

Standardised
Audit of
Hip
Fractures in
Europe



1. - **Country and hospital code**
First 3 numbers are the countries international dialling code, then 6 numbers for the hospital code.
 2. **Patient ID number**
Each hospital may chose their own ID number, e.g. social security number, hospital record number.
Even if the patient is admitted later for a second fracture the same number is used.
 3. **SAHFE number** (Computer generated when form 1 is registered).
 4. **Side of fracture** 1=Left 2=Right (If simultaneous bilateral fracture, use 2 forms.)
 5. / / **Date of fracture** (If not known, use "Date of admission", form 1.)
 6. / / **Date of birth** (e.g. 25/06/1945)
 7. **Sex** 1=Male 2=Female
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8. / / **Date of admission**
 9. **Admitted from** Choose the one option that best applies. For full explanation see on the back of this form.
1=Own home 2=Sheltered housing 3=Institutional care 4=Nursing home
5=Permanent hospital inpatient 6=Rehabilitation unit 7=Acute hospital 8=Other 9=Died
 10. . **Living alone** (A modification to this is available in the optional section)
1.0=Yes 2.0=No 3.0=Institutional care (categories 3-7 above)
 11. **Walking** Refers to the patients normal walking ability immediately before the fracture occurred.
1=Walked alone out of doors 2=Walked out of doors only if accompanied
3=Walked alone indoors but not out of doors 4=Walked indoors only if accompanied 5=Unable to walk
 12. **Walking aids** Refers to the walking aids normally used before the fracture occurred.
1=Can walk without aids 2=One aid (stick, crutch, tripod or hemiwalker)
3=Two aids (stick, crutch, tripod or hemiwalker) 4=Frame (walking frame or rollator) 5=Wheelchair/bedbound
 13. **ASA grade**
1=Completely fit and healthy, 2=Some illness but this has no effect on normal daily activity, that is an asymptomatic condition such as hypertension, 3=Symptomatic illness present, but minimal restriction on life, e.g. mild diabetes mellitus, 4=Symptomatic illness causing severe restriction, e.g. severe chronic bronchitis, unstable diabetes, 5=Moribund.
 14. **Type of fracture** (see figure on the back of this form)
Choose the area of bone in which the main fracture line crossing femur is predominately found.
1=Undisplaced intracapsular 2=Displaced intracapsular 3=Basocervical
4=Trochanteric two fragments 5=Trochanteric multi-fragments 6=Subtrochanteric (any number of fragments)
 15. **Pathological fracture**
1=No 2=Malignant secondary bone tumor 3=Malignant primary bone tumor
4=Bone cyst 5=Paget's disease 6=Other (specify)
 16. / / **Date of operation** Leave blank only if not operated on.
 17. . **Primary operation** (A modification to this is available in the optional section)
1=Single screw, pin or nail 2=Two screws, pins or nails 3=Three or more screws, pins or nails
4=Single screw, pin or nail with side plate 5=Intramedullary nail 6=Hemiarthroplasty
7=Total hip arthroplasty 8=Conservative 9=Other (specify)
 18. / / **Date of discharge or death from primary admission ward**
Has any re-operation been performed? If yes, complete form 3 (questions 28-34) for each re-operation
 19. **Discharged to** (code as question 9)