

Elderly Trauma Pain Guidelines – Hip Fracture

Elderly (>75 years old) Non-intubated patient presents with traumatic Injury

Confirm pre hospital analgesia (type and amount)

Assess pain using

1. Visual Numerical Rating Scale (VNRS)
2. Algoplus Pain Scale for confused patients

Assess level of sedation using sedation score

Refer to MO if

1. Patient sedated
2. Patient takes regular Opioid, Naltrexone or Buprenorphine

Commence elderly traumatic pain guidelines

Confirmed Or Suspected Fractures NOF

Suspected must have 2 or more of the following signs –

1. Groin/hip pain
2. Unable to weightbear
3. Shortening of lower limb
4. External rotation of the lower limb

1. Administer IV fentanyl 10-25 micrograms every 5-10 minutes aiming for no worse than mild pain (Moore et al 2013). Monitor for sedation scores
2. Accredited or Novice FIB clinician* insert Fascia Iliaca Block **PLUS**
3. Chart PRN Oxycodone 2.5-5.0mg QID IR (Endone) unless reviewed by geriatrician / appropriate clinician **PLUS** Paracetamol 500-1000mg TDS-QID **PLUS** Coloxyl with Senna 2 bd

*Novice FIB clinicians are those undergoing competency training

Other Traumatic Injury

1. Administer IV fentanyl 10-25 micrograms every 5-10 minutes aiming for no worse than mild pain (Moore et al 2013). Monitor for sedation scores
2. Chart – Regular Change to Oxycodone IR (Endone) 2.5 mg QID unless reviewed by geriatrician/appropriate clinician **PLUS** Paracetamol 500-1000mg TDS-QID **PLUS** Coloxyl with Senna 2 bd
3. Chart PRN pain relief Oxycodone 2.5-5.0mg QID IR (Endone)

Reassess and document pain and sedation score

Patient has pain > 7/10 or severe

1. Consider alternate options e.g. PCA or continuous infusion
2. Consider referral to acute pain team / anaesthetist
3. Consider reapplication of FIB 12 hourly x 2