



# Hip Fracture

## Standard Pre-Operative/Admission Order

For patients greater than 50 years of age who have sustained a low energy hip fracture.

These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

Standing Order (if not in agreement with an order, cross out and initial)  Requires Check (✓) for Activation

DATE	<input type="text"/> / <input type="text"/> / <input type="text"/>	PATIENT HEIGHT	<input type="text"/> cm	PATIENT WEIGHT	<input type="text"/> kg
	dd / mmm / yyyy		cm		kg
TIME	<input type="text"/> : <input type="text"/> 24 hours	PATIENT ALLERGIES	No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, specify <input type="text"/>		
	hh : mm				

MEDICATION ORDERS	ORDER TRANSCRIBED AND ACTIVATED	GENERAL ORDERS
	<input checked="" type="checkbox"/> TEST DONE	
<p><b>INTRAVENOUS THERAPY</b></p> <p><input type="checkbox"/> 0.9% normal saline at _____ mL/hour</p> <p><input type="checkbox"/> D5 ½ normal saline at _____ mL/hour</p> <p><input type="checkbox"/> Ringers lactate at _____ mL/hour</p> <p><input type="checkbox"/> Other _____ at _____ mL/hour</p> <p><b>PRE-OPERATIVE ANTIBIOTIC</b></p> <p><input type="checkbox"/> CeFAZolin 1g IV for patients less than 80 kg. To be given by anesthesiologist in operating room no greater than one hour prior to incision</p> <p><input type="checkbox"/> CeFAZolin 2g IV for patients greater than 80 kg. To be given by anesthesiologist in operating room no greater than one hour prior to incision</p> <p><b>If SERIOUS allergy to penicillin or cephalosporins (e.g. hives, anaphylaxis):</b></p> <p><input type="checkbox"/> Clindamycin 900 mg IV. To be given by anesthesia in operating room no greater than one hour prior to incision.</p> <p><input type="checkbox"/> Vancomycin 1g IV diluted in 100 mL normal saline and infused over 1 hour. Start 90 minutes prior to surgery. (Administration to be completed within the 1 hour prior to incision).</p> <p><b>SCHEDULED ANALGESICS*</b></p> <p><input checked="" type="checkbox"/> Acetaminophen 650 mg po q6h (discontinue all other orders containing acetaminophen)</p> <p><input type="checkbox"/> HYDROMorphone Immediate Release 0.5 mg po q6h</p> <p><b>OR</b></p> <p><input type="checkbox"/> HYDROMorphone Immediate Release 1mg po q6h</p> <p><input type="checkbox"/> Other _____</p> <p><b>PRN Analgesia for BREAKTHROUGH PAIN (start with lower dose):</b></p> <p><input type="checkbox"/> HYDROMorphone Immediate Release 1-2 mg po q3h PRN</p> <p><input type="checkbox"/> HYDROMorphone 0.5-1mg IV q3h PRN if unable to tolerate po</p> <p><input type="checkbox"/> Other _____</p> <p><b>ANTIEMETICS*</b></p> <p><i>First Line antiemetic:</i></p> <p><input checked="" type="checkbox"/> Ondansetron 4 mg IV or 8 mg po q8h PRN</p> <p><i>Second line antiemetic:</i></p> <p><input checked="" type="checkbox"/> Haloperidol 0.5 mg IV q4-6h prn (NOT FOR AGITATION)</p>	<input checked="" type="checkbox"/>	<p><b>ADMIT STATUS</b></p> <p><input checked="" type="checkbox"/> Admit to inpatient surgery (orthopedics)</p> <p>Admitting provider: _____</p> <p>Diagnosis: _____</p> <p><b>ASSESSMENTS</b></p> <p><input checked="" type="checkbox"/> Vitals (include SaO<sub>2</sub>) q2h x 2 hours on admission, then q4h, and PRN.</p> <p><input checked="" type="checkbox"/> Sedation score with vital signs and PRN</p> <p><input checked="" type="checkbox"/> Pain assessment to be done with vital signs, after analgesic administered and PRN</p> <p><input checked="" type="checkbox"/> Neurovascular checks to affected lower extremity q4h and PRN</p> <p><b>OXYGEN THERAPY</b></p> <p><input checked="" type="checkbox"/> Keep O<sub>2</sub> saturation greater than _____ % (recommended 92%, unless COPD then 88% - 92%). Notify Physician if unable to maintain at this level with nursing interventions.</p> <p><b>ACTIVITY</b></p> <p><input checked="" type="checkbox"/> Bed rest</p> <p><input checked="" type="checkbox"/> Turn q2h</p> <p><input checked="" type="checkbox"/> Elevate Head of Bed 30 degrees</p> <p><b>NURSING ACTIVITY</b></p> <p><input checked="" type="checkbox"/> Indwelling urinary catheter to straight drainage. If urine output less than 120 mL in 4 hours notify physician</p> <p><input checked="" type="checkbox"/> Fluid input &amp; output q shift</p> <p><input checked="" type="checkbox"/> DB&amp;C q2h while awake</p> <p><input type="checkbox"/> Incentive Spirometry QID</p> <p><input checked="" type="checkbox"/> Maintain SCDs if pharmacological VTE prophylaxis is not ordered</p> <p><input checked="" type="checkbox"/> Provide patient and family with pamphlet "Drug treatments: Their role in fracture reduction and treatment of osteoporosis" from Osteoporosis Canada.</p> <p><input checked="" type="checkbox"/> Provide patient and family with pamphlet "VTE Frequently Asked Questions"</p> <p><input checked="" type="checkbox"/> Other _____</p>

