Orthopaedic Supported Discharge
For Trauma and Orthopaedic Patients

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.
Further information may be obtained by logging on to our website:
www.nhsdirect.co.uk  Click on Health Encyclopaedia >
Alphabetical index (f for femur)

Further Information
We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

Author: Fractured neck of femur steering group  Department: Trauma and Orthopaedics
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### INTRODUCTION

**What is Orthopaedic Supportive Discharge**

The aim of Orthopaedic Supportive Discharge (OSD) is to provide a greater proportion of your rehabilitation within your home setting rather than in hospital. It may not be suitable for everyone however it has been found that patients can often achieve better outcomes from rehabilitating at home rather than in a hospital setting.

The service can be provided for up to 14 visits while you continue to progress with your rehabilitation. The team may refer you to community services for on-going rehabilitation if necessary.

The team will provide therapy in the home, but any personal care needs may be provided by external care agencies. It will not be possible to manage every patient’s rehabilitation at home, for example, those patients who would not be safe at home. Those who cannot be managed by the OSD Team will continue to receive their rehabilitation at Ashford and St Peters Hospitals, Woking or Walton Community Hospitals.

Those suitable for Orthopaedic Supportive Discharge will have to meet certain set criteria, these have been identified as:

- You must be medically stable. You will be assessed by the Consultant who has reviewed the care throughout the admission.

### SPELTHORNE

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Community Support Services</td>
<td>01784 446389</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>01784 444265</td>
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<tr>
<td>Age UK</td>
<td>01784 444200 / 211</td>
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<tr>
<td>Spelthorne Personal Alarm Network</td>
<td>01784 444277</td>
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<tr>
<td>Crossroads</td>
<td>01784 446294</td>
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<tr>
<td>Shopmobility (Staines)</td>
<td>01784 459416</td>
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<tr>
<td>Care &amp; Repair</td>
<td>0845 4086755</td>
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<tr>
<td>Carer Support</td>
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### RUNNYMEDE

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<tr>
<td>Careline</td>
<td>01932 425865</td>
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<tr>
<td>Care &amp; Repair</td>
<td>01932 425885</td>
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<td>Carer Support</td>
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### WOKING

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<tr>
<td>Crossroads</td>
<td>01483 447777</td>
</tr>
<tr>
<td>Carer Support</td>
<td>01483 727277 (757272 for minorities)</td>
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<tr>
<td>Age UK</td>
<td>01483 770753</td>
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<tr>
<td>Careline</td>
<td>01483 743647</td>
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</table>
You must have the mental ability to understand the rehabilitation programme and the support provided in your home.

You must be able to get yourself in and out of bed and transfer on and off a chair independently and walk short distances with a suitable walking aid.

You must be resident in the boroughs of Spelthorne, Elmbridge, Runnymede or Woking.

What the service offers

- A visit on the day of discharge to assess needs and make plans with you.
- Specialist therapy intervention and nursing review for the patient at home for up to 14 visits.
- Advice and emotional support for you, your carer and family.
- Support and help for you to make your own decisions and set your own goals.
- Close working with the Orthopaedic Department and Geriatricians at Ashford and St Peter’s Hospital.
- Regular reviews of progress and plans during your rehabilitation with the OSD Team.
- Onward therapy referral if required.

If you have problems or concerns:

If you have any problems the Team Leader can be contacted during normal working hours 08:00hrs-16:00hrs on:

<table>
<thead>
<tr>
<th>Telephone numbers:</th>
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<tr>
<td>If you require <strong>Nursing</strong> advice call: 07585887504</td>
</tr>
<tr>
<td>If you require <strong>Therapy</strong> advice call: 07585888260</td>
</tr>
<tr>
<td>OSD desk: 01932 872000  Ext: 6180</td>
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**USEFUL CONTACTS**

<table>
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<tr>
<th>St. Peter’s Hospital</th>
<th>01932 872000 (switchboard)</th>
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<tr>
<td>NHS Direct</td>
<td>111</td>
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<tr>
<td>Red Cross</td>
<td>0845 0547222</td>
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<tr>
<td>Alzheimer’s Society</td>
<td>01483 753651 (West Surrey)</td>
</tr>
<tr>
<td>Dementia Helpline</td>
<td>0300 222 1122</td>
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**ELMBRIDGE**

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<th>Community Support Services</th>
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<td>Council Community Transport</td>
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<tr>
<td>Crossroads</td>
<td>01372 469942</td>
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<tr>
<td>Care &amp; Repair</td>
<td>01372 474645</td>
</tr>
<tr>
<td>Carer Support</td>
<td>01932 235770</td>
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- Ensure you have returned the ‘Furniture Heights Form’.
- Identify one-room that you would be happy to spend most of your time initially upon discharge (downstairs preferably).
- This one-room would require space for bed / armchair / potential medical equipment with adequate space to walk around.
- Identify a bed and armchair to be placed in this one-room (this cannot be provided by the hospital or OSD Team). Speak to the OT if you are unsure about the suitability of any furniture you have especially with regards to height. The Occupational Therapist will be able to advise you on good seat heights and provide chair raisers where appropriate.

**Consent**

In order to receive therapy from the OSD Team, you and your family will need to give consent to allow staff to visit them at home.

You may also be required, with assistance from the Occupational Therapist, to set up one-room living initially in order for you to return home safely. This may only be a temporary measure whilst you recover.

The specialist team who will be involved in both assessing and caring for you after discharge are:

**The Specialist Team**

**The Consultant**

Our Consultants will have assessed you on a regular basis during your admission. They will have reviewed any pre-existing medical conditions along with your medication. They will also ensure you are medically stable and are medically fit to be discharged home.

