DUQUE DATA COLLECTION FOR ACUTE HIP FRACTURE Definitions A hip fracture is a femoral fracture that occurs in the proximal end of the femur, near the hip joint. Hip-fracture Diagnostic criteria Patients aged 65+ fulfilling at least one of the following three primary diagnostic criteria are included: fractura colli femoris (ICD-10; S72.0 or ICD-9; 8200-1) - fractura pertrochanterica (ICD-10; S72.1 or ICD-9; 8202-3) fractura subtrochanterica femoris (ICD-10; S72.2 or ICD-9; 8208-9) ecords from patients for inclusions in the DUQuE study dentifying medical r Precondition Patients having acute hip fracture represent a large proportion of acute admissions, should be fairly easy to identify. Please follow the guide below carefully to ensure consecutive inclusion of 30 acute hip-fracture patients according to the specified inclusion and exclusion criteria, and the overall scientific soundness of the DUQuE study. Thank you! Identify all patients age 65 years or older who were discharged from the hospital with a principal diagnosis of fractura colli femoris (ICD-10; S72.0 or ICD-9; 8200-1) OR fractura pertrochanterica (ICD-10; S72.1 or ICD-9; 8202-3) OR fractura subtrochanterica femoris (ICD-10; S72.2 or ICD-9; 8208-9) Review the most recent admissions first and make your way backwards in time Find the patients medical record, go through each of the patients medical record and answer the questions. Keep going until you have 35 patients included in total. Please see the "Manual for chart reviewers" for more information on patient sampling. The patient has a principal diagnosis of either fractura colli femoris (ICD-10; S72.0 or ICD-9; 8200-1) OR fractura pertrochanterica (ICD-10; S72.1 or ICD-9; 8202-3) $No \rightarrow$ Patient is excluded OR fractura subtrochanterica femoris (ICD-10; S72.2 or ICD-9; 8208-9) The patient is age 65 or older No -Patient is excluded \downarrow Patient was transfered from another hospital for treatment Yes → Patient is excluded after intial diagnosis Patient had hip-fracture surgery Patient is excluded No -Patient is included for medical chart review (N=35) Review the patient's medical charge and answer all the following questions (Please see next page). Repeat this procedure until you have collected data from 35 patients in total

	DUQUE DA	TA COLLE	CTION SHEET FOR HIP FRACTURE		
Field Number	Field Prompt		Definition and notes	Guidance for answering	
K01	COUNTRY AND HOSPITAL	INFORMATIO	V		
K0101	Country		Country: please specify the country below		
		2 3 4 5 6 7	Czech Republic England France Germany Poland Portugal Spain	Fill in a number from 0-7	
K0102	Hospital Name	8	Turkey Please specify the hospital name		
KU 1UZ	riospital Hamo	Text	Name of hospital	Name of hosptial	
Field Number	Field Prompt	Answer categories	Definition and notes	Guidance for answering	Patient id
K02	PATIENT DEMOGRAPHY				01
K0201	Patient date of birth		Please specify the patient's date of birth	Fill in exact date or fill in "9"	
			Date of birth (DD-MM-YYYY) Not specified		
K0202	Patient gender	1	Please specify the gender of the patient Male Female Not specified	Fill in 0, 1 or 9	
K03	ADMISSION		, ret epocinou		01
K0301	Date and time of fracture	9 HH:MM	The date and time of fracture Date (DD:MM:YYYY) Date not specified Time (HH:MM) Time not specified	Fill in exact date OR "9" Fill in exact time OR "99"	
K0302	Date and time of admission to the hospital		This field should be completed - all patients should have an admission date and time. This refers to when the patient was first admitted to you hospital. Even if precise times are unknown/ not specified, you should enter the date of admission to hospital.		
			Date (DD:MM:YYYY) Date not specified	Fill in exact date OR "9"	
		HH:MM	Time (HH:MM) Time not specified	Fill in exact time OR "99"	
K0303	Admission ward		Where did the patient spend the majority of the first 24 hour in hospital? The purpose of this question is to determine where immediate care took place. Refers to the unit to which the patient is admitted either from the Accident and Emergency (A&E) ward or directly by ambulance service.		

