

An Assessment of Analgesia and Laxative Prescriptions for Patients Admitted with Neck of Femur Fractures

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Introduction



Neck of femur (NOF) fractures can cause significant morbidity in elderly patients. Adequate pain control is essential for early mobilisation and improved outcomes. Health board prescription protocols exist offering a multi-modal analgesia approach as well as appropriate laxatives on the electronic platform (HEPMA).

Aim



The aim of this quality improvement (QI) project was to assess adherence to these prescription protocols to improve management of patients aged 65 who have sustained NOF fractures.

Intervention

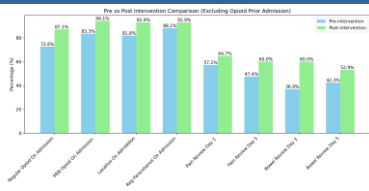


An information session was delivered at the time of staff change over to senior house officers and junior clinical fellows to ensure they were aware of the NOF fracture analgesia and bowel protocol and available electronic prescribing bundles.

Methods



Patients over 65 with isolated NOF fractures admitted to trauma wards from ED at a single district general hospital were included. Baseline data was collected from patients admitted between October to December 2023. Post-intervention data collected from April to June 2024. Prescriptions for regular and breakthrough opioids, regular paracetamol and laxatives on admission to the trauma wards were audited. Day 3 and day 5 review of pain and bowel status were also audited.



Results

A total of 169 patients were included. 84 prior to the intervention and 85 post intervention. Prior to the intervention accuracy for regular opioid prescription was 72.6%, PRN 83.3%, laxatives 81.8%, Paracetamol 88.1%. Post intervention respectively 87.1%, 94.1%, 92.9% and 91.9%. We demonstrated statistically significant change ($p < 0.05$) in regular, PRN opioid and laxative prescribing. No change in paracetamol, Day 3 and 5 pain and bowel reviews was found.

Conclusion



A positive change in prescribing accuracy was demonstrated. Potential barriers to appropriate analgesia prescribing may be lack of awareness of protocols and hesitancy in prescribing opioids in elderly frail patients.

Sustained Change



Further data and audit loops following further staff rotation demonstrating prescribing accuracy was maintained. Additional interventions such as strategically placed posters will be implemented to further improve adherence to the protocol.