

Fractured Hip Discharge Prescription

<p>Insurance Coverage <i>(see info sheet)</i></p> <p>Does the patient have insurance?</p> <p><input type="checkbox"/> Yes, complete this information ►</p> <p><input type="checkbox"/> No</p>	<p>Type <i>(select one)</i></p> <p><input type="checkbox"/> Senior's Alberta Blue Cross <i>(ABCross special authorization required)</i></p> <p><input type="checkbox"/> Group 1, patients < 65 years, provincial Blue Cross <i>(ABCross special authorization required)</i></p> <p><input type="checkbox"/> AISH or other Social Assistance Program <i>(ABCross special authorization required)</i></p> <p><input type="checkbox"/> Employer or other private coverage</p> <p><input type="checkbox"/> Non Insured Health Benefits <i>(Aboriginals)</i></p> <p><input type="checkbox"/> Veteran's Affairs</p> <p><input type="checkbox"/> Other, specify _____</p>
<p>Discharge Prescription</p> <p>■ Ensure family physician and/or other appropriate care provider is aware and follow up is arranged.</p> <p>Osteoporosis</p> <p><input type="checkbox"/> Calcium _____ mg, _____ <i>(Frequency)</i></p> <p>■ Vitamin D 2000 units, daily</p> <p><input type="checkbox"/> Patient to continue with current bisphosphonate therapy <i>(no Rx or special authorization required)</i></p> <p>Patients not previously on bisphosphonate therapy with eGFR greater than 30 mL/min:</p> <p><input type="checkbox"/> Alendronate 70 mg <i>(PO every 7 days, 30 minutes before breakfast for 1 year. Patient to remain upright for at least 30 minutes after medication given. Contraindications: esophageal stricture or impaired swallowing.)</i></p> <p>OR</p> <p><input type="checkbox"/> Risedronate 35 mg <i>(PO every 7 days 30 minutes before breakfast for 1 year. Patient to remain upright for at least 30 minutes after medication given. Contraindications: esophageal stricture or impaired swallowing.)</i></p> <p>OR</p> <p><input type="checkbox"/> Zoledronic acid 5 mg ONCE as outpatient. Fill out "For My Bones form" to arrange <i>(patients with private insurance coverage or willing to pay full cost only)</i></p> <p>Patients not previously on therapy with eGFR less than 30 mL/min or contraindications to bisphosphonates:</p> <p><input type="checkbox"/> Denosumab 60 mg subcutaneously every 6 months for 1 year</p> <p><i>For anyone on Alberta Blue Cross (see above) special Authorization form for risedronate/alendronate or denosumab must be fully completed and signed by attending physician then faxed to Alberta Blue Cross before discharge.</i></p>	
<p>Name of Physician <i>(print)</i></p>	<p>Signature</p>

Legend

■ Mandatory fields

Optional fields

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Anticoagulation

For patients with **eGFR greater than 30 mL/min:**

Fondaparinux 2.5 mg subcutaneously daily. Continue for _____ days (28 days after surgery recommended)

OR Low Molecular Weight Heparin:

Drug name _____ Dose _____ Units subcutaneously q _____ h x _____ days
(28 days after surgery recommended)

For patients with **eGFR less than 30 mL/min:**

Heparin 5000 units subcutaneously every 8 hours for _____ (28 days after surgery recommended)

Other

Drug name _____ Dose and route _____ q _____ h x _____ days

Warfarin _____ mg today then _____

If patient was on dabigatran for atrial fibrillation: resume dabigatran _____ mg bid
(Not to be used with any other anticoagulant)

If patient was on rivaroxaban for atrial fibrillation: resume rivaroxaban _____ mg daily
(Not to be used with any other anticoagulant)

Monitoring

PT / INR monitoring if on warfarin.

Platelet count on post-op day 5 and twice per week for 2 weeks if on prophylactic Heparin or Low Molecular Weight Heparin.

Name of Physician (*print*)

Signature

Legend

■ Mandatory fields

□ Optional fields