

# MEDICATION MANAGEMENT PRIOR TO EMERGENCY SURGERY FOR PATIENTS WITH A NECK OF FEMUR FRACTURE: A MULTI-DISCIPLINARY APPROACH

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## Introduction

Optimising medications pre-operatively improves intra-operative survival and reduces the risk of post-operative complications.

This audit project aims to improve medication management in the peri-operative period for elderly patients undergoing surgical repair of a fractured neck of femur.

## Methods

A closed loop audit assessing compliance to local guidelines on peri-operative prescribing for patients with a neck of femur fracture. The project assessed 100 patient records.

Following initial results an intervention was implemented. This consisted of education targeted at healthcare professionals involved in the prescribing cascade. Ensuring the multi-disciplinary team felt able to question prescribing decisions was a key focus. Creating an environment facilitating this is challenging but is a crucial step when championing patient safety.

## Conclusion

This project reduced the number of inappropriate medications given preoperatively. Anticoagulants were most likely to result in a delay to surgery and hence were a focus for this project. Ensuring these medications weren't accidentally administered reduced the number of patients who faced a delay to surgery. In patients with a hip fracture early surgery improves outcomes.

In the post-intervention arm 3 anticoagulants were inappropriately prescribed but not administered by the nursing staff. This prevented delays to surgery and demonstrates the importance in a multi-disciplinary team approach. By targeting all aspects of the prescribing cascade our team of healthcare professionals have improved patient care.

## Results

The initial audit period identified 13 high-risk medications administered to patients pre-operatively. A common theme was inappropriately administered anticoagulation causing surgical delay.

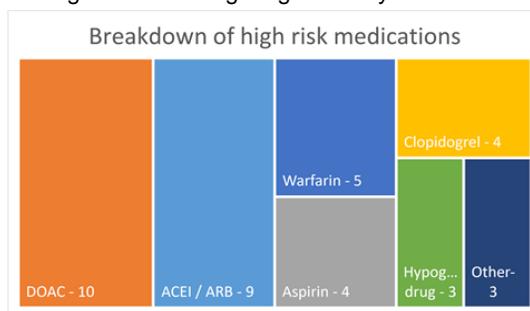


Figure 1 – Breakdown of the identified high-risk medications by drug name or class

Following intervention, no high-risk medications were inappropriately administered.

In patients taking anticoagulation there was a 21% reduction in delay to surgery.

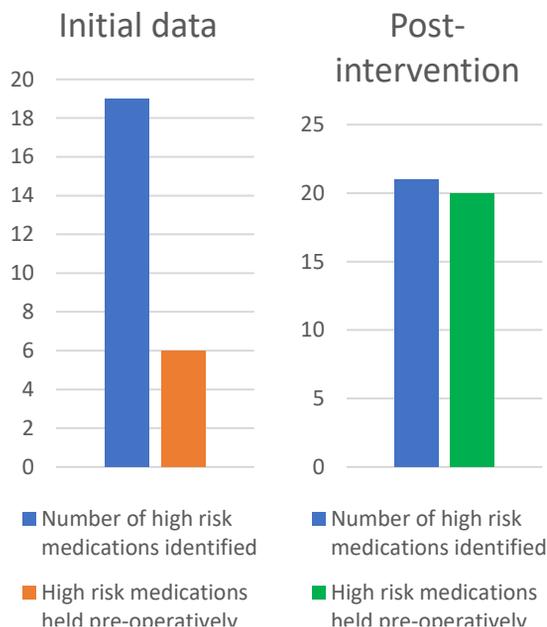


Figure 2 - Comparison of high-risk medication prescribing prior to surgery; pre- and post-intervention



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