Field	Field Prompt	Answer	Definition and notes		
umber	riela riollipi	categories	Definition and notes	Guidance for answering	
		(Acute admissions unit		
		1	Orthopaedic surgery unit		
		2	Rehabilitation / therapy OR geriatric unit / bed; A facility normally used primarily for patients after initial care of hip-fracture patient, and is not the usual place of care for acute hip-fracture patients, this also includes a geriatric unit / bed	Fill in a number from 0-	
		3	Other ward; To record patients admitted to any other wards (Intensive Care Unit, Critical Care Unit OR High Dependecy Unit) OR who had a hip-fracture while already in hospital.	4 OR 9	
		4	The patient spend the majority of the first 24 hours in an A&E department or an observation ward		
		9	Not specified OR Patient died in the A&E department with in the first 24 hours		
K0304	Pressure ulcer at admission		Does the patient have any validated diagnosis of pressure ulcer?		
			No Yes	Fill in 0, 1 or 9	
			Not specified	1 111 111 0, 1 01 3	
K04	PATIENT HISTORY				01
K0401	Previous AMI		Any previously validated episode of acute myocardial infarction?		
			No	F''II '	
			Yes Not specified	Fill in 0, 1 or 9	
K0402	Previous angina		Any symptoms due to cardiac ischemia developing or already in existence at least two weeks prior to admission, and continuing up to admission?		
			No	E111 to 0.4 or 0	
			Yes Not specified	Fill in 0, 1 or 9	
K0403	Previous heart failure		Any previously validated diagnosis of heart failure on any therapeutic regime?		
			No		
			Yes Not specified	Fill in 0, 1 or 9	
K0404	Hypertension		Is the patient already receiving treatment (drug, dietary or lifestyle) for hypertension or with recorded BP > 140/80 on at least two occasions prior to admission?		
		1	No Yes	Fill in 0, 1 or 9	
K0405	Hypercholesterolaemia		Not specified Does the patien have an elevation of serum cholesterol requiring dietary or drug treatment?		
			No		
			Yes Not specified	Fill in 0, 1 or 9	
K0406	Peripheral vascular disease		Does the patient show presence of peripheral vascular disease, either presently symptomatic or previously treated by intervention or surgery?. Include known renovascular disease and aortic aneurysm.		
			No		
			Yes	Fill in 0, 1 or 9	

Field	Field Prompt	Answer	CTION SHEET FOR HIP FRACTURE Definition and notes	
umber	rieiu i rompi	categories	Definition and notes	Guidance for answering
K0407	Cerebrovascular disease		Does the patient have a history of cerebrovascular ischemia? To include transient cerebral ischemic episodes as well as events with deficit lasting >24 hours.	
		1	No Yes Not specified	Fill in 0, 1 or 9
408	Asthma or COPD		Any form of obstructive airways disease?	
		1	No 1 Yes Not specified	Fill in 0, 1 or 9
)409	Chronic renal failure		Is the creatinine chronically >200 micro mol/L?	
		1	No I Yes Not specified	Fill in 0, 1 or 9
)410	Liver disease		Any validated diagnosis of liver disease?	
		1	No Yes Not specified	Fill in 0, 1 or 9
K0411 Cancer	Cancer		Any validated diagnosis of cancer disease?	
		1	No Yes Not specified	Fill in 0, 1 or 9
0412	Dementia		Any validated diagnosis of dementia?	
		1	No I Yes Not specified	Fill in 0, 1 or 9
0413	Diabetes		Please specify the patient's status and treatment regarding know diabetes prior to this admission	
			A patient not known to be diabetic at the time of admission. Diabetic not receiving insulin or oral medication.	
