ORTHOGERIATRIC CARE MODEL

Orthogeriatric care is the integrated multidisciplinary management of an older person with a fracture using evidence informed pathways from admission to return to the community to maximise the quality-of-care and patient outcomes within the resources available.



EMERGENCY PHASE

- Accurate diagnosis
- Adequate pain control
 - Analgesia and Nerve blocks
- Treatment decision
 - Shared decision making to develop treatment plan with patient, carers and family - Coordinate access to surgical consultation
- Coordinate timely surgery for appropriate patients, including transfer
- Stabilize medically



PRE-OPERATIVE PHASE

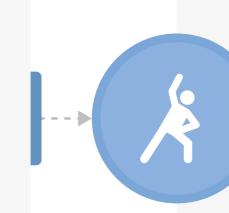
- Rapid optimization for surgery access to surgery including:
 - Medication management
 - Necessary medical test
- Support postoperative recovery operative recovery
 - Initiate strategies to promote recovery
 - Pain management
 - Medication management • Nutrition and hydration

 - Pressure injury prevention
- Initiate discharge planning
 - appropriate)

- **POSTOPERATIVE PHASE**
- Everything out, everyone up
 - Remove lines and catheter as early as possible
 - Immediate and regular mobilization/ambulation without restriction
- Medical optimization and Bone health
 - Complete a Comprehensive Geriatric Assessment to assess for, prevent and/or treat medical conditions and frailty including:
 - Pain management
 - Delirium
 - Lack of hydration
 - Lack of nutrition
 - Pressure injury
 - Falls
 - Bone health/osteoporosis assessment and treatment

REHABILITATION

- Optimize function
 - Function and strength training
- Initiate fall prevention
- Gait and balance training
- Discharge planning
 - Work with patient, family and carers to facilitate successful discharge
 - Education
 - Help set expectations for function through goal setting
 - Referral to out patient services (nutrition, rehabilitation, bone health)



OPERATIVE PHASE

- Early and appropriate surgical intervention restrictions
- Appropriate anaesthesia

RETURN TO FUNCTION

- Community medical care
 - includes
 - Manage medical conditions
- Ongoing rehabilitation
- Support patient, carers and family to:
- Develop achievable long-term goals
- Return to function
 - Falls prevention
- Follow up fracture care

- Medical assessment and treatment that will facilitate early - Initiate Comprehensive Geriatric Assessment to identify medical conditions and reason for falls that will affect post

- Delirium prevention and management
- Initiate bone health/ osteoporosis assessment/ treatment (as

- Surgical decisions to promote immediate mobilization without

- Primary care provider and/or alternative - Develop medical plan with patient, carers and family that

 Assess and treat for bone health/ osteoporosis - Communicate plan to community teams

- Optimize environment in place of residence including accessing supports (e.g. nutrition and personal support) - Develop plans and access resources to support: