

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

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Neck of femur fracture patients on warfarin: How to optimize them and achieve the best practice tariff?**F Joy and J Taylor**

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Introduction: Management of a patient with a neck of femur (NOF) fracture is a key aspect of orthopedic trauma care, with around 75,000 new cases in the United Kingdom annually costing the health care over £2 billion. A person on anticoagulation (warfarin) and the time spent on its reversal prior to surgery is identified to be a cause not only on patient outcome but also losing the best practice tariff (BPT).

Aim: The aim of the study was to establish the impact of this cohort of population had on achieving the BPT and how we could improve it. \

Materials & Methods: Retrospective data was collected over a period of 12 months using the national hip fracture data base (NHFD). A percentage of 10% of the identified cohort was delayed to theatre due to high international normalized ratio (>1.5) and failed to achieve BPT. This cost the trust a loss of around £43,200.

Results: Introduction of a simple hand held warfarin testing device (cost only £800/-) in accident and emergency was done and appropriate patients had an instant INR check. If INR >1.5 a stat 2 mg intra venous Vit K (IVK) is initiated and INR was rechecked at six hrs and if indicated further IVK is administered.

Conclusion: Using this simple device and its introduction in the A&E department, we can avoid the time lost for the anticoagulation reversal. This will mean improved patient care and compliance with BPT and can be achieved in this cohort of NOF fracture patients.

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