

Ref: FOI/GS/ID 4747

Please reply to:

FOI Administrator Trust Management Maidstone Hospital Hermitage Lane Maidstone Kent ME16 9QQ

Email: mtw-tr.foiadmin@nhs.net

27 June 2018

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Open fractures.

You asked:

- 1. Does the Trust perform surgery for open fractures?
- 2. Does the Trust have a specific guideline/policy regarding antibiotic prophylaxis for patients with open fractures?
- o If yes, please could this be emailed to me
- o If no, what is the commonest form of antibiotic propylaxis (and duration) that these patients are given?

Trust response:

- 1. We do perform surgery for open fractures
- 2. Please see the following document. The relevant details can be found on pages 13 and 14 and have been marked.







Age 60 or above	Neurovascular status	Intact	
	NOCE AND CIVEN	П	
ANALGESIA PRESCR AP Pelvic X-Ray	Lateral Hip X-Ra	, <u> </u>	
Catheter	☐ IV Fluids		
Chest X-ray	12 lead ECG		
Blood tests: FBC	□ U&E		
G&S	Calcium		
Clotting	g Urinalysis		
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significantly affe their daily life?	0.0000000000000000000000000000000000000	Other (specify)			Not	knov	vn Mai	Make further enquiries within 72	
Q3 Does the pa	4.0	☐ Clinical		,	Yes		2.30000	Proceed to Step 2 & inform Orthogeriatrician.	
have a delirium	?		ort CAM ner (Specif	W 1	No		Nor	Normal Care	
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GP information summary include			filled in di	schar	ge		Yes	No	
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Has referral to	Orthogenia	atrician t	een made	9			Yes	No	

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Events leading to any force of trip, so Palpitations, chest on Aura, fit, tongue bit Dizzy, light headed	fall slip or accident, pain, SOB ing , pale sweaty nedical symptoms				
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Name -	Date of birth	1 1	Number		
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	Hypertension	7.
	Ischaemic heart disease	8.
	Heart failure	9.
	Hypothyroidism	
	Osteoporosis	10
	Diabetes mellitus	
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Approved name	Dose	IN CAPITALS	Frequency	WAS PROPERTY.
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		viated Mental Test Scor ero if unable to answer question	
On admission/		Post Operatively on date	
Age		Age	
Time (to nearest hour)		Time (to nearest hour)	
Give address to recall		Give address to recall	
(check for correct recall at e	end of test)	(check for correct recall at	end of test)
Year		Year	
Name of this place		Name of this place	
Identify two people		Identify two people	
Date of birth		Date of birth	
Year World War began		Year World War began	
Current Monarch		Current Monarch	
Count backwards from 20		Count backwards from 20	
Address recall		Address recall	
Score out of 10		Score out of 10	
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Social & Mobility History			THE RESERVE AND DESCRIPTION OF THE PARTY OF
Social & Mobility History Lives alone? Ye	s No:	and lives with	
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Name	Date of birt	h / / Number	
Observations and Find	mass of the second of the	h / / Number	
General appearance		ood/moderate/poor) MU	IST score
Vital signs	Date & time		
BP		RR	HR
Temp		O2 Saturation	NEW Score
Weight	Height		BMI
Hearing Good	Impaired De	eaf right / left / bilatera	1
Eyesight Good	Impaired Bli	ind right / left / bilatera	al Neglect
Glasgow Coma Scale E	E(4); V(5); M(6)	/ 15 (AMTS above	if confused GCS will be ≤14)
Cardio Vascular System			
Respiratory System			
Abdomen	Catheter: This	PR exami	ination:
Hip Examination	Circulation normal Sciatic nerve normal Shortened Externally rotated	Skin intact Sensation Abnormalities not]] ed:
Cranial Nerves	II III / IV / VI VII VIII	Visual fields IX X XI	

Peripheral Neurology	RUL	LUL	RLL	LLL
Tone				
Power				
Sensation				
Reflexes				
\wedge				
^	\	88	ř.	
	\	72		
Pressure Areas	\	32		

RELEVANT LEGAL INFORMATION

Mental Capacity Act (MCA)

Does the patient have an abnormality of brain or mind that could affect their ability to make decisions about medical treatment for themselves? YES / NO

Are you concerned the patient does not have the mental capacity to make the decision that needs to be made?

