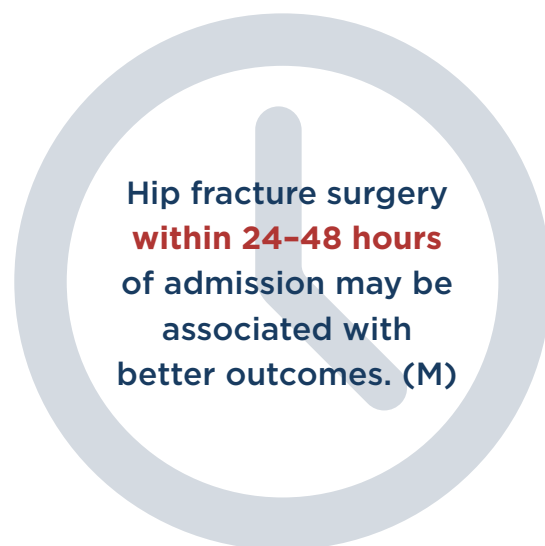
In patients with a subtrochanteric or reverse obliquity fracture a cephalomedullary device is recommended. **(S)**



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.

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



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