Acute Nursing Care of the Adult with Fragility Hip Fracture: The Power of International Collaboration

ICON Hip Fracture Workgroup

ANZONA Conference

October, 2013
A Back of the Napkin Idea
ICON Conference Dublin
Develop Guidelines for Best Practice

Focus on Patient Problems Directly Influenced by Bedside Nursing Care
~Evidence Based
~Peer Reviewed
~Internationally Supported
GOAL

• Inform Nurses
• Increase sensitivity toward needs of older adults
• Enhance care for our patients and our family
• Improve outcomes
WHY?

- Older adults with fragility hip fracture represent a growing percentage of orthopaedic patients worldwide
- Associated with significant health and social consequences
- Age related changes, the stress of the fracture, hospitalization and co-morbidities predispose these patients to serious problems
How to Bring Everyone Together?
The Power of SKYPE …
Work Group Members
Core Issues/Problems

- Pain Management
- Pressure Ulcer
- Delirium
- Fluid balance,
- Nutrition & Elimination
- Functional decline
What Is included?

• Each section written by content experts in the specific problem area.
• Essential facts relative to the problem are delineated.
• Hyperlinks embedded in the document to direct the reader to assessment tools, websites and references.
• Peer review process
PAIN
Pain - Assessment/Detection

• Pain is under reported by older patients
• Pain is under detected by staff
• Frequent appropriate pain assessment

• Assessment of pain
  – Self-report
  – Duration
  – Location(s)
  – Factors type or quality
  – Pain intensity – using a validated scale
Unmanaged Pain

• 411 cognitively intact patients with hip fractures followed 6 months after surgery
• Those with unmanaged pain had:
  – Significantly ↑ LOS
  – Delayed ambulation
  – Long term functional impairment
  – Were 9 times more likely to develop delirium

2003 Morrison, Magaziner, McLaughlin et al. The impact of pain on outcomes following hip fracture. Pain. 103(3) 303-11
<table>
<thead>
<tr>
<th>Can’t say …</th>
<th>Won’t say …</th>
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<tbody>
<tr>
<td>Dementia</td>
<td>Afraid of Drug</td>
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<tr>
<td>Delirium</td>
<td>– Side effect</td>
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<td>Language</td>
<td>– Addiction</td>
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<td>Hearing</td>
<td>– Meaning</td>
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<td>Cultural</td>
<td>Afraid of you</td>
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<td></td>
<td>– finding them a burden, or a sissy. (WW &amp; Depression)</td>
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<td>– keeping them from going home.</td>
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(Auret & Schug, 2005, Feldt, 2005)
Atypical pain behaviours

• Combative, resistive, agitated. Rule out pain before neuroleptic med is used.
• Quiet withdrawal – looks like sleep.
• For cognitively impaired patients, the most reliable indicator of pain is a change in usual personality or behaviour (Parke, 1995).
• Dementia and Parkinson’s diseases: flat facial expression.

Self report using a pain scale is the standard for mild to moderate cognitive impairment.
The Older Patient’s Pain

- Prefers a ‘passive’ role
- Ask about pain/discomfort and offer analgesics regularly
- Pre-emptive, age-appropriate analgesia
- Understand pain classification types
Multimodal Pain Management

• Using a combination of targeted meds with different mechanisms of action to:
  – Achieve synergistic benefits and increase pain relief.
  – Decrease side effects – due to decreased opioid requirements.
Multimodal strategies

– Comfort Measures: warm blankets, reposition, massage, relaxation breathing, distraction, ice.
– Paracetemol ie Acetaminophen
– Low dose Opioid: avoid toxic metabolites – e.g. Pethidine ie Meperidine.

Start LOW go SLOW!! Monitor sedation & pain. Titrate dose accordingly.