		2	Diabetic receiving oral medication prior to admission. Diabetic receiving insulin without additional oral medication. Diabetic receiving insulin and oral medication prior to admission.	Fill in a number from 0 5 OR 9
			Not specified	
CO5	SURGERY, MOBILISATION		DN	
0501	Date and time of hip fracture surgery -		The time of <u>incision</u> for hip-fracture surgery, this should be recorded	
	Incision	Ş	Date (DD:MM:YYYY) Date not specified	Fill in exact date OR "9"
			Time (HH:MM)	Fill in exact time OR "99"
0502	Date and time of hip fracture surgery - Termination	99	Time not specified The time of hip-fracture surgery termination (end of surgery), this should be recorded	OR 39
			Date (DD:MM:YYYY) Date not specified	Fill in exact date OR "9"
			Time (HH:MM)	Fill in exact time
		99	Time not specified	OR "99"

	DOQUE DA	IX OOLLL	CTION SHEET FOR HIP FRACTURE	
Field umber	Field Prompt	Answer categories	Definition and notes	Guidance for answering
)503	Date and time of mobilisation after		The time of onset of mobilisation post surgery, this should be recorded	
	surgery		Date (DD:MM:YYYY)	Fill in exact date and time
			Time (HH:MM)	OR if this is not available
			Exact time not specified but within the first 24 hours after surgery Date AND OR time not specified	fill in "0" or "9"
K0504	Mobilisation after surgery - The patient gets out of bed	3	This refers to mobilisation performed post hip fracture surgery in your hospital. The patient must get out of bed assisted or unassisted either sitting, standing or walking.	
		0	Patient was not mobilised (Including patient declined mobilisation)	
			Patient was unassisted when mobilised	
		2	Patient was assisted when mobilised	Fill in a a number from
		2	Mobilised, but not know if assisted or not Patient declined mobilisation	0-3 OR 9
			Not specified	
0505	In-hospital antibiotic prophylaxis	9	Secondary prevention using antibiotics (perioperative antibiotics)	
0000	(Perioperative antibiotics)	0	Yes, secondary prevention using antibiotics initiated	
			No secondary prevention using antibiotics	Fill in a number from 0-
			For patients who die or are transferred to another hospital	2 OR 9
		9	Not specified	
K0506	Date and time of antibiotic prophylaxis		If you and swered yes (=0) to the above question, please state the time of onset of perioperative antibiotics	
			Date (DD:MM:YYYY)	Fill in exact date and time
			Time (HH:MM) Exact time not specified but prior to hip fracture surgery	OR if this is not available
			Date AND / OR time not specified	fill in "0" or "9"
507	In-hospital thromboembolic prophylaxis		This refers to prophylactic thromboembolic treatment given in your hospital.	
301		0	Thromboembolic treatment was given	
		1	Thromboembolic treatment was NOT given	Fill in 0, 1 or 9
		9	Not specified	
			Please specify the kind of thrombolytic prophylaxis	
			Unfractionated heparin (UFH)	
		1	Low molecular weight heparin (LMWH)	
			Fondaparinux (Synthetic pentasaccharine anticoagulant)	Fill in a number from 0-
		3	Mechanical prophylaxis e.g. foot pumps with cyclic sequential compression and arterial venous foot	3 OR 9
		0	impulse systems Not specified	
1500	Date and time of thromboembolic	9	The time of onset of thromboembolic prophylaxis	
0508	prophylaxis	DD-MM-YYYY	Date (DD:MM:YYYY)	Fill in exact date
		9	Date not specified	OR "9"
			Time (HH:MM)	Fill in exact time
		99	Time not specified	OR "99"
06	DISCHARGE - DEATH			
(0601	Date of discharge from hospital OR		Discharge date should be completed for all patients, discharge date includes date of transfer	
	death		to another hospital. If the patients is transferred to another hospital for the day e.g. for	
			treatment, the patient is not regarded as discharged. Date of death should ONLY be	
			completed if the patient died while in hospital.	
		DD-MM-YYYY	Date of discharge (DD:MM:YYYY)	Fill in exact date
		9	Date of discharge not specified	OR "9"
		DD-MM-YYYY	Date of death (DD:MM:YYYY)	Fill in exact time
			Date of death not specified	OR "99"