

1. 81 year old female, recently independently mobile, tripped over her cat 4 days ago. Mobilising with a stick since, severe pain despite taking max. doses of her daughters 30/500 Co- codamol.



2. 91 year old nursing home resident, who is mainly wheelchair bound, fell while going to the toilet. She landed on her bottom, now complaining of pain on transferring



1) Diagnosis: The x- ray shows a non- displaced left NOF#.

These fractures can be even more difficult to spot than shown here. Even though this lady is mobilising she has significant disability compared to her baseline and significant pain- 240mg codeine/ day is equivalent to about 25 mg of morphine!

It is not that unusual for the elderly- especially elderly ladies to mobilise for days on a fractured hip.

If there is any doubt about the x- ray findings or if pain cannot be quickly controlled in ED, admit under Ortho for repeat x-ray/ CT and analgesia.

2) Diagnosis: The x- ray shows a minimally displaced left pubic rami fracture

These fractures often occur when an elderly person falls backwards landing on their bottom.

Management for uncomplicated, isolated fractures is usually conservative but may depend on prior function. Good analgesia and rest is usually adequate, but it can take a few months to heal.

On this particular x- ray the fracture is very close to the acetabulum so may require more detailed imaging- especially in a more mobile patient.

In this lady's case, she is already wheelchair bound so her mobility is unlikely to suffer. However, it does raise the question of how she managed to fall in her nursing home- staff at the nursing home need to supply an explanation. Has she previously been admitted with other injuries? Is she being mistreated/ poorly managed by nursing home staff?