

Sample

Fractured Hip Pre-Operative Orders

Legend ■ Mandatory fields □ Optional fields

Height	Allergies: List or <input type="checkbox"/> Up to date in electronic system
cm	
Weight	Diagnosis:
kg	

Date (yyyy-Mon-dd)	Time (hh:mm)	Physician Orders	Action	Clerk Initials	RN Initials
■ Anticipated Date Of Discharge (ADOD) _____ <input type="checkbox"/> Greater than 7 days <input type="checkbox"/> Less than 7 days <input type="checkbox"/> Unknown ■ Follow Fractured Hip Care Path					
Investigations					
■ If not done: CBC, electrolytes, creatinine, PT / INR, PTT, glucose, albumin, calcium, magnesium, type and screen, TSH, B12					
X-Ray ■ AP Pelvis ■ AP (with 25 mm sphere) and lateral of <input type="checkbox"/> RT hip <input type="checkbox"/> LT hip <input type="checkbox"/> AP and lateral femur if prior injury or surgery ■ AP Chest ■ Electrocardiogram					
Consults					
<input type="checkbox"/> Internal Medicine <input type="checkbox"/> Anesthesia <input type="checkbox"/> No consults required <input type="checkbox"/> Geriatric Medicine - see within 72 hours of admission (<i>where service is available</i>) <input type="checkbox"/> Other (<i>specify</i>) _____ ■ If abnormal PTT or PT/INR, or if patient is on dabigatran or rivaroxaban or fondaparinux, then consult Anesthesia and Internal Medicine (<i>also consider consult to Hematologist</i>)					
Communication					
■ Request old charts					
■ Is family spokesperson/guardian aware? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify reason _____					
■ Goals of Care Designation documented (by most responsible care provider)? <input type="checkbox"/> Yes (copy on chart) <input type="checkbox"/> No, discuss with patient/family ■ Goals of Care Designation (GCD) _____					
■ Does patient have a Personal Directive? <input type="checkbox"/> Yes (<i>copy on chart</i>) <input type="checkbox"/> No (<i>follow-up as necessary</i>) If yes, is Personal Directive enacted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Physician (<i>print</i>)			Signature		

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Interventions and Monitoring			
<input type="checkbox"/> NPO now (except for sips of water for medication)			
<input type="checkbox"/> DAT now and NPO after midnight (except for sips of water for medication)			
<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			
■ Indwelling urinary catheter			
■ Intake and output every shift.			
■ Vital signs, neurovascular assessment, SpO ₂ , level of consciousness, pain scale every 4 hours and PRN			
■ Confusion Assessment Method (CAM) q8h and if change in patient's clinical status. If CAM is positive, follow Delirium Management Protocol			
■ Baseline oxygen saturation. Titrate oxygen to keep oxygen saturation greater than or equal to 92% OR greater than or equal to baseline			
■ Deep breathing and coughing exercises			
■ Bed rest, turn every 2 hours and provide skincare			
■ Pressure ulcer prevention strategies if Braden score is 18 or less			
Medications			
Analgesics			
■ Acetaminophen 650 mg PO/PR every 6 hours around the clock (Maximum daily dose of Acetaminophen from all sources: 3 g) <input type="checkbox"/> HYDROMorphone 0.25 mg IVPB/subcutaneously every 2 hours PRN OR <input type="checkbox"/> Morphine 2.5 mg IVPB/subcutaneously every 2 hours PRN			
Antiemetics: Avoid Dimenhydrinate			
■ Ondansetron 4 mg IVPB every 6 hours PRN ■ Ondansetron 8 mg PO/SL every 6 hours PRN			
Antibiotic			
<input type="checkbox"/> CeFAZolin 2 g IV to O.R. with patient OR if allergy to Cephalosporins OR severe Penicillin allergy <input type="checkbox"/> Clindamycin 600 mg IV to O.R. with patient OR <input type="checkbox"/> Vancomycin 15mg/kg IV. Give over 60 minutes one hour pre-op. Dose _____			
Antibiotic: MRSA			
For patients with known MRSA colonization or infection add Vancomycin to the surgical prophylaxis regimen of CeFAZolin: <input type="checkbox"/> Vancomycin 15mg/kg IV. Give over 60 minutes one hour pre-op. Dose _____			
Physician Signature			

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Reflux acid reduction Order for patient with history of reflux disorders: Is patient on H2-blockers or Proton Pump Inhibitors? <input type="checkbox"/> Yes, Drug _____ Dose _____ Route _____ Frequency _____. Do not hold dose pre-op. <input type="checkbox"/> No, give Ranitidine 150 mg PO once only on admission and give another dose 2 hours pre-operative			
■ Patient-specific medications (<i>Ensure NetCare Drug Profile on chart when applicable</i>)			
Anticoagulation: To be reassessed daily if surgery delayed <input type="checkbox"/> Heparin 5000 units subcutaneously every 8 hours (<i>Hold dose on a.m. of surgery</i>) OR <input type="checkbox"/> Low Molecular Weight Heparin: Drug _____ Dose _____ subcutaneously every _____ hours (<i>Hold dose on a.m. of surgery</i>)			
If patient is on Warfarin: <input checked="" type="checkbox"/> Hold Warfarin pre-op. Time of last dose: Date _____ Time _____ <input type="checkbox"/> 5 mg Vitamin K PO and repeat INR in ____ hours <input type="checkbox"/> 5 mg Vitamin K IVPB and repeat INR in ____ hours			
<input checked="" type="checkbox"/> Hold dabigatran, rivaroxaban or apixaban (<i>Heparin or LMWH not required for 48 hours</i>) Time of last dose: Date _____ Time _____			
<input type="checkbox"/> Continue Clopidogrel (Plavix) for high risk vascular patients (<i>within 12 months of a drug eluting stent, or 6 weeks of a bare metal stent</i>) OR <input type="checkbox"/> Hold Clopidogrel pre-op for all other patients Time of last dose: Date _____ Time _____			
<input type="checkbox"/> If patient is on Beta Blocker hold if systolic blood pressure is less than 100 OR pulse is less than 55 bpm and notify physician			
Patient-specific medications			
■			
■			
■			
■			
■			
■			
Physician Signature			

Affix patient label within this box

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Physician Orders	Action	Clerk Initials	RN Initials
Give the following medications with a sip of water on the morning of surgery <i>(after consult done)</i>			
■			
■			
■			
■			
■			
■			
Additional Orders			
Physician Signature			