



INDICATIONS

















Cochrane Database of Systematic Reviews

Peripheral nerve blocks for hip fractures (Review)



Peripheral nerve blocks for hip fractures (Review)

Cochrane Database of Systematic Reviews

- Reduction
 - Pain on movement < 30 min



This represents a clear and undeniable advantage over systemic analgesia, especially in this era of opioid crisis.

Guay J, Kopp S. Cochrane Database Syst Rev. 2020 Nov 25;11(11):CD001159



Peripheral nerve blocks for hip fractures (Review)

- Reduction
 - Pain on movement < 30 min
 - Risk of Acute confusional state



Cochrane Database of Systematic Reviews

Peripheral nerve blocks for hip fractures (Review)

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Moderate-certainty evidence

Peripheral nerve blocks for hip fractures (Review)

Cochrane Database of Systematic Reviews

- Reduction
 - Time to first mobilisation
 - Risk of chest infection



Moderate-certainty evidence

Peripheral nerve blocks for hip fractures (Review)

Cochrane Database of Systematic Reviews

- Reduction
 - Time to first mobilisation-> -11h
 - Risk of chest infection-> NNT 7

Guidelines

Guideline for the management of hip fractures 2020

Guideline by the Association of Anaesthetists

R. Griffiths, S. Babu, P. Dixon, N. Freeman, D. Hurford, E. Kelleher, I. Moppett, D. Ray, O. Sahota, M. Shields and S. White

- 1 Single shot nerve blocks should be provided in the Emergency Department and at the time of surgery (provided 6 h has passed between blocks) [27]. There is some evidence for their efficacy in providing prehospital analgesia [29];
- 2 Femoral or fascia iliaca blocks should be used

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AAOS Updates Clinical Practice Guideline for Management of Hip Fractures in Older Adults

Multimodal Analgesia

Multimodal analgesia incorporating preoperative nerve block is recommended to treat pain after hip fracture.

Management of Hip Fractures in Older Adults

Endorsed by: AAHKS, OTA, APTA, AAPM&R Cite this recommendation

*** * STRONG EVIDENCE



AAOS Updates Clinical Practice Guideline for Management of Hip Fractures in Older Adults

Feasibility

FNB and FICB can be performed feasibly in emergency departments, perioperative care settings, and other hospital areas with appropriate provider training and access to necessary monitors and rescue treatments. Feasibility of other multimodal analgesic approaches may vary according to the modality evaluated.















