

**Patient Name: Anton More**

**Diagnosis: hip fracture, musculoskeletal conditions**

Student Guide

## Lab rules

### General Rules

1. Students will be issued with nametags at the commencement of the learning activity. These should be worn at all times.
2. Participating students must wear their clinical uniform.
3. Students are not to bring food or drink into the simulation laboratories.
4. To prevent tripping hazards, all bags and coats must be stored in the bag racks/lockers provided.
5. For your safety we recommend that you wear protective clothing (lab coat, gown, goggles, mask and/or gloves) relevant to the task being undertaken.
6. Wash your hands upon entering and leaving the simulation laboratories.
7. Immediately report any injury or near miss to a member of staff.
8. In the event of damage to or malfunction of equipment, immediately stop using it and advise staff.
9. Do not remove equipment or models from the laboratories without prior approval of staff.
10. Be considerate: keep noise to a minimum; there is often more than one group working in the labs.
11. Consult staff about any lost or found property.
12. Any deliberate damage, defacing or theft of University property must be dealt with as outlined in the Incident Reporting and Investigation policy; <http://policy.unimelb.edu.au/UOM0364>
13. You may be asked to leave the laboratories if your behaviour is inappropriate.
14. Mobile phones must be placed on silent and conversations with external parties during laboratory lessons are to be avoided.
15. If you are unsure of something, please ask staff.

### Dress Code

An appropriate code of dress applies to the simulated learning environment. This is to encourage students to reflect upon their own professional image, practice the implementation of Infection Control principles and Occupational Health and Safety (OH&S) standards as well as facilitating best practice.

- **Shoes** must be clean and in good repair. Sensible, flat-soled and comfortable shoes are encouraged to promote safety and prevent trauma. Open toed or slip-on backless shoes are not suitable.
- **Jewellery** should be plain and restricted to minimum usage. The following items of jewellery are permitted: wrist or fob watch, wedding ring, stud earrings (earrings of any other description are not permitted). Facial rings are not permitted for Occupational Health and Safety reasons. If necessary they may be replaced by studs. Nail rings are not permitted.
- **Nails** are to be kept short (less than  $\frac{1}{4}$  cm), natural fingernails with fresh clear nail polish or none at all. Please note that artificial / acrylic nails harbour pathogens, especially gram-negative bacilli and yeasts and are not suitable for clinical practice.
- **Hair** should be clean, neat and tidy. It should be kept off the face and secured as to not interfere with patient care procedures. To facilitate this, hair should be tied back once it is collar-length. Hair accessories should be plain / neutral and in keeping with a professional image.

This project was possible due to funding made available by Health Workforce Australia

**Patient Name: Anton Moore**

Diagnosis: hip fracture, musculoskeletal conditions

Student Guide

## Overview

**Target Audience:** 2<sup>nd</sup> year Nursing, Physiotherapy, Speech Pathology & Social Work students

**Number of Participants:** 4 x nursing students, 2 x physiotherapy, speech pathology & social work students

**Estimated pre briefing time:** 30 minutes

**Estimated simulation time (Part A):** 30 minutes

**Estimated post- simulation (Part A) and pre-simulation (Part B) time:** 30 minutes

**Estimate simulation time (part B):** 30 minutes

**Estimated debriefing time:** 60 minutes

**Setting:** orthopaedic ward in a large metropolitan hospital

**Simulation method:** simulated patient playing role of Anton

## Brief summary of scenario

Hip fractures are a common occurrence in Australia. Every day, more than 40 Australians break their hip (Source: AIHW data), with most being aged over 65 years. Hip fractures almost always necessitate a hospital admission and some kind of surgery to repair the fracture. Significant morbidity and mortality is associated with hip fractures; of the 40 people experiencing hip fractures each day, two will die in the hospital and at least four will need to go into a residential aged care facility, either while they recover or permanently. A year later, less than half will be able to walk as well as they did before the fracture, and another six or seven will have died. Hip fractures most commonly occur as a result of a fall, and osteoporosis is a major risk factor.

This case presents an elderly male who experienced a fall at home, leading to a fractured hip. The scenario starts on the first day after surgery to repair the fracture. In Part A, students from nursing and physiotherapy will work together to minimise his experience of pain and assist in the commencement of early walking, an important factor in enhancing recovery. During the patient encounter, it will be revealed that the patient has developed difficulty swallowing and that he has not been managing at home since the recent death of his wife. Following the encounter, students will be directed to collaborate regarding the patient's potential for discharge home and to identify the need

This project was possible due to funding made available by Health Workforce Australia



for involvement of other health professionals. The overall aim for the students is to ensure the best possible outcome for the patient.

Part B of this scenario focusses on the third day after operation, when referrals to a range of health professionals have been made. Students from social work and speech pathology will action these referrals and assist in providing patient-centred care.

This project was possible due to funding made available by Health Workforce Australia



**Patient Name: Anton Moore**

Diagnosis: hip fracture, musculoskeletal conditions

Student Guide

## Learning objectives

### Interprofessional

- Interpersonal and Communication Skills:** Communicates sensitively in a responsive and responsible manner demonstrating the interpersonal skills necessary for interprofessional collaboration
  - Patient-Centred and/or Family-Focused Care:** Through working with others negotiates and provides optimal integrated care by being respectful of and responsive to patient/client and/or family perspectives, needs and values
  - Collaborative Decision Making:** Establishes and maintains effective and healthy working partnerships with other professionals whether or not a formalised team exists
  - Roles and Responsibilities:** Consults, seeks advice and confers with other team members based on an understanding of everyone's capabilities, expertise and culture
  - Team Functioning:** Uses team building skills to negotiate, manage conflict, mediate between different interests and facilitate building of partnerships within a formalised team setting
- (Source: The British Columbia Competency Framework for Interprofessional Collaboration, 2008)

### Discipline Specific - Nursing

- Conduct an assessment of a patient's pain status following surgery for hip fracture
- Administer medications for analgesia according to ANMC standards
- Liaise with the staff from physiotherapy to facilitate appropriate mobilisation of the patient following surgery for hip fracture

### Discipline Specific - Physiotherapy

- Conduct an assessment of the postoperative patient in preparation for mobilisation
- Prepare the environment and equipment to facilitate safe transfers and mobilisation of the patient following hip surgery
- Educate a patient on the correct method of transfer and use of gait aid following surgery for hip fracture
- Assist the patient to transfer, mobilise and sit out of bed in a safe manner
- Liaise with staff from nursing to facilitate appropriate mobilisation of the patient following surgery for hip fracture

### Discipline Specific - Social Work

- Conduct a Psychosocial Risk Assessment
- Practice professional communication when assessing a patient in an acute setting
- Conduct an assessment for establishing next of kin/ person responsible for the patient

This project was possible due to funding made available by Health Workforce Australia

### Discipline Specific – Speech Pathology

- Collect relevant medical and social history information
- Conduct an oral peripheral examination
- Undertake a clinical bedside examination of swallow.

This project was possible due to funding made available by Health Workforce Australia

**Patient Name: Anton Moore**

Student Guide

Diagnosis: hip fracture, musculoskeletal conditions

## Patient story 1

Anton Moore is a 76 year old male who lives at home alone, following the recent death of his wife Lindsay. Yesterday morning when getting out of bed to go to the toilet, Anton suffered a fall. He found himself in a considerable amount of pain and was unable to reach the telephone. Anton's neighbor Serena heard his calls for help and called the paramedics. Anton had recently informed Serena of the location of a hidden spare key to his home, should an emergency arise. Serena was able to let herself into his home and attend to Anton until the paramedics arrived.

The paramedics took Anton to the Emergency Department of the nearest hospital. Upon admission he was found to be alert and oriented. He did not recall losing consciousness, but was vague about the events leading to the fall. Anton complained of severe pain in his left hip (10 out of 10 when asked) and a slight rotation of his left leg was noticed. He was sent to radiology, where a fracture of his left hip was diagnosed upon x-ray. Anton was reviewed by an orthopaedic surgeon, Mr Jones, who explained that surgery would be required to repair the hip. That afternoon, Anton was taken to theatre to have a dynamic hip screw inserted via spinal anaesthesia. Following a short period in recovery, Anton was transferred to the orthopaedic ward.

Today is the first day after Anton's surgery. Mr Jones completed his ward round this morning and was pleased with Anton's postoperative recovery. He has requested that Anton commence mobilization with the assistance of the physiotherapists this morning. The acute pain service also completed their ward round and taken down his PCA (patient controlled analgesia). They have recommended that Anton commence on oral analgesia, and added Endone and Paracetamol to his medications chart.