YES / NO

If the answer is yes to the above questions, then you must complete the Trust MCA assessment form and then follow the best interest processes in line with the MCA and a Consent Form 4 should be completed.

Has the patient made an advance decisions to refuse specific medical treatment? If so detail the evidence provided and check it is valid and covers relevant care refusals.

is there a Lasting Power of Attorney for health and welfare decisions? If so detail the evidence provided and check that it is registered and valid and that it covers the decision(s) to be made.

If the patient lacks the mental capacity to make their own decisions and are un-befriended with no family or friends you have a duty to refer the patient to the IMCA service for an advocate to be allocated to work with that patient.

Does the patient make persistent attempts to leave the hospital and does not have the mental capacity to understand why then need care or treatment in hospital? If so consider an urgent Deprivation of Liberty Safeguards application – seek advice from the Matron for Safeguarding Adults or the site practitioner.

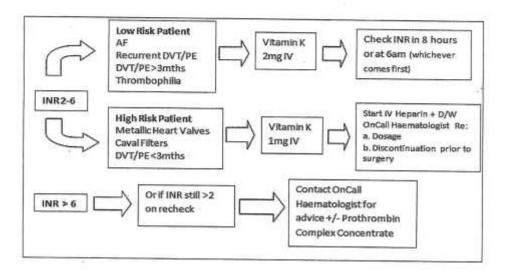
Name		Date of birth	/ / Nun	nber	
INVESTIGATIONS					
Hip / Pelvis X-Ray			7-27-27-27-27-27-27-27-27-27-27-27-27-27		
Intracapsular	Displaced		Undisplaced	П	
Extracapsular	Basicervical		Intertrochanteric	П	
Side of fracture	Left			Н	Subtrochanteric
Any sign of patholog	7457,532	_	Right		
f YES then request		/hole Femur	YES	Ш	NO
NOTTINGHAM HIP	FRACTURE SC	ORE			
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			erse INR according		algorithm.
			agibatran, Apixaban	etc)	
	(clopidrogrel, dip	(5)	C. C.		
			ibitors e.g. ramipril		
			e.g. candersartan		- 1
			Diabetes Mellitus,	ording to l	ocal Trust guidelines
			ate IV fluids if neede	d,	
ONTINUE all be	ta blockers e.g. a	atenolol, bisop	rolol pre-operatively		
			unless instructed oth		

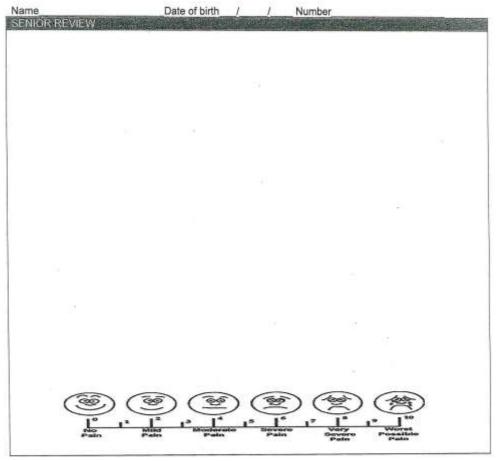
MANA	GEMENT PLAN
	Nil by mouth from:on// (Pre surgery : 2hrs clear fluids, 6 hrs food and milk)
	Consent signed
	Site Marked
	VTE form completed
	AMTS and Dementia CQUIN Completed
	NUTRICIA PRE-OP DRINKS (2-4 cartons up to 2hrs pre-op)
	Cardio-respiratory / Neurovascular observations everyhours
	Adequate analgesia (prescribe I.V Paracetamol, PRN Oromorph +/- Morphine)
	Oxygen if required. (If COPD, maintain saturations between 88 - 92%)
	IV Fluids (prescribe 1litre Hartmanns 12hrly. Seek advice On Call Medical advice if known CC
	DVT Prophylaxis prescribed – if not, state reason To be given 18:00 if patient for surgery tomorrow morning
	If INR raised, use the reversal algorithm.
	Skin traction 5lbs if indicated
* □	Antibiotic prophylaxis for operation Telcoplanin 400mg IV (if from care home) Cefuroxime 1.5g IV (from own home)
	Orthopaedic Registrar contacted
	Patient and / or next of kin are informed as to risks following Fractured NOF (including 16% in-patient mortality in the over 85s)
-	(If needed) OnCall Medical review requested at : on / /

