Care of the patient with a fractured neck of femur


Work is a busy trauma ward. A high percentage of people admitted have sustained a fractured neck of femur following a fall either at home or in the street. Every patient admitted has his or her own individual risks and reasons for why he or she fell.

A recent admission was an 89-year-old woman who was found on the bathroom floor in her nursing home in the early hours of the morning. She has Huntington's disease, which increases the risk of falls due to involuntary muscle spasms. She is usually mobile with one stick and is also very deaf.

The article highlights many of the risk factors involved with falls in the home. It also includes the physical problems that increase the risk of falling, and demonstrates a comprehensive fall risk assessment that is not currently in use in the department where I work.

Through talking with the older patients admitted with a fractured neck of femur, I have become aware of how embarrassed older people often are about themselves, and quite often they apologise for 'being silly' for falling over. This shows that body image matters greatly, whatever the age, and an understanding of the ageing process would help me to care for these people with empathy.

The information on dietary risk factors (low protein and calcium) has shown how many older women are at risk from fractures. Also, older men living on their own are at greater risk, as sometimes their dietary intake is poor. While the older person is in hospital, it gives the nurse and dietician a chance to address this risk. Often it is too late to re-educate, but we can give advice and general help.

We practise triage in our hospital. When patients attend with a fractured neck of femur, the A&E staff try to get them assessed and admitted to the ward as quickly as possible, to help prevent the development of pressure sores. The shock and general confusion affecting the patient are all obstacles in the assessment process, and getting them to the ward quickly often helps to calm the situation.

Health professionals sometimes forget to treat older people as adults. So with the information this article has provided, it will be easier to avoid this because I can give reasons for what I suggest – informed choice/consent is an important issue.

The immediate post-operative recovery period is a dangerous time for any patient, especially following major surgery, such as a hip replacement. Observing all vital signs should be the nurse's first priority. There are a number of risk factors and complications that can occur, the main ones being shock and haemorrhage. Many older people are confused when they 'come round'. This increases the risk of further complications such as dislocation, falls and haemorrhage. I have also experienced several patients 'interfering' with their wounds. Relatives should be fully informed of the course of treatment, as what might occur post-operatively can be more distressing for them than the initial admission of the patient.

Rehabilitation is a painful and tough time, and the article emphasises the need for good input from all parties in the multidisciplinary team. In our hospital we have a separate rehabilitation unit where 'suitable' patients are transferred. This is often a very positive move as patients feel they are 'getting somewhere'. The unit has a gym with a physiotherapist on hand which gives patients the opportunity to exercise under supervision, which, in turn, helps to lower their anxiety about dislocation.

After reading the article I can reflect on my aims and intended outcomes, and I have identified that I now have a greater understanding of the pathophysiological aspects of a fractured neck of femur. It has refreshed my knowledge on the risk factors and this will enable me to educate patients while in hospital, and help prevent further falls on discharge. The implementation of a fall risk assessment has become very important.

The article has shown me that I can contribute to my ward area by:

- Involving other professionals, for example the dietician, in the care of a patient who has had a fractured neck of femur.
- Having a greater understanding of why and how older people, especially women, sustain injuries.
- Increasing my knowledge of post-operative problems and the pathophysiology of fractures, which will enable me to teach fellow colleagues more comprehensively.

In addition, this article has enabled me to see that I can support and understand patients with a fractured neck of femur more confidently, and I intend to do so from my next 'encounter' with someone who has this injury.