Distal Median nerve block



Distal Radial nerve block









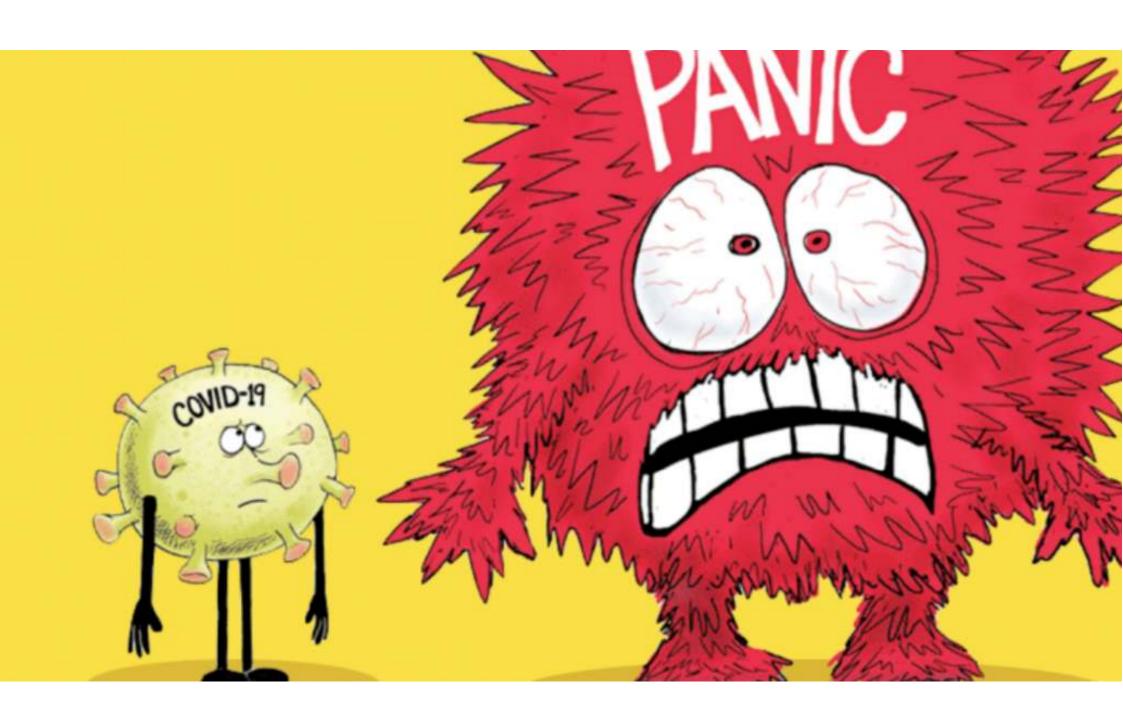


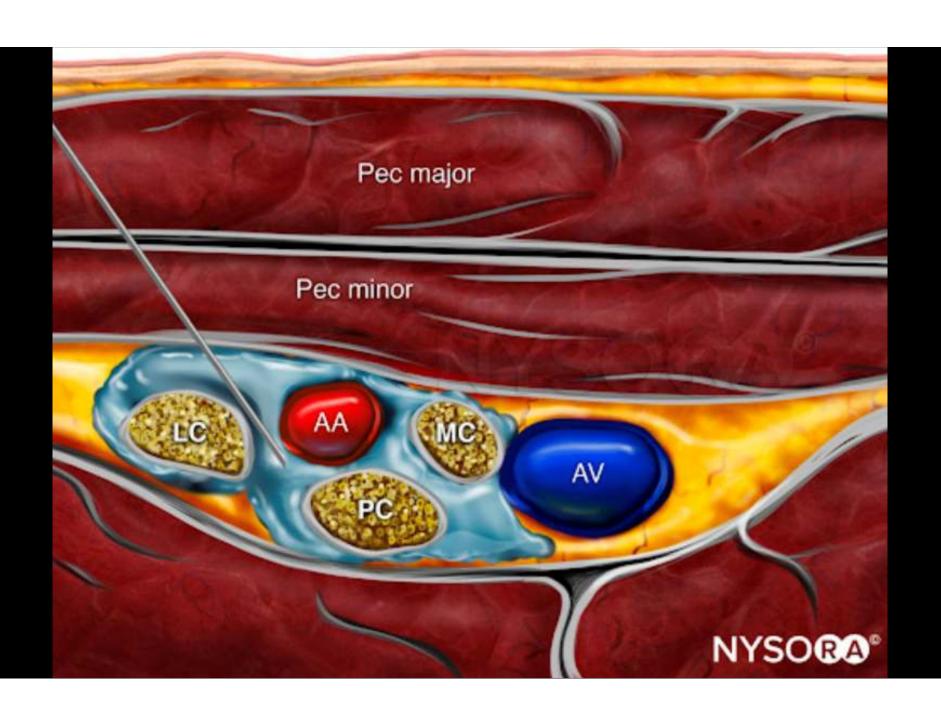


























> Eur J Emerg Med. 2021 Oct 1;28(5):402-403. doi: 10.1097/MEJ.000000000000820.

The use of peripheral nerve blocks for trauma patients: a survey in Belgian emergency departments

Laura Puype 1, Matthias Desmet 2, Dries Helsloot 3, Vincent Van Belleghem 3, Sandra Verelst 1

- 124 Hospitals, response rate 90%
- 84% performed PNBs,
 - 18% ED
 - 14% ED and OR
 - 68% OR
- 6% formal integration of PNBs in the analgesic protocol

Take home messages

- Institute PNBs in protocols @ED for hip fracture
- Case by case indications can provide elegant solutions for your patient
- Anesthesiologists are welcome and needed @ED