Anton is a retired builder who lives in his own home in Carlton. He was born in Scotland and immigrated to Australia over 40 years ago after meeting his wife Lindsay. Six months ago, Lindsay passed away from breast cancer. Anton does not have any children or family in Australia. He lives a rather solitary life with his aged dog Archie. The only person that Anton appears to have regular contact with is his neighbor Serena.

This project was possible due to funding made available by Health Workforce Australia

**Patient Name: Anton More**

Diagnosis: #N.O.F

Student Guide

## Patient story 2

Anton Moore is a 76 year old male who was admitted to hospital following a fall three days ago. The fall left him with a broken hip, which was surgically repaired in a procedure completed by the orthopaedic team. Anton has recovered well from the operation. He began walking with the physiotherapist on the first day after surgery and is now able to walk from his chair to the bathroom using a walking frame. His pain has been well managed and he no longer requires continuous pain medication.

Since his admission, Anton has described difficulty with swallowing liquids. One the first day after operation he was noted to cough and splutter when attempting to take his pain medications with water. His medications have now been either crushed and given to him by spoon or delivered intravenously. It has been noted that he is eating very little of his meals. Anton denies having difficulty swallowing in the past. It has been queried whether this change is related to the cause of his fall, however to date, no investigations have been performed.

This project was possible due to funding made available by Health Workforce Australia

**Patient Name: Anton Moore**

Diagnosis: hip fracture, musculoskeletal conditions

Student Guide

### Patient Admission Form

<b>Surname</b> MOORE		<b>URN</b> 021724	
<b>Given Name</b> ANTON		<b>DOB</b> 19/02/1937	
<b>Sex</b> MALE		<b>Country of Birth</b> SCOTLAND	
<b>Spoken Language</b> ENGLISH		<b>Ab or TSI Status</b> N/A	
<b>Religion</b> N/A		<b>Marital Status</b> WIDOW	
<b>Residential Address</b> 200 FARADAY STREET		<b>Suburb</b> CARLTON	
<b>Postcode</b> 3010		<b>Contact Telephone</b> 000 000 111	
<b>Medicare Number</b> 40704070740	<b>Medicare Expiry</b> 02/2020	<b>Pension Number</b> 456321	
<b>Insurance Fund</b> N/A	<b>Insurance Plan</b> N/A	<b>Insurance Number</b> N/A	
<b>NOK/ Contact Person</b>			
<b>NOK Name</b> : Sarina Rashidi		<b>Address:</b> 202 Faraday Street Carlton Victoria	
<b>NOK Phone:</b> 0354689962		<b>Relationship:</b> Neighbour	
<b>GP Details</b>			
<b>Name</b> Dr Peter Masters		<b>Address</b> 20 Cardigan Street	
<b>Suburb</b> Carlton		<b>Postcode</b> 3010	
<b>Ph number</b> 2211554488		<b>Fax Number</b> N/A	
<b>Admission Details</b>		<b>Hip fracture, Surgical Repair</b>	

This project was possible due to funding made available by Health Workforce Australia

**Patient Name: Anton Moore**

Student Guide

Diagnosis: hip fracture, musculoskeletal conditions

## Inpatient Progress Notes

Anton Moore 021724  
M 19/02/1937 English  
200 Faraday Street, Carlton, Victoria 3010

07/03/2013	Orthopaedic Consult – Mr Jones
1030	76 y.o. male adm to ED post fall at home. No LOC reported. Vague about details of fall.
	P.Hx: TIA's, most recent fall 6/12 ago. Ix and N.A.D. H.T. non-drinker, non-smoker
	Meds: Ramipril, Metoprolol, Caltrate
	MKA
	S.Hx: lives alone. No family or council supports
	O/A: GCS 15, BP 155/90, HR 98, RR 20, T 36.9, Pain 10/10
	L leg shortened and externally rotated
	XR: Intertrochanteric # L proximal femur, extracapsular, non-displaced
	P: for ORIF and DHS this afternoon
	Mr A Jones
07/03/2013	<b>ED Nursing Notes:</b> 76 year old male Patient - presented alone to ED via paramedics @ 9.00
10.40	Pain score 5/10, GCS: 15, Temp: 37, Pulse: 81, Respiratory: 12, SpO2 98% on 2L O2 via nasal prongs
	Patient fell at his own home during the morning-due to losing balance, Patient presents
	? # of L N.O.F slight rotation of L leg also noted
	Patient states severe pain & pain score of 10/10-
	Patient has small laceration to fore head- patient denies loss of consciousness which has
	been supported by the patient's neighbour as the neighbour responded immediately to Mr
	More's call for help when he fell over.
	10mg Morphine given with good effect patient comfortable @ time of nursing note
	Patient Hx TIA's 7/12- investigated & N.A.D
	Current Medications: RAMIPRIL, METOPROLOL, CALTRATE
	Patient has been seen by Surgeon Mr Jones and is scheduled for surgery this afternoon-
	Refer to notes above by Orthopaedic Surgeon Jones.
	Patient transferred to ward 3B awaiting transfer to theatre for surgical procedure. K Arthurs R.N

