

Sample

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Fractured Hip Post-Operative Orders

Legend Mandatory fields Optional fields

Height cm	Allergies: List or <input type="checkbox"/> Up to date in electronic system					
Weight kg	Diagnosis					
Date (yyyy-Mon-dd)	Time (hh:mm)	Physician Orders		Action	Clerk Initials	RN Initials
<input checked="" type="checkbox"/> Anticipated Date Of Discharge (ADOD) _____ <input type="checkbox"/> Greater than 5 days <input type="checkbox"/> Less than 5 days <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Follow Fractured Hip Care Path						
Activity / Mobility						
<input checked="" type="checkbox"/> Weight bearing as tolerated or restriction(s) _____ If restriction, give rationale _____						
<input checked="" type="checkbox"/> Physical Therapy assessment and treatment.						
<input checked="" type="checkbox"/> Occupational Therapy assessment and treatment.						
Diet and Nutrition						
<input type="checkbox"/> Regular diet <input type="checkbox"/> High protein high calorie diet <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> 2 Calories/mL oral nutrition supplement, 60 mL 3 times per day						
<input checked="" type="checkbox"/> Complete Malnutrition Screening. Consult Dietician if the patient: <input checked="" type="checkbox"/> has been eating poorly due to decreased appetite AND <input checked="" type="checkbox"/> has lost weight recently without trying (<i>or is unsure</i>).						
Interventions and Monitoring						
<input checked="" type="checkbox"/> Vital signs, neurovascular assessment, SpO ₂ , level of consciousness, pain scale as per post-op routine. <input checked="" type="checkbox"/> May titrate oxygen to keep saturation greater than or equal to 92% OR greater than or equal to baseline. <input checked="" type="checkbox"/> Maintain on oxygen for at least 24 hours post-op.						
<input checked="" type="checkbox"/> Confusion Assessment Method (CAM): q8h x 14 days <input checked="" type="checkbox"/> Confusion Assessment Method (CAM): When greater than 14 days post op, reduce to daily and PRN if change in patient's clinical status. If CAM is positive, follow Delirium Management Protocol.						
<input checked="" type="checkbox"/> Deep breathing and coughing exercises.						
<input checked="" type="checkbox"/> Pressure ulcer prevention strategies if Braden score is 18 or less.						
<input checked="" type="checkbox"/> Dressing change <input type="checkbox"/> Post op day 2 <input type="checkbox"/> Post op day _____ <input type="checkbox"/> Other _____						
Name of Physician (<i>print</i>)				Signature		

