

December 03-04, 2018  
Amsterdam, NetherlandsJ Nurs Health Stud 2018, Volume: 3  
DOI: 10.21767/2574-2825-C5-015

# NECK OF FEMUR PATIENTS ON WARFARIN: HOW TO OPTIMISE THEM AND ACHIEVE THE BEST PRACTICE TARIFF?

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**Introduction:** Management of a patient with a neck of femur (NOF) fracture is a key aspect of orthopaedic 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 was to establish the impact, this cohort of population had on achieving the BPT and how we could improve it.

**Material & Methods:** Retrospective data was collected over a period of 12 months using the national hip fracture data base (NHFD). 10% of the identified cohort was delayed to theatre due to high international normalised ratio (>1.5) and failed to achieve BPT. This costs the trust a loss of around £43,200. Introduction of a simple hand held warfarin testing device (cost only £800/-) in accident, emergency and to appropriate patients will have an instant INR check. If INR>1.5 a stat 2 mg intra venous vit K (IVK) is initiated and INR rechecked at 6 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 can be achieved in this cohort of NOF fracture patients.

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