This project was possible due to funding made available by Health Workforce Australia

**Patient Name: Anton Moore**

Diagnosis: hip fracture, musculoskeletal conditions

Student Guide

## Inpatient Progress Notes

Anton Moore 021724  
M 19/02/1937 English  
200 Faraday Street, Carlton, Victoria 3010

07/03/2013	Nursing note:	
	76 year old male RTW @ 15:15. - Post op for DHS repair of intertrochanteric #L. hip via spinal	
	Mr Moore fell over in his home and was assisted by his neighbour- Mr Moore states he got up to go to the toilet, lost his balance and fell.	
	Past Hx TIA'S - Last one 7/12 ago- Investigated and N.A.D.	
	Medications : RAMIPRIL, METOPROLOL, CALTRATE	
	ALLERGIES: NK	
	ETOH: NON DRINKER	
	RTW Observations : IVT Insitu R cubbita fossa- N/S running @ 1000ml/over 12 hours, BP: 130/87, IVT cannula site NAD	
	PCA	
	Pain score 5/10, GCS: 15, Temp: 37, Pulse: 81, Respiratory: 12, SpO2 98% on 2L O2 via nasal prongs	
	Mr Moore has a non-adherent dressing and crepe bandage over his L hip wound site which is clean, dry and intact.	
		K. Arthurs (RN)
8/03/13	ORTHO AM WR – MR JONES	
0700	RECOVERED WELL POST OP	
	HB: 10.5	
	P WELL CONTROLLED WITH PCA	
	FWD	
	P: FOR XR L HIP THIS AM	
	CAN COMMENCE MOBILISATION WITH PT THIS AM WBAT	
		S. SHELDON
		#48697
08/03/2013	Pain Service – am round	
	Minimal use PCA o/n	
	P well controlled on oral / IV analgesia	
	P: remove PCA, to continue on oral endone/ paracetamol, IV analgesia prn	
		Collins #25367

This project was possible due to funding made available by Health Workforce Australia

**Patient Name: Anton Moore**

Student Guide

Diagnosis: hip fracture, musculoskeletal conditions

## Operation Notes

Anton	Moore	021724
M	19/02/1937	English
200 Faraday Street, Carlton, Victoria 3010		

CHx: fall at home, L leg shortened and rotated, XR intertrochanteric # proximal L femur, non displaced, extracapsular

PHx: HT, TIAs

Meds: ramipril, metoprolol, Caltrate

ASA: 2

### Summary of Operation

Surgeon: Jones, Assistant: Ramirez

07/05/13 Dynamic hip screw repair of #L hip via spinal anaesthetic + regional block

Lateral incision

DHS inserted

Good position

Closure with staples

### Postop orders:

RPAO

Aim: SBP  $\geq$  100 mmHg, HR  $\geq$ 60  $\leq$ 100 bpm, T  $\geq$  36.5°C, UO  $\geq$  30mL/hr, Hb  $\geq$  80

Check Hb in am

XR position in am

For LWD this pm, FWD in am

WBAT

This project was possible due to funding made available by Health Workforce Australia

