

Emergency Department Hip Fracture Adult Orders

Select orders by placing a (✓) in the associated box

Based on the Clinical Knowledge Topic Hip Fracture, Adult
Emergency Department

<http://insite.albertahealthservices.ca/assets/klink/et-klink-ckv-hip-fracture-adult-emergency.pdf>

Last Name	
First Name	
PHN#	MRN#
Birthdate (dd-Mon-yyyy)	Physician

Goals of Care

Conversations leading to the ordering of a Goals of Care Designation (GCD) should take place as early as possible in a patient's course of care. The Goals of Care Designation is created, or the previous GCD is affirmed or changed resulting from this conversation with the patient or, where appropriate, the Alternate Decision-Maker.

Complete the Goals of Care Designation (GCD) Order Set within your electronic system, or if using paper process, complete the Provincial Goals of Care Designation (GCD) paper form (http://www.albertahealthservices.ca/frm-103547.pdf).

Intravenous Fluids

IV Bolus:

0.9% NaCl _____ mL over _____ minute(s)

IV Maintenance:

0.9% NaCl at _____ mL/hour, reassess after _____ hours

lactated ringers at _____ mL/hour, reassess after _____ hours

Laboratory Investigations

Hematology

Complete Blood Count (CBC)

PT INR

Chemistry

Electrolytes (Na, K, Cl, CO₂)

Glucose

Creatinine

Other _____

Other _____

Other _____

Diagnostic Imaging

Chest X-Ray 1 projection (anterior-posterior)

Pelvis X-Ray 1 projection (anterior-posterior)

Hip X-Ray 2 projections (anterior-posterior & lateral)

Right Hip

Left Hip

Femur X-Ray, Unilateral (anterior-posterior & lateral) if prior injury or surgery

Right Femur

Left Femur

Other Investigations

Electrocardiogram - 12 Lead (ECG)

Medications

Nonopiate Analgesia - Oral

acetaminophen tab 650 mg to 1000 mg PO once (maximum dose 3 g per day from all sources)

acetaminophen tab _____ mg PO _____

Prescriber Signature

Date (yyyy-Mon-dd)

Time (hh:mm)

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Medications (continued)

Opiate Analgesia - Parenteral

- Notify physician or nurse practitioner for reassessment of analgesia requirements if pain not controlled after administration of maximum dose ordered

For elderly, frail, low body mass, systemically unwell, or on antihypertensive or sedating medications:

- HYDROmorphine 0.25 to 0.5 mg IV once
 HYDROmorphine 0.25 to 0.5 mg IV every 10 minutes PRN (maximum 5 mg)

OR

- morphine 1.25 to 2.5 mg IV once
 morphine 1.25 to 2.5 mg IV every 10 minutes PRN (maximum 15 mg)

OR

- fentaNYL 25 mcg IV once
 fentaNYL 25 mcg IV every 10 minutes PRN (maximum 100 mcg)

For previously well patients:

- HYDROmorphine 0.5 to 1 mg IV once
 HYDROmorphine 0.5 to 1 mg IV every 10 minutes PRN (maximum 3 mg)

OR

- morphine 2.5 to 5 mg IV once
 morphine 2.5 to 5 mg IV every 10 minutes PRN (maximum 15 mg)

OR

- fentaNYL 25 to 50 mcg IV once
 fentaNYL 25 to 50 mcg IV every 10 minutes PRN (maximum 150 mcg)

Antiemetics

- ondansetron 4 mg IV every 8 hours PRN
 ondansetron 8 mg PO every 8 hours PRN

Manage Anticoagulation Medications (for patients at high risk for clotting [mechanical heart valve or VTE]

in last 3 months, discuss with surgeon)

- Hold direct oral anticoagulants (e.g. dabigatran, rivaroxaban, apixaban)
 Hold warfarin, administer 5 mg Vitamin K PO once

OR

- If surgery expected within 12 hours and requested by the accepting Surgeon, administer 5 mg Vitamin K IV once (recommend dilute in 50 mL of NS or D5W and run over 10 to 30 minutes)

Last warfarin dose Date (yyyy-Mon-dd) _____ Time (hh:mm) _____

Prescriber Signature

Date (yyyy-Mon-dd)

Time (hh:mm)

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Medications (continued)
Other Medications

- _____
- _____
- _____

Patient Care Orders
Activity

- Bedrest - turn every 2 hours and provide skin care
- Pressure Ulcer Prevention Strategies if Braden Score is 11 or less

Diet/Nutrition

Reassess order status once approximate surgery time determined to ensure best possible nutritional status prior to surgery. See Enhanced Recovery After Surgery (ERAS) Guidelines.

- NPO
- NPO: may take medications
- Other diet _____

Monitoring

- Vital Signs (respiratory rate, pulse, blood pressure, temperature, oxygen saturation)
 - as per provincial guideline
<http://insite.albertahealthservices.ca/assets/policy/clp-ed-assess-reassess-pts-guideline-hcs-181-01.pdf>
 - every 4 hours
 - every _____ minutes
- Neurological Vital Signs: Glasgow Coma Scale (GCS)
 - as per local standard
 - every 4 hours
 - every _____ minutes
 - Notify physician if patient's GCS decreases by two or more points

Intake and Output

- Urinary Catheter - Insert

Respiratory Care

- O2 Therapy - Titrate to Saturation greater than or equal to 92% or patient baseline
- Notify physician if O2 Therapy increased by greater than 2 LPM to maintain the same level of oxygenation or if there is a progressive increase in work of breathing

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Delirium Mitigation and Assessment

Ensure adequate pain relief without over sedation, maintenance of adequate hydration/nutrition, and encourage family member/caregiver to help keep patient oriented to time and place to help decrease delirium risk.

- Confusion Assessment Method (CAM) every 8 hours AND if change in patient's clinical status.
If CAM is positive, discuss with physician regarding Delirium Management

Confusion Assessment Method (CAM) Score for diagnosis of delirium:

Both of these symptoms must be present (check all that apply):

- Onset was acute and/or behaviour fluctuated
- Evidence of inattention (difficulty focusing, attention, shifting and keeping track)

And at least one of these symptoms must be present (check all that apply):

- Evidence of disorganized thinking (incoherence, rambling, illogical flow of ideas)
- Evidence of inattention (difficulty focusing, attention, shifting and keeping track)

Total Score out of 4 _____

Management of delirium in older persons should always be individualized

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Other Orders

- Consult Orthopedics
- Consult Internal Medicine
- Consult _____
- _____

Prescriber Signature	Date (yyyy-Mon-dd)	Time (hh:mm)
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