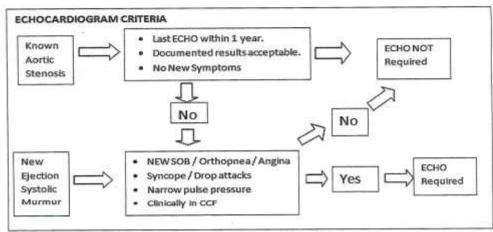
MUST HAVE SURGERY WITHIN 36 HOURS OF ADMISSION!

Hb			Na	-	
WCC		-	K	-	
Neutrophils			Creatinine		
Plt			Calcium		
MCV			-		
NR				-	
ECG					
CXR	-				
Urine Dip result	Nitrites	Leucocytes	Protein Bloo	d Ketones	MSU Ser

* INR Management (Stop WARFARIN on admission)



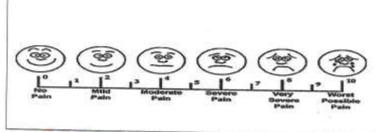




Name	Date of birth/_	/ Number	
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Management plan			
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F NOT FOR SURGER	RY WITHIN 36 HOURS OF FRA	CTURE DIAGNOSIS	STATE WHY
Name	Designati	on	

Likely Cause of Falks
La constitución de la constituci
Postural Instability Postural hypotension Syncope Unexplained fall Accidental Poor safety awareness Others (please specify)
Investigations For Falls
Physic balance assessment Lying and standing BP 24 / 48 hr tape Echo Tilt test Fill Falls Proforma No intervention required
Bone protection
Patient <75yrs: DEXA scan Patient >75yrs: Already on treatment Check Vitamin D & Calcium Oral Calcium + Vitamin D3 supplements Alendronate once weekly (if renal function, Vit D levels no able to comply and safely swall Unable to take bisphosphonate

Name Date of birth / / Number
PRE SURGERY REVIEWS
Date Time



Name_

lurname		Date	e Of Surgery
orename		Time	e Of Surgery
ate of birth		-	ponsible Consultant
IHS number		rica	porisione consumant
lospital number			
peration Code	Surgeon		Assistant
naesthetist	Type of Anaesth	netic	Scrub Nurse
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Signature

IMPLANT STICKERS		
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WEIGHTBEARING STATUS		
AFIGH I DEAKING STATUS		
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Vame	Signatura	
0.0000	Signature	

__Date of birth__/__/__Number_

Name

ORTHOPAEDIC POST OPERATION REVIEW Time..... Reviewed By..... Neuro-vascular status of operated leg: Hb.....(Transfuse if Hb <8) Check x-ray..... Full weight bearing / Partial weight bearing / NON weight bearing Name Designation

Date Bleep.....

Signature.....

Name	Date of birth/	/ Number	



To Be Done Within 24-36 Hours After Surgery

The 4 'A's Test: screening

during assessment) or agitated/hyperacti	edly draway (eg. difficult to rouse and/or obviously sleepy ve. Observe the patient. If asleep, attempt to wake with the patient to state their name and address to assist rating.	CIRCLE	
	Normal (fully alert, but not agitated, throughout assessment)	0	
	Mild sleepiness for <10 seconds after waking, then normal	0	
	Clearly abnormal	4	
[2] AMT4 Age, date of birth, place (name of the ho	spilal or building), current yeer.		
	No mistakes	0	
	1 mistake	1	
	2 or more mistakes/untestable	2	
[3] ATTENTION Ask the patient: "Please tell me the mont To assist initial understanding one prom	ths of the year in backwards order, starting at December." at of "what is the month bafore December?" is permitted.		
Months of the year backwards	Achieves 7 months or more correctly	0	
	Starts but scores <7 months / refuses to start	1	
Unte	etable (cannot start because unwell, drowsy, inattentive)	2	
	TUATING COURSE fion in: alerthosa, cognition, other mental function or the last 2 weeks and still evident in last 24hrs		
	No	0	
	Yes	4	
4 or above: possible delirium +/- cogniti 1-3: possible cognitive impairment	ve impairment 4 AT SCORE	:	

0; delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

GUIDANCE NOTES

Version 1.1. Information and download: www.the4AT.com

Version 1.1. Information and download: www.theAAT.com
The AAT is a screening instrument designed for rapid initial assessment of designed and download: www.theAAT.com
The AAT is a screening instrument designed for rapid initial assessment of mental status may be required to reach a diagnosis. A score of 4 or more suggests cognitive impairment and more detailed organize testing and informant history-taking are required. A score of 0 does not definitively exclude detrium or cognitive impairment more detailed testing may be required depending on the shirked context, flams 1-3 are rated solvely or observation of the patient at the time of assessment, item 4 requires information from or more source(s), e.g. your own knowledge of the patient, other staff who know the patient (e.g. ward nurses), GP letter, case notes, carers. The tester should take account of communication difficulties (hearing impairment, dysphasis, lack of common language) when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered alertness Autrinosa: Autrinos several services of seriness is very lawy to be conforming general respiral settings. It is passed, shows against all affects during the bedside assessment, soons 4 for this item. AMT4 (Abbrevisted Mental Test - 4): This soons can be extracted from items in the AMT10 if the latter is done immediately before. Acute Change or Fluctuating Course: Fluctuation can occur without delirium in some cases of dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paranoid thoughts sek the patient questions such as, "Are you concerned about anything going on here?", "Do you feel frightened by anything or anyone?"; "Have you been seeing or header excellent anything processes." hearing anything unusual?"

Aumber of previous falls in last year Strief details Felevant Medical History (Tick all that apply) Current delirium Cognitive Impairment/ dementia Other chronic neurological disease Degenerative joint disease Visual Impairment Syncope Urinary Incontinence Medication Review Appropriate? Action Takso On night sedation? Yes No Yes No On night sedation? Visual Impairment Appropriate? Action Takso On night sedation? Yes No Yes No	Appropriate? Action Tekson On night sedation? Yes No Yes No Presided description of fall Number of previous falls in last year Grief description of fall Number of previous falls in last year Grief details Cognitive impairment/ dementia Cognitive	If so, state reason: Interdescription of fall Interdescription of fa	If so, state reason: Interdiscription of fall Interdiscription of fa	If so, state reason: Interpretation of fall Interpretation of previous falls in last year order	The previous falls in last year rief details Cognitive impairment dementia Cognitive impairment Cognitive imp	The previous falls in last year rief details Cognitive impairment dementia Cognitive impairment Cognitive imp	DT REQUIRED? If so, state reason: Interpretation I	interpretation of fall Trief description of fall Trief description of fall Trief description of fall Trief details Trief	Irief description of fall Aumber of previous falls in last year Brief details Current delirium Cognitive impairment/ dementia Other chronic neurological disease Degenerative joint disease Visual Impairment Syncope Epilepsy Urinary incontinence Other (please specify).	Aumber of previous falls in last year Brief details Relevant Medical History (Tick all that apply) Current delirium Cognitive impairment/ dementia Other chronic neurological disease Visual Impairment Syncope Epilepsy Urinary incontinence Other (please specify).	Relevant Medical History (Tick all that apply) Current delirium Cognitive impairment/ dementia Stroke Other chronic neurological disease Visual impairment Syncope Epilepsy Urinary incontinence Other (please specify)	Relevant Medical History (Tick all that apply) Current delirium Cognitive impairment/ dementia Stroke Other chronic neurological disease Visual Impairment Syncope Epilepsy Urinary Incontinence Other (please specify).
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If symptomatic significant drop (at least 20mmHg systolic or 10mmHg diastolic), review possible causes and consider treatment options.