<b>Medication Chart</b>					Anton		Moore		021724	
					M		19/02/1937		English	
					200 Faraday Street, Carlton, Victoria 3010					
Date	Medication (Print Generic Name)			Date	<b>08/03</b>					
07/03/2013	<b>ENDONE</b>									
Route	Dose	Hourly frequency		Time	<b>0600</b>					
O	10mg	6								
Indication		Pharmacy		Dose	<b>10mg</b>					
PAIN		121312		Route						
Prescriber signature		Print your name		Sign	<b>LB</b>					
AN Jones		A N Jones								
Date	Medication (Print Generic Name)			Date	<b>08/03</b>	<b>08/03</b>				
07/03/2013	<b>PARACETAMOL</b>									
Route	Dose	Hourly frequency		Time	<b>0600</b>	<b>1000</b>				
O	1G	4								
Indication		Pharmacy		Dose	<b>1G</b>	<b>1G</b>				
PAIN		121312		Route						
Prescriber signature		Print your name		Sign	<b>LB</b>	<b>LB</b>				
AN Jones		A N Jones								
Date	Medication (Print Generic Name)			Date						
07/03/2013	<b>Ramipril</b>									
Route	Dose	Hourly frequency		Time						
O	10 mg	per day								
Indication		Pharmacy		Dose						
Hypertension		121312		Route						
Prescriber signature		Print your name		Sign						
AN Jones		A N Jones								
Date	Medication (Print Generic Name)			Date						
05/03/2013	<b>Metoprolol</b>									
Route	Dose	Hourly frequency		Time						
O	95mg	DAILY		08.00						
Indication		Pharmacy		Dose						
Cardiac		121312		Route						
Prescriber signature		Print your name		Sign						
AN Jones		A N Jones								

This project was possible due to funding made available by Health Workforce Australia



Date <i>9/5</i>	Medication (Print Generic Name) <i>Morphine</i>	Date										
Route <i>IV</i>	Dose ——— Hourly frequency <i>PCA</i>	Time										
Indication	Pharmacy <i>DD</i>	Dose										
Prescriber signature <i>J. Marr</i>	Print your name <i>J. Marr</i>	Route										
		Sign										

This project was possible due to funding made available by Health Workforce Australia



**Patient Name: Anton Moore**

Student Guide

Diagnosis: hip fracture, musculoskeletal conditions

### ISBAR Handover Tool

<p><b>I</b></p> <p>Identify</p>	<ul style="list-style-type: none"> <li>• Yourself:               <ul style="list-style-type: none"> <li>○ name,</li> <li>○ position,</li> <li>○ location</li> </ul> </li> <li>• Receiver: Confirm who you are talking to</li> <li>• Patient: name, age, sex, location</li> </ul>
<p><b>S</b></p> <p>Situation</p>	<ul style="list-style-type: none"> <li>• State purpose “The reason I am calling is.....”</li> <li>• If urgent – SAY SO, Make it clear from the start</li> <li>• May represent a summary of Assessment and Requirement</li> </ul>
<p><b>B</b></p> <p>Background</p>	<ul style="list-style-type: none"> <li>• Tell the story</li> <li>• Relevant information only:               <ul style="list-style-type: none"> <li>○ history,</li> <li>○ examination,</li> <li>○ test results,</li> <li>○ management</li> </ul> </li> <li>• If urgent: Relevant vital signs, current management</li> </ul>
<p><b>A</b></p> <p>Assessment</p>	<ul style="list-style-type: none"> <li>• State what you think is going on, your interpretation</li> <li>• Use ABCDE approach               <ul style="list-style-type: none"> <li>○ Airway</li> <li>○ Breathing</li> <li>○ Circulation</li> <li>○ Disability</li> <li>○ Exposure</li> </ul> </li> <li>• State any interventions e.g applied oxygen</li> </ul>
<p><b>R</b></p> <p>Requirement</p>	<ul style="list-style-type: none"> <li>• What you want from them – BE CLEAR</li> <li>• State your request or requirement               <ul style="list-style-type: none"> <li>○ Urgent review (state time frame)</li> <li>○ Give approval / recommendation for further course of action while awaiting attendance eg. ECG, bloods</li> <li>○ Give opinion on appropriate management</li> </ul> </li> </ul>

This project was possible due to funding made available by Health Workforce Australia



**Patient Name: Anton Moore**

Student Guide

Diagnosis: hip fracture, musculoskeletal conditions

## Resources

Mak JCS, Cameron ID and March LM (2010): Evidence-based guidelines for the management of hip fractures in older persons: an update. MJA 2010; 192: 37–41. Accessed at: <https://www.mja.com.au/journal/2010/192/1/evidence-based-guidelines-management-hip-fractures-older-persons-update>

AIHW (Australian Institute of Health and Welfare) 2010. The problem of osteoporotic hip fracture in Australia. Bulletin no. 76. Cat. no. AUS 121. Canberra: AIHW. Accessed at: [www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442452947](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442452947)

This project was possible due to funding made available by Health Workforce Australia



**Patient Name: Anton Moore**

Diagnosis: hip fracture, musculoskeletal conditions

Student Guide

## Student Notes

This project was possible due to funding made available by Health Workforce Australia