

# HHN In-House Imaging Guidelines for Hip Injuries or Trauma

While we are able to provide in-house radiographs for hip injuries to rule out fracture in most circumstances, we are unable to accommodate all patients. We do not have ability to take cross-table views to fully image all patients, and imaging a fractured hip can cause further injury because of the positions needed. The following guidelines will determine if an in-house hip radiograph is appropriate:

## In-House Imaging:

**Mild to Moderate Pain:** The patient experiences mild to moderate pain (1-6/10 pain), and there is no severe concern for a hip fracture or major underlying pathology,

**Ability to Ambulate:** The patient is able to walk without assistance of a cane, device or another person, suggesting that the injury is less likely to involve a fracture.

**Lack of Severe Deformity:** There are no signs of deformity or abnormal angulation in the hip or leg, which could suggest a significant fracture or dislocation.

**No Neurovascular Compromise:** The patient does not exhibit signs of neurovascular compromise (e.g., numbness, tingling, or absent pulses in the affected leg).

*In these cases, radiograph may be performed to rule out fractures as long as the X-ray technologist feels comfortable performing the imaging. Otherwise, patient will need to be referred to the ED.*

## Referral to Emergency Department:

Referral to the ED for imaging is needed in the following scenarios:

**Severe Pain or Inability to Ambulate:** If the patient is unable to walk unaided, or experiences severe pain (7-10/10 pain)

**Signs of Fracture or Deformity:** Any noticeable deformity, shortening, or abnormal positioning of the hip or leg that suggests a displaced fracture or dislocation should be evaluated in the ED with the appropriate imaging views.

**High Clinical Suspicion of a Fracture:** In patients with high clinical suspicion for a hip fracture (e.g., significant trauma in an elderly patient, inability to bear weight, or severe pain localized to the hip), the risk of causing further harm with inadequate imaging makes referral to the ED the safer option.

**Neurologic or Vascular Concerns:** Any signs of neurovascular compromise (e.g., numbness, tingling, absent pulses) necessitate immediate referral to the ED

In these cases, imaging at the emergency department/hospital is necessary. We are unable to safely perform the imaging and the limited views we would be able to perform would not necessarily rule out a hip fracture.

*In any circumstance, if the X-ray technologist feels uncomfortable performing imaging due to patient safety, imaging will not be performed and the patients will need referral to the emergency department*