

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Fascia Iliaca Block vs Combined Fascia Iliaca Block with Femoral Nerve Block for Pain Control for Proximal Hip Fractures in the Emergency Department

Permalink

<https://escholarship.org/uc/item/471822kf>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 26(3.1)

ISSN

1936-900X

Authors

Poulson, Austin

Betcher, Joseph

Black, Benjamin

[et al.](#)

Publication Date

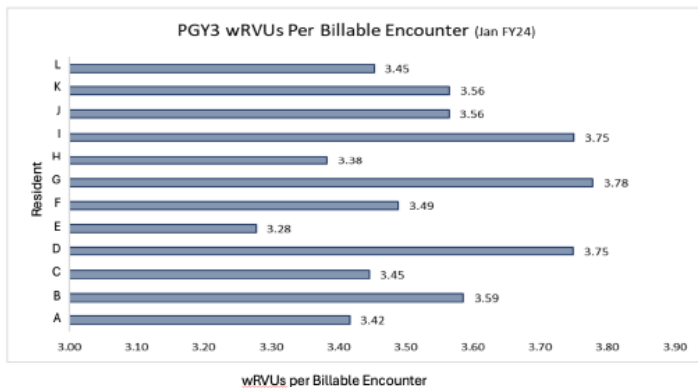
2025-06-21

DOI

10.5811/westjem.48738

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Image 1. Resident (PGY3) wRVUs per billable encounter.

39 Fascia Iliac Block vs Combined Fascia Iliac Block with Femoral Nerve Block for Pain Control for Proximal Hip Fractures in the Emergency Department

Austin Poulson, Joseph Betcher, Benjamin Black, Alexander Glogoza, Oliver Snyder

Introduction: There is conflicting evidence in the literature on the effectiveness of fascia iliaca and femoral nerve blocks for pain control in patients with proximal hip fractures. This study sought to determine if a combined fascia iliaca with femoral nerve block would improve pain control compared to the standard fascia iliaca block.

Objectives: To compare pain scores of proximal hip fracture patients 30 minutes after undergoing fascia iliaca plus femoral nerve block or standard fascia iliaca block.

Methods: A retrospective cohort study included all isolated proximal hip fracture patients greater than or equal to 18 years of age who underwent regional anesthesia by ultrasound fellowship-trained emergency physicians in a community hospital emergency department between 1/1/2022 and 9/26/2024. Institutional review board approval was obtained. Patients with distal femur fractures, those who received additional pain medications within 30 minutes of the block, or could not reliably relay a pain score were excluded. The primary outcome was subjective pain scores (scale 1-10) after undergoing regional anesthesia.

Results: Eighty-nine patients underwent regional anesthesia for proximal hip fracture; 20 patients were excluded. Thirty-one fascia iliaca blocks and 38 combined blocks were performed. Patient age, weight, and pre-procedure scores were similar between the groups (Table 1). Females were more predominant in the fascia iliaca block group. On average, patients who received the combined block rated their post-procedure pain score 1.4 points lower than those who received a fascia block (3.8 ± 2.4 vs 5.2 ± 2.0 ; $p=0.011$).

Conclusions: Undergoing combined fascia iliaca + femoral nerve block was associated with lower pain scores

after 30 minutes compared to isolated fascia iliaca block in patients with proximal hip fractures. Proximal hip fracture patients may benefit from using this single-injection procedure for improved pain control.

	Fascia + Femoral Block n=38	Fascia Block n=31	p-value
Age	76.2 ± 13.8	74.6 ± 11.6	0.601
Weight (kg)	71.8 ± 19.6	73.7 ± 21.0	0.709
Sex, % female	42.1%	67.7%	0.034
Pre score	7.9 ± 2.4	7.8 ± 2.2	0.867
Post score	3.8 ± 2.4	5.2 ± 2.0	0.011

40 Tele - Telemedicine Education Landscape Evaluation

Destinee Soubannarath Gwee, Christopher Reisig, Neel Naik

Introduction: The integration of Telehealth into medical care is reshaping healthcare delivery, with the American Association of Medical Colleges (AAMC) providing guidelines for its incorporation into medical education.

Objectives: This study examines the implementation of AAMC Telehealth competencies in emergency medicine residency programs across the U.S.

Methods: We conducted a literature review and found a lack of surveys on Telehealth education following the 2021 AAMC guidelines. To address this, we developed a survey, refined through cognitive interviews and external feedback. The survey was distributed to program directors of U.S. Emergency Medicine residency programs.

Results: Of the 280 programs contacted, the response rate was 24%. Of the 68 responses, 93% (63 programs) reported not having a formal Telehealth curriculum. Regarding the importance of Telehealth education, 16% (11 programs) deemed it “not at all important,” while 84% (57 programs) recognized varying degrees of importance. Among the five programs offering formal Telehealth training, Real-Time Telehealth was the most common method (4 programs). For those with a formal curriculum, 80% would like access to educational content on the topic of “Ethical Practices and Legal Requirements for Telehealth.” Among those without a curriculum, 68% would like access to educational content on “Patient Safety and Appropriate Use of Telehealth.” Of the 63 programs without a curriculum, 77% do not consider it a priority, and 66% cited having insufficient faculty.

Conclusion: Most Emergency Medicine residencies lack a formal Telehealth curriculum. While we recognize the