**Nurse**

The nurse will assess you in hospital and prior to discharge, they will also come and visit you in your home and will ensure all services are in place and you are continuing to recover safely. The first visit will be within approximately 48 hours post discharge from hospital.

The nurse will review your wound and remove your stitches or clips. They will ensure you are progressing well. They will advise you regarding medication especially painkillers and help address any concerns you have.
Physiotherapist
The physiotherapist will assess you at home within approximately 48 hours to assess your mobility and rehabilitation programme. They will work alongside the therapy assistants to progress your mobility and movement / strength of your affected limb.

Occupational Therapist
The Occupational Therapist will assess you at home within approximately 48 hours to assess your ability in everyday activities such as personal care and meal preparation. Working with therapy assistants to optimise your independence and function within your home environment.

Therapy Assistants
The therapy assistants will carry out the rehabilitation programmes set by the physiotherapist and/or occupational therapist.

Advice regarding Complications / Concerns
- Wound oozing / infection.
- Pain.
- Swelling / Deep vein thrombosis (DVT), which are clots in your legs.
- Constipation, this is often due to painkillers and reduced mobility.
- Feeling unwell: temperature, feverish, urinary tract infection or a chest infection.

How can you prevent pressure ulcers?
- Relieving pressure on the skin is the best way of preventing pressure ulcers.
- It is important to change position and keeping moving as much as possible as this will help. If possible stand up to relieve the pressure on a regular basis throughout the day.
- You should change position at least every 2 hours. When moving, make sure your skin is lifted clear of the bed or chair so you don't rub your skin.

Exercise
Do continue your exercise regime as taught by your physiotherapist, and gradually increase the number of times you repeat each exercise as soon as you feel comfortable to do so.

Do go for short walks regularly. Try to slowly increase the amount you are doing each day. The amount you do will not damage your hip, but might tire you out at first.

One-Room Living Requirements
You may require the setting up of one room living due to your level of mobility / safety. This will be highlighted to you once you have been referred to the OSD Team.

The ward Occupational Therapist will advise you on your equipment needs however the following will need to be explored and planned for as soon as possible:
What causes pressure ulcers?

Pressure ulcers are caused by a combination of:

- **Pressure**: normal body weight can squash the skin and damage the blood supply to the area. Lying or sitting in one position for a long time can cause this.
- **Friction**: poor lifting or moving techniques can remove the top layers of skin or cause blisters.
- **Shearing**: sliding down the bed or chair can damage the skin and deeper layers of tissue.
- A poor diet.
- Lack of fluid (dehydration).
- Moist skin - for example, due to sweating or incontinence.

What areas are more susceptible to getting a pressure ulcer?

![Diagram showing areas of the body at risk of pressure sores when sitting](image)

Wound healing / Oozing or redness:
Your wound will have been assessed prior to discharge home to ensure that it is healing. The nurse will also review your wound during the initial assessment at home, if there are concerns the nurse will discuss them with the surgeon.

Inform any member of the team when they visit if you are concerned about your wound.

If you or a member of your family are concerned, you can also contact the nurse.

Pain
If your hip becomes more painful this may be due to several reasons, please inform a member of the team visiting you and they will assess you and refer to the appropriate member of the team.

Painkillers
Only take the tablets you were given on discharge. As the pain eases, these should gradually be reduced. If you require any help or information regarding your medication please inform a member of the team.

Leg Swelling
It is not uncommon to have swollen ankles for at least 3 months following your surgery. **You are advised to rest in bed for 1-2 hours in the afternoon to help reduce the swelling.**
Deep Vein Thrombosis
A Deep Vein Thrombosis (DVT) is a blood clot which forms inside a vein, typically these clots form inside the legs interrupting the blood flow and making the legs swollen and painful.

- To prevent you developing a DVT you will have to continue to wear your compression (anti-embolism) stockings until you’re able to move around freely this could be up to 6 weeks.
- It’s recommended that you wear the stockings both day and night; they should be removed daily to wash your legs and check that you are not developing any sores.
- You may require help to remove and put on your stockings. A member of family or next of kin can be taught how to do this, or external support can be arranged if there is no one available to assist you.
- In conjunction to wearing your stockings on discharge you may also be prescribed a blood thinning injection called Enoxaparin (Clexane®) this injection also helps to prevent DVT.
- The ward nursing staff will show you or your next of kin how to administer the injection; you will also receive an information leaflet on ‘How to inject Clexane® at home’. If you are unable to give yourself the injection the hospital will arrange someone to come in and give it for you.

If your calf becomes swollen and tense to touch, it may be a sign that you have developed a DVT. Inform a member of the team if the symptoms start on the day of a member of team visits, if the symptoms start after the team have visited contact your GP urgently or attend the Accident & Emergency Department for further advice and treatment.

Constipation
You are more likely to suffer from constipation after a fracture or operation, because of being less mobile, and it is a known side effect of some of the pain killers that you may have been put on so it is important to take the laxatives which have been prescribed to you. Try and increase the amount of fluid you drink this includes water, tea and coffee. Increase the amount of fresh fruit and vegetables and fibre within your diet. Inform a member of the team if you are concerned or feeling uncomfortable or unwell due to your constipation.

Feeling unwell, feverish
If you are feeling unwell, have a temperature, have developed a cough, have pain when passing urine, and / or your urine has an offensive smell it may be a sign of infection. Inform a member of team if the symptoms start the day of their visit, if symptoms start after the team have visited contact your GP or attend the Accident & Emergency Department for further advice and treatment.

Pressure Ulcers
What is a pressure ulcer?
- Pressure ulcers are areas of damage to the skin and underlying tissues. They are sometimes known as pressure sores or bed sores.