Proactive approach to constipation …
Self Care

• Importance of pain management
• Early warning signs
• Comfort measures
• Preventing pain
• Sage and appropriate use of analgesics
• How to safely manage activities
• Prevention of side effects
PRESSURE ULCERS
PRESSURE POINTS
NPUAP/EPUAP’s classification

- **Grade 1**: non-blanchable erythema of intact skin
- **Grade 2**: partial thickness skin loss involving epider-mis, dermis, or both
- **Grade 3**: full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia
- **Grade 4**: extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss
Delay to Surgery
Difficulties in observation

Blanchable erythema:

Finger pressure method

If the reddened area blanches when gentle finger pressure is applied, the microcirculation remained intact. There is no sign of tissue damage.
A Comprehensive Skin Assessment Includes:

- Temperature
- Colour/discolouration
- Moisture level
- Turgor
- Skin integrity
Prevention

• Malnutrition
• Skin Care and Treatment
• Pressure Reducing Support Surfaces
• Reposition
• Educate patient
Self Care Recommendations

• Change position
• Inspect the skin
• Moisturize
• Tell your nurse
• Don’t massage
• Use pillows/ special mattresses
• Enrich nutrition
DELIRIUM
Delirium is a Geriatric emergency
“Of course s/he is confused, s/he has dementia

S/he is sleepy today, didn’t eat much lunch.

In report they said that Mr/s was very agitated and combative last night, this morning s/he seems fine.
Description of Problem

• A cognitive disturbance characterized by:
  – Sudden onset
  – Inattention*
  – Distraction
  – Fluctuating levels of consciousness

• Two Forms
  – Hyperactive
  – Hypoactive – often misdiagnosed

• Hallucinations/Illusions may be present
Significance of Problem

- **Morbidity**
  - Increased risk for dementia
    - 69% develop compared to 20% of those without delirium

- **Mortality**
  - 22 - 33% die 3 months post discharge
  - 50% die within one year
  - 75% within 3 years

- **Opportunity for Improvement**
  - Studies suggest Nurses and physicians fail to detect 30%- 50% of cases

  JAGS (2003), 51 1002-06
Opportunity to Improve Care

• Nurses can make a significant impact to reduce the incidence of delirium
  – Improve Health
  – Improve Care
  – Reduce costs

• Know risk factors

• Proactively address
Identification - risk factors

- **P** - Pain, Poor nutrition
- **R** - Retention (urine or stool), Restraints
- **I** - Infection (Urinary, pulmonary, wound), Immobility
- **S** - Sleep disturbances, sensory deficits (hearing, vision)
- **M** – Mental Status at baseline, Metabolic imbalance, medications
- **E**- Environmental changes
Prevention/Treatment

- Ongoing cognitive Ax is a geriatric vital sign
- Initiate family partnership on admission
- Ensure availability of sensory aids
- Assess and appropriately Rx pain
- Medications to avoid, eg. Anticholinergics
- Monitor dehydration/electrolyte imbalances
- Resources to access standardize geriatric protocols
- Weblinks to teaching tools
Delirium


Link to site where patient shares his experience having with delirium
FLUID BALANCE, NUTRITION & ELIMINATION
Fluid Balance, Nutrition & Elimination

Fluid Balance

- Dehydration
- Fluid Overload/Heart Failure
- Electrolyte Imbalance
Fluid Balance, Nutrition & Elimination

Nutrition

• Malnutrition

• Promote Nutrition
  – early nutritional supplementation

• ‘Re-feeding Syndrome’
Fluid Balance, Nutrition & Elimination

Elimination

- Assessment of Continence
- Early Resumption of Habit
- Constipation
  - delirium
  - secondary faecal impaction
- CAUTI
  - asymptomatic bacteriuria
  - high index of suspicion
FUNCTIONAL DECLINE
Learnings

- Nurses share a common goal: superior patient care
- Orthopaedic patients have similar physiologic problems the world over
- Nursing voices are essential to ensuring optimal patient outcomes.
- Technology allows us to collaborate
- Collaboration amplifies our voice
Benefits of International Collaboration

• Provides broader perspective on issues
• Cross fertilization of ideas and culture
• Foster international relationships
• Amplify voice of Orthopaedic nursing and the specialty
• To enhance and standardize patient care
• Bring Orthopaedic nursing knowledge to developing countries
• Opportunity to promote your organization to a global audience
• Overseas work opportunities
International Journal of Orthopaedic and Trauma Nursing
ICON website
www.orthopaedicnursing.org
NICHE website
www.nicheprogram.org
ICON member websites: ANZONA
www.anzona.net
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