Post-Operative Delirium In Neck Of Femur Fractures: A Call For Enhanced Detection And Management

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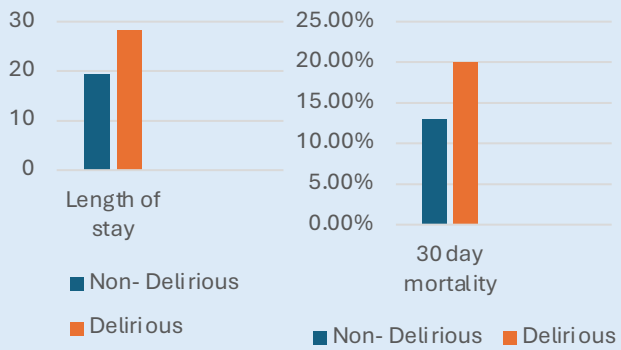
Introduction

Neck of femur (NOF) fractures account for over 60,000 cases in England and patients are often elderly, with multiple co-morbidities. Post-operative delirium is a frequent complication seen in these patients. With an increasingly frail population, the rates of NOF fractures and associated delirium are projected to increase. Current guidelines state that professionals should actively assess for cognitive impairment upon initial presentation.

We aimed to evaluate the compliance of utilising the 4AT tool in post-operative NOF patients, and correlation between post-operative delirium with length of stay and mortality.

Methods

We extracted data retrospectively using the National Hip Fracture database over a three-month period between October and December 2024 in a District General Hospital. Acute post-operative delirium was defined as a 4AT score of 4 or more. Inclusion criteria included patients with a post-operative 4AT score of 4 or more. Further data was extracted regarding length of stay and 30-day mortality.



Results

Compliance of using the 4AT tool was 96.9%. Amongst 97 patients, 15.5% had a post-operative 4AT score of 4 or more. The average length of stay for these patients was 28.3 days, compared to non-delirious patients having an average length of stay of 19.4 days. For delirious patients, the 30-day mortality was 20%, compared to 12.9% for non-delirious patients.

Average length of stay for patients with a 4AT score of 4 or more was 28.3 days, compared to 19.4 days for those with a score of less than 4.

For delirious patients, the 30-day mortality was 20%, compared to 12.9% for non-delirious patients.

Conclusion

Overall, delirium was associated with a significantly greater length of stay and higher 30-day mortality, highlighting the importance of identification, and offers a pertinent opportunity for future improvement in the care of acute post-operative delirium.

Future Work

-Regional analgesia in all NOF fracture patients: Standardise early fascia iliaca/femoral nerve blocks

- Pain in cognitively impaired patients: Implement routine observational pain scoring (e.g., Abbey Pain Scale) for patients with suspected cognitive impairment/delirium to optimise analgesia

-Repeat audit for potential improvement

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