Supplementary Table 2

Schedule of enrolment, interventions, and assessments according to the SPIRIT Statement

			Main	DY P	ERIO							
	Screening	Enrolment	Allocation	Post-allocation			Discharge	Follow-up		р		
TIMEPOINT/Visit**	0	1	2		3	4	5	6	7	8	9	10
ENROLMENT:												
Eligibility screen	X		X§									
Informed consent	Х											
Randomization			Х									
INTERVENTIONS:												
Spinal anaesthesia				Х								
General anaesthesia				Х								
ASSESSMENTS:												
Screening for inclusion criteria:												
1.≥ 65 years with intra/-extracapsular hip fracture (femoral neck fracture, subtrochanteric or intertrochanteric fracture) requiring surgical intervention	Х		Х									

Written informed consent									
Screening for exclusion criteria:									
1. Institutionalisation by court or administrate order 2. Concurrent surgery, which is not amenable to spinal anaesthesia 3. Absolute contraindications to spinal anaesthesia 4. Periprosthetic fracture 5. Prior participation in the iHOPE study 6. Exclusion as considered by any involved physician/investigator	X		×						
regarding the patient or attending team									
Patient demographics (age, sex, race, weight, height, BMI, smoking status, alcohol status, ASA physical status		х							
Residential status		Х					Х	Х	Х
Educational status		Х							
Personnel data (Contact information, do not resuscitate status)		Х							
Frailty assessment (Short Minnesota Leisure Time Activities Questionnaire, weight loss, fatigue, grip strength)		Х							
Medical history		Х							
Preoperative medication		Х							
Most recent laboratory values from		Х							

the clinical routine										
Most recent clinical data (BP, HR, SpO ₂ , mechanical ventilation, oxygen requirement)	Х									
Ability/Recovery of walking	Х						Х	Х	Х	Х
Type of hip fracture and planned kind of surgery	Х									
Surgery- and anaesthesia related data acquisition		Х								
Primary outcome variables		<u> </u>						<u> </u>		<u> </u>
	•							_		
All cause mortality								Х		
Serious cardiac and pulmonary complications								Х		
Assessment of secondary outcome variables		•	•		•			•		
• Pain	X		Х	Х	Х	Х	Х	Х	Х	Х
Medical pain management							X			
Cognition (Short blessed test)	Х							Х	X	Х
Delirium (3D-Confusion Assessment Method)	Х		Х	Х	Х	Х				
Overall health and disability (WHODAS 2.0)	Х							Х	Х	Х
Depression (Geriatric Depression Scale)	Х									

Bauer Patient Satisfaction Questionnaire						Х				
In-hospital events (Hospital and ICU-length of stay, outcomes according to the NSQIP, discharge destination)							Х			
Residential status								Х	Х	Х
All cause mortality			Х	Χ	X	Х	Х		Х	Х
Safety assessment (Intraoperative cardiac arrest; malignant hyperthermia; intraoperative anaphylaxis; intraoperative aspiration; total spinal anaesthesia; epidural hematoma; paralysis of the lower extremities lasting greater than 24 hours following spinal anaesthesia; fall within 12 hours of anaesthesia care)		x	x				Х			
Other adverse events		Х	Х	Х	Х	Х	Х			

ASA, American Society of Anesthesiologists physical status; BMI, body mass index; BP, blood pressure; HR, heart rate; ICU, Intensive Care Unit; LOS, length of stay; NSQIP, National Surgical Quality Improvement Program; SpO2, peripheral oxygen saturation

§ Short re-evaluation of the eligibility before randomization

**Specific time-points: Visit 0: Screening visit, conducted between the time of presentation and surgery via patient or proxy interview; Visit 1: Preoperative evaluation visit, conducted between the time of presentation and surgery via patient or proxy interview; Visit 2: Hip-fracture surgery day, conducted in the operating room; Visit 3-6: In-hospital patient-centred outcome phase, conducted on postoperative day 1-4; Visit 7: Hospital discharge day. Patient visit on ward and medical record review. This visit will be performed in addition to visit 3-6, if the hospital discharge occurs within the first 4 postoperative days; Visit 8: Postoperative day 30 ± 3. Medical record review and telephone interview of the patient or rather the proxy; Visit 9: Postoperative day 180 ± 45. Telephone interview of the patient or rather the proxy; Visit 10: Postoperative day 365 ± 60. Telephone interview of the patient or rather the proxy.