Physician Name Printed:	Physician Signature:
Transcriber Name Printed:	Transcriber Signature:
<input type="checkbox"/> Faxed to Pharmacy	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
	Time: <input type="text"/> : <input type="text"/> 24 hours Initials: <input type="text"/>
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MEDICATION ORDERS	ORDER TRANSCRIBED AND ACTIVATED	GENERAL ORDERS
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<p><b>ANTICOAGULATION</b></p> <p><input type="checkbox"/> Heparin 5,000 units subcutaneously BID (last dose evening before surgery or _____)</p> <p><input type="checkbox"/> No pharmacological anticoagulation: Rationale: _____ Reassess daily or _____</p> <p><b>BOWEL REGIME</b></p> <p><input type="checkbox"/> Docusate-Senna (Senokot S) 1 tab po at HS (hold if more than 2 loose stools per day)</p> <p><input type="checkbox"/> Polyethylene glycol (PEG) 17 g PO daily PRN</p> <p><input type="checkbox"/> Magnesium Hydroxide (MOM) 30 mL po HS PRN (avoid with severe renal dysfunction, i.e. eGFR of 30 mL/min or less)</p> <p><input type="checkbox"/> Bisacodyl 10 mg suppository PR daily PRN</p> <p><input type="checkbox"/> Sodium phosphate enema PR daily PRN (avoid with severe renal dysfunction, i.e. eGFR of 30 mL/min or less)</p> <p><b>If renal dysfunction:</b></p> <p><input type="checkbox"/> warm water enema 90 - 180 mL PR daily PRN if no bowel movement after Bisacodyl and no evidence of ileus or obstruction</p> <p><b>RESPIRATORY DEPRESSION</b></p> <p><input checked="" type="checkbox"/> Initiate emergency protocol (site specific)</p> <p><b>OTHER</b></p> <p><input checked="" type="checkbox"/> Medications prior to admission as written on the Medication Reconciliation form or physician order sheet.</p>		<p><b>PROTOCOLS</b></p> <p><input checked="" type="checkbox"/> CAM assessment within 8 hours of admission. If CAM is negative, repeat CAM q24 hours and prn (with any cognitive and/or functional changes). If CAM is positive, continue to assess CAM q shift and prn (with any cognitive and/or functional changes). <b><u>If CAM positive, follow the delirium management protocol.</u></b></p> <p><input checked="" type="checkbox"/> Initiate skin ulcer prevention protocol</p> <p><input checked="" type="checkbox"/> Initiate falls prevention protocol</p> <p><b>DIET</b></p> <p><input type="checkbox"/> Water sips with meds <input type="checkbox"/> Standard diet</p> <p><input type="checkbox"/> Clear fluids until _____ <input type="checkbox"/> Controlled carbohydrate</p> <p><input type="checkbox"/> NPO at _____ <input type="checkbox"/> Other</p> <p><b>INVESTIGATIONS</b> (on admission to unit if not done in the emergency department)</p> <p><input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Electrolytes <input checked="" type="checkbox"/> BUN</p> <p><input checked="" type="checkbox"/> Creatinine <input checked="" type="checkbox"/> INR</p> <p><input checked="" type="checkbox"/> 12 lead EKG <input type="checkbox"/> CXR <input checked="" type="checkbox"/> B12</p> <p><input checked="" type="checkbox"/> eGFR <input checked="" type="checkbox"/> Calcium, corrected</p> <p><input checked="" type="checkbox"/> Type &amp; Screen</p> <p><input type="checkbox"/> Capillary blood glucose frequency: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><b>CONSULTS</b></p> <p><input type="checkbox"/> Anesthesia (complete formal consult form)</p> <p><input type="checkbox"/> Pharmacy</p> <p><input type="checkbox"/> Clinical Dietitian <input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Acute Pain Service/Pain Nurse</p> <p><input type="checkbox"/> Other: _____</p> <p>SCD = Sequential compression device DB+C = Deep breathing &amp; coughing CAM = Confusion assessment method eGFR= Estimated by CKD-EPI Method</p>

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