



# Suspected Isolated Geriatric Hip Fracture Care Bundle

This care bundle applies to geriatric patients (age  $\geq 65$ ) with a fall or other low-energy mechanism and a suspected isolated hip injury, presenting with pain localized to the hip, groin, or proximal femur. Patients are commonly aged 65 years or older or medically frail; however, eligibility is based on clinical presentation rather than age alone. This bundle is intended to supplement the Geriatric Fall Care Bundle, with a specific focus on patients in whom a suspected hip injury is identified on initial assessment. A care flow diagram accompanies this bundle.

Metric	Goal
Pain assessed on 1-10 scale prior to movement	Assessed and documented
Pain score used to guide management (<7 vs $\geq 7$ )	Performed and documented
If initial BLS response, ALS requested for pain score $\geq 7$ not responsive to initial BLS measures	Performed. Documented if request made by ALS not available
Age-adjusted opioid analgesia administered prior to packaging/transport for pain score $\geq 7$ following repositioning	Performed and documented
Acetaminophen administered for multimodal or primary analgesia, when appropriate	Performed and documented
Patient transported in position of comfort (pillows, padding, ice pack as appropriate)	Performed and documented
SpO <sub>2</sub> and end-tidal CO <sub>2</sub> monitoring for patients receiving opioids	Performed and documented
Pain reassessed after interventions and addressed as needed	Performed and documented

## Theory/Evidence

### Assess Pain

- Early pain assessment is foundational to trauma care, informs clinical decision-making, and aligns with national EMS quality measures for pain assessment and management.

### Pain Score Threshold for Treatment

- Using a defined pain score threshold to guide management promotes standardized and equitable care and helps address the well-documented undertreatment of pain in geriatric patients.

### Analgesia for Severe Pain

- Delayed or absent analgesia in older adults with hip fracture is associated with increased risk of delirium and prolonged length of stay. While transport to the hospital may represent the closest

ALS-level resource, emergency department studies demonstrate median times to first analgesia exceeding 45 minutes for fracture patients and more than 90 minutes for patients with hip fracture. In geriatric patients, opioids should be initiated at reduced doses due to age-related changes that increase the risk of respiratory depression.

### Multimodal Analgesia

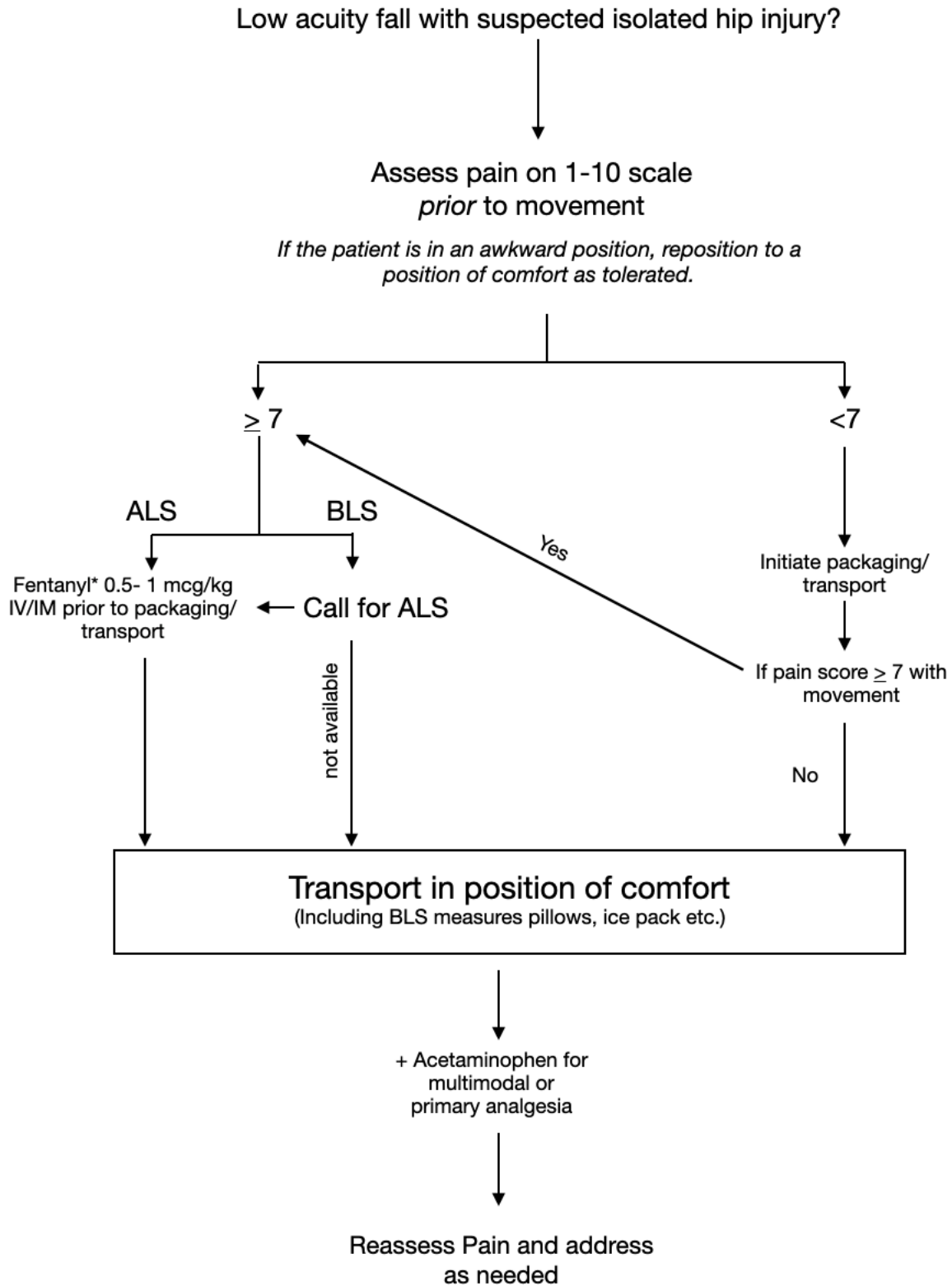
- Multimodal analgesia, including early acetaminophen, improves pain control while limiting opioid requirements in geriatric patients. This approach reduces opioid-related adverse effects and supports safer, more effective pain management in a population at higher risk for respiratory complications

### Safety Monitoring

- Continuous SpO<sub>2</sub> and end-tidal CO<sub>2</sub> monitoring during opioid administration improves early detection of respiratory compromise, to which older and medically frail patients are disproportionately susceptible.

### Pain Reassessment

- Documenting pain reassessment after interventions is essential to evaluate the effectiveness of analgesic and non-pharmacologic measures and to determine the need for additional or escalated pain management.



\* End-tidal and SpO2 monitoring for patients who receive opioid analgesia