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Physician Orders	Action	Clerk Initials	RN Initials
Interventions and Monitoring <i>(continued)</i>			
■ Intake and output every shift.			
<input type="checkbox"/> IV Ringers Lactate at _____ mL / hour OR <input type="checkbox"/> IV Normal Saline at _____ mL / hour OR <input type="checkbox"/> IV Dextrose 5% Normal Saline (D5NS) at _____ mL / hour			
■ Saline lock IV when drinking well.			
■ Discontinue IV/Saline lock after blood work results assessed on post-op day 3.			
■ Discontinue indwelling catheter by early morning post-op day 2. ■ Timed toileting QID. ■ Patient to attempt void within 6 hours. If unable to void in 6 hours, perform bladder scan and intermittent catheterization if volume greater than 300 mL or patient has discomfort/feeling of fullness. <ul style="list-style-type: none"> ■ Post void residual with bladder scan every 6 hours. ■ Intermittent catheterization if urine residual scan is greater than 300 mL. ■ Discontinue bladder scan when post void residual scan less than 200 mL. 			
Investigations			
■ CBC, electrolytes, creatinine on post-op days 1, 2, 3.			
■ Magnesium on post-op day 1.			
■ Daily PT/INR if on Warfarin.			
■ Notify Physician if Hgb less than 80 or patient is symptomatic.			
■ X-rays Was Intraoperative fluoroscopy completed? <ul style="list-style-type: none"> <input type="checkbox"/> Yes, no further x-ray required <input type="checkbox"/> No, then order AP and Lateral affected hip on: <ul style="list-style-type: none"> <input type="checkbox"/> Post-op day 1 <input type="checkbox"/> Post-op day 2 <input type="checkbox"/> Post-op day 3 			
Medications			
Antibiotic			
<input type="checkbox"/> CeFAZolin 2 g IV every 8 hours x 3 doses post-op (<i>First dose 8 hours after pre-op dose</i>). OR if allergy to Cephalosporins OR severe Penicillin allergy <input type="checkbox"/> Clindamycin 600 mg IV every 8 hours x 3 doses post-op (<i>First dose 8 hours after pre-op dose</i>). OR <input type="checkbox"/> Vancomycin 15mg/kg IV. Dose _____ mg every 12 hours x 2 doses post-op. (<i>First dose 12 hours after pre-op dose</i>).			
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Physician Orders	Action	Clerk Initials	RN Initials
Medications <i>(continued)</i>			
Anticoagulation (28 days recommended or until back on therapeutic full dose anticoagulation)			
Anesthesia confirms that Anticoagulation may commence _____ hours post-operatively			
Patients with eGFR greater than 30 mL/minute, and greater than 40 kg:			
<input type="checkbox"/> Fondaparinux 2.5 mg subcutaneously daily, starting 6 to 8 hours post-operatively Continue for _____ days.			
OR <input type="checkbox"/> Low Molecular Weight Heparin: Drug _____ Dose _____ subcutaneously every _____ hours. Starting _____ hours post-operatively. Continue for _____ days.			
Patients with impaired renal function eGFR less than 30 mL/minute or less than 40 kg:			
<input type="checkbox"/> Heparin 5,000 units subcutaneously every 8 hours starting 6 to 8 hours post-operatively. Continue for _____ days.			
OR <input type="checkbox"/> Enoxaparin 30 mg subcutaneously daily, starting 6 to 8 hours post-operative. Continue for _____ days.			
If on Warfarin prior to hospital admission, administer			
<input type="checkbox"/> Warfarin PO daily starting day of surgery. Give Warfarin _____ mg PO today. Adjust daily dose to the previous patient specific target INR range.			
Patients on direct oral anticoagulants (DOAC) dabigatran, rivaroxaban or apixaban for atrial fibrillation:			
<i>(Physician to reassess appropriateness depending on renal function, hemostasis, patient frailty and ongoing fall risk):</i>			
<input type="checkbox"/> Resume dabigatran _____ mg PO bid, 48 hours post-op. <input type="checkbox"/> Resume rivaroxaban _____ mg PO daily, 48 hours post-op. <input type="checkbox"/> Resume apixaban _____ mg PO bid, 48 hours post-op.			
<i>Dabigatran, rivaroxaban or apixaban are NOT to be used with any other anticoagulant</i>			
Analgesics			
■ Acetaminophen 650 mg PO/PR every 6 hours <i>(Maximum daily dose of Acetaminophen from all sources: 3 g)</i>			
<input type="checkbox"/> HYDROmorphone 0.25 mg IVPB/subcutaneously or HYDROmorphone 0.5 mg PO every 2 hours PRN for pain.			
OR <input type="checkbox"/> Morphine 2.5 mg IVPB/subcutaneously or Morphine 5 mg PO every 2 hours PRN for pain.			
Antiemetics: Avoid Dimenhydrinate			
■ Ondansetron 4 mg IVPB every 6 hours PRN ■ Ondansetron 8 mg PO/SL every 6 hours PRN			
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Medications <i>(continued)</i>			
Bowel Routine EITHER □ Polyethylene Glycol 17 g PO daily in 250 mL of fluid. OR □ Lactulose 30 mL PO once daily. AND ■ Senna Glycosides 8.6 mg give 2 tablets PO daily at bedtime (Hold if stool is loose). ■ Bisacodyl 10 mg PR daily PRN. ■ Sodium phosphate enema 130mL PR PRN.			
Osteoporosis ■ POD 1: Ergocalciferol (Vitamin D2) 50,000 units PO x 1 <i>(when able to take oral medications)</i> . ■ Starting POD 2: ■ Elemental Calcium 500 mg PO once daily at noon with meal. ■ Cholecalciferol (Vitamin D3) 2,000 units PO daily.			
Give Alendronate 70 mg 1 tab PO weekly at least 30 minutes before breakfast. Patient to remain upright for at least 30 minutes after medication given. <i>Contraindications: Esophageal stricture or impaired swallowing, eGFR less than 35 mL/min.</i> □ start post-op day 7 □ start post-op day _____			
Patient-Specific Medications			
□ If patient is on Beta Blocker, hold if systolic blood pressure is less than 100 OR pulse less than 55, and notify physician.			
□ If patient is on anti-hypertensives hold if systolic blood pressure is less than 100 and notify physician.			
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Physician Orders	Action	Clerk Initials	RN Initials
Discharge			
■ Discharge plan: assess daily, finalize by post-op day 5.			
■ Transfer to appropriate alternate care setting as indicated.			
■ Home Care/Transitional Care orders as required.			
■ Discontinue staples/sutures 14 days post-operative.			
<input type="checkbox"/> Provide orthopaedic recommendation to family physician (<i>and patient</i>) for fall prevention and osteoporosis management follow-up (<i>as per Form Letter</i>).			
Additional Orders			