**Question**
What are the best treatment practices for older patients with hip fracture?

**Methods**
Data sources: 8 databases, clinical practice guideline Web sites, references of relevant articles, and content experts.

Study selection and assessment: Randomized controlled trials (RCTs), systematic reviews, and high-quality cohort studies of treatment practices in patients > 65 years of age with hip fracture. 50 articles met the selection criteria. Quality assessment of individual studies was based on Users’ Guides to the Medical Literature.

Outcomes: Hip fracture complications.

**Main Results**
The effective treatment practices based on systematic review and RCT evidence are in the Table. Among preoperative care practices, pressure-reducing mattresses reduced development of pressure ulcers, and traction provided no benefit. Delay in surgery > 24 hours was associated with complications, including pressure ulcers. Among operative practices, regional anesthesia was better than general anesthesia. Deep venous thrombosis (DVT) prophylaxis and antibiotic prophylaxis were effective for reducing DVT and wound infection, respectively. Wound drainage did not affect wound healing problems or transfusion requirements. Better outcomes were seen with intermittent urinary catheters than indwelling catheters, and with epidural than conventional analgesia. Among postoperative practices, nutrition supplementation with protein, vitamins, and minerals was better than placebo or usual care.

**Conclusion**
In older patients with hip fracture, strong evidence supports several treatment practices during the perioperative period to reduce the rate and severity of complications.

**References**