Name	Date of b		Number	_
Neurological Examinal	lion		Done at ad	mission
Peripheral	RUL	LUL	RLL	LLL
Tone				
Power				
Sensation				
Reflexes				
Vibration				
Visual Acuity			Walker Land	
Left Eye		Right Eye		
If vision impaired, asse	ess likely cause and	The second secon	hthalmology refe	ral
Record ECG				
If ECG abnormal, with	syncope or an unex	plained fall, consider	24hour tape	
LIKELY CAUSE(S) OF	EAM CONTRACT	Manual Control of the	International Committee in	AND THE PARTY OF T
Entire la serie de la Politica de la		WHITE SAME CONTRACTOR	CARROLL SECURE	BUT DE CONTRACTOR DE MANORE DE
Interventions Ensure patient has app	propriate footwear			Tick when done
Ensure call bell wit			141	
Ensure nationt has				
		aids (if applicable)		
Low-profiling bed n	eeded?	aids (if applicable)		
	eeded?	aids (if applicable)		
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Date	Tin	ne		
Reviewed By				* ×
Full weight bearing / Partial	weight bearing /	NON weight beari	ng -	
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Able to Stand Day 1 Post Op? If No, Reason : Delirium / Hypote	Yes / No nsion / Hypotension /	Anaemia <8 / An	xiety / Refused / 0	Other
		.71		
Physio Goals:				
(200 (200)				
Fi				
Name	Designat	ion		

Signature.....

Date Bleep.....

Multi Disciplinary Notes (Geriatrics, Orthopaedics, Nursing & Therapists)

Dated & timed

Number

Date of birth_

Name

Name Date of birth / / Number
Multi Disciplinary Notes (Genatrics, Orthopacitics, Nursing & Therapists) Dated & timed

Date of birth /	/ Number	
	Date of birth /	Date of birth //_ Number



To Be Done 4 – 7 Days After Surgery

The 4 'A's Test: screening

1] ALERTNESS		CIRCLE
This includes patients who may be market	dly drowsy (eg. difficult to rouse and/or obviously sleepy ve. Observe the patient. If asleep, attempt to wake with the petient to state their name and address to assist rating.	
	Normal (fully alert, but not agitated, throughout assessment)	0
	Mild sleepiness for <10 seconds after waking, then normal	0
	Clearly abnormal	4
[2] AMT4 Age, date of birth, place (name of the ho	spital or building), ownest year.	
	No mistakes	0
	1 mistake	1
	2 or more mistakes/untestable	2
To assist initial understanding one prom Months of the year backwards	ths of the year in backwards order, starting at December." pt of "what is the month before December?" is permitted. Achieves 7 months or more correctly Starts but scores <7 months / refuses to start to (cannot start because unwell, drowsy, inattentive)	0
[4] ACUTE CHANGE OR FLUC		
	No	0
	Yes	4
4 or above: possible delirium +/- cogni 1-3: possible cognitive impairment 0: delirium or severe cognitive impairm (but delirium still possible if (4) informal	ent unificely	!:

Version 1.1. Information and download: www.the4AT.com

Version 1.1. Information and download: www.the4AT.com
The 4AT is a screening instrument designed for rapid initial assessment of definium and cognitive impairment. A score of 4 or more s delirium but is not diagnostic more detailed assessment of mental status may be required to reach a diagnostic. A score of 1.3 is cognitive impairment and more detailed cognitive testing and informant history-taking are required. A score of 0 does not definitively cognitive impairment more detailed testing may be required depending on the clinical context, thems 1.3 are raised a delirium or cognitive impairment more detailed testing may be required depending on the clinical context, thems 1.3 are raised observation of the patient of the time of assessment. Item 4 requires information from one or more source(s), eg. your own knowledge patient, other staff who know the patient (eg. ward nurses), GP letter, case notes, carent. The tester should take account of commitment of the patient (eg. ward nurses), when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered i during the bedelde assessment, score 4 for this item. AMT4 (Abbreviated Mental Test - 4): This score can be extracted from item AMT10 if the latter is done immediately before. Acute Change or Fluctuating Course: Fluctuation can occur without delirium in some dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paramoid thoughts ask the patient c such as, "Are you concerned about anything going on here?"; "Do you feel frightened by anything or anyone?"; "Have you been a hearing anything unusual?" hearing anything unusual?"

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