Alberta Health Services

Form Title **Hip Fracture, Adult Pre-Op Order Set**

Form Number **21170Bond**

Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown	

Hip Fracture, Adult Pre-Op Order Set

Select orders by placing a (✓) in the associated box
For more information, see ***Fractured Hip Care Pathway***

Goals of Care Designation

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 ***Provincial Goals of Care Designation (GCD) paper form*** *(form #103547)*

☐ Clinical Communication: Place copy of Personal Directive on chart and determine if enacted

Admit, Transfer, Discharge

☑ Anticipated Date of Discharge:
- ☐ Date *(dd-Mon-yyyy)*: _____
- ☐ Greater than 7 days
- ☐ Less than 7 days
- ☐ Unknown

☑ Clinical Communication: Follow ***Fractured Hip Care Pathway***
☑ Clinical Communication: Request old charts
☑ Clinical Communication: Verify if next of kin /agent /guardian is aware of the admission

Diet and Nutrition

☐ Regular Diet
☐ NPO: Starting now (may take sips of water for medication)
☐ NPO: Starting at midnight (may take sips of water for medication)
☐ Other diet orders _____

Patient Care

Activity

☑ Bedrest: Reposition every 2 hours

Vital Signs

☑ Vital Signs: respiratory rate (RR), pulse rate (P), blood pressure (BP), temperature (T), and oxygen saturation (SpO2) every 4 hours and PRN
☑ Neurovascular Vital Signs: every 4 hours and PRN

Patient Care Assessments

☑ Level of Consciousness: assess every 4 hours and PRN
☑ Sedation Level Assessment/Monitoring: every 4 hours and PRN
☑ Pain Scale Monitoring: every 4 hours and PRN
☑ Confusion Assessment Method (CAM) every 8 hours and PRN if change in patient's clinical status. if CAM is positive, contact physician.

If CAM is positive, please see Delirium Investigation and Management Orders

☑ Pressure Injury/ Ulcer Prevention: Use pressure ulcer prevention strategies if Braden Score is 18 or less.
See Provincial Clinical Knowledge Topic: ***Pressure Injury/ulcer Prevention, Adult –Inpatient***
Refer to local institutional practices until provincial orders available.

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Patient Care Continued

Intake and Output

☐ Urinary Catheter – Insert: If unable to void, bladder scan and insert urinary catheter only as required *(for volume greater than 300 mL)*. Attach urinary catheter to drainage bag.

☑ Intake and Output: every shift

Respiratory Care

☑ O2 Therapy - Titrate to Saturation (Sp02): Titrate oxygen to maintain oxygen saturation (SpO2) greater than or equal to 92% or patient baseline

☑ Deep Breathing and Coughing: every 1 hour and PRN while awake

Laboratory Investigations

Perform all pre-selected investigations below unless already done prior to admission:

Hematology

☑ Complete Blood Count (CBC) with differential

☐ PT INR *Choose for patients on oral or parenteral anticoagulant therapy. Consider for those with conditions associated with impaired coagulation (liver disease, malnutrition), history of excessive bleeding or family history of heritable coagulopathies.*

Chemistry

☑ Alkaline Phosphatase
☑ Albumin
☑ Calcium (Ca)
☑ Carbon Dioxide (CO2)
☑ Chloride (Cl)
☑ Creatinine
☑ Glucose Random
☑ Magnesium (Mg)
☑ Potassium (K)
☑ Sodium (Na)

Choose if not done in the past 3 months

☐ Vitamin B12

Transfusion Medicine

☑ Type and Screen

Diagnostic Investigations

Choose if not already done:

☐ Pelvis X-ray anterior-posterior (GR Pelvis, 1 Projection)

☐ Hip X-ray anterior-posterior (with 25 mm sphere) and lateral (GR Hip, 1 to 2 Projections)
- ☐ Right Hip
- ☐ Left Hip

If prior injury or surgery:

☐ Femur X-ray anterior-posterior and lateral (GR Femur, Unilateral)
- ☐ Right femur
- ☐ Left femur

Consider for patients with acute or chronic cardiopulmonary disease based on history and physical exam if it will change management:

☐ Chest X-ray anterior-posterior (GR Chest, 1 Projection)

Other Tests

☐ Electrocardiogram - 12 Lead

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IV Maintenance

☐ Intravenous Cannula – Insert: Initiate IV

Choose ONE:

☐ lactated ringers infusion IV at _____ mL/hour
☐ sodium chloride 0.9% infusion IV at _____ mL/hour
☐ dextrose 5% (D5W) – sodium chloride 0.9% infusion IV at _____ mL/hour

Saline Lock

☐ IV Peripheral Saline Flush/Lock: Saline lock IV

VTE Prophylaxis

To be reassessed daily if surgery delayed Choose ONE:

For patients with a high risk of bleeding, use SCDs at least until the initial risk of bleeding decreases:

☐ Sequential Compression Device; Apply, Continuous. For patients with a high risk of bleeding, use SCDs at least until the initial risk of bleeding decreases.

☐ heparin 5000 units SUBCUTANEOUSLY every 12 hours, hold dose on AM of surgery

For patients greater than 100 kg:

☐ heparin 5000 units SUBCUTANEOUSLY every 8 hours, hold dose on AM of surgery

OR

☐ AntiEmbolism stockings; Apply, Continuous.

☐ tinzaparin 2500 units SUBCUTANEOUSLY every 24 hours, hold dose minimum 12 hours prior to surgery

For patients greater than 100 kg: Recommended tinzaparin dosing is 75 units/kg

☐ tinzaparin _____ units SUBCUTANEOUSLY every 24 hours, hold dose minimum 12 hours prior to surgery

If patient receiving Warfarin

☐ Clinical Communication – Do Not Order/Give: warfarin, document date and time of last dose of warfarin taken. Time of last dose: Date *(dd-Mon-yyyy)* _____ Time *(hh:mm)* _____
☐ phytonadione 5 mg PO once
☐ phytonadione 5 mg IV once
☐ PT INR, repeat in _____ hour(s) post phytonadione

If patient receiving Direct-Acting Oral Anticoagulant

☐ Clinical Communication – Do Not Order/Give: dabigatran, rivaroxaban or apixaban, document date and time of last dose of dabigatran, rivaroxaban or apixaban taken. Heparin or LMWH not required for 48 hours while direct oral anticoagulant stopped.

Time of last dose: Date *(dd-Mon-yyyy)* _____ Time *(hh:mm)* _____

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VTE Prophylaxis Continued

Management of Anti-Platelet Therapy

If patient has a mechanical valve consult cardiology or internal medicine regarding perioperative thrombotic assessment and management

Continue clopidogrel for high risk vascular patients (within 12 months of drug eluting stent, or 6 weeks of a bare metal stent)

☐ clopidogrel 75 mg PO daily

For NON high risk vascular patient (have not had drug eluting stent in past 12 weeks, or not had a bare metal stent in past 6 weeks)

☐ Clinical Communication - Do Not Order/Give: clopidogrel, document date and time of last dose of clopidogrel taken. Time of last dose: Date *(dd-Mon-yyyy)* _____ Time *(hh:mm)* _____

Continue aspirin if recent coronary artery stent

☐ aspirin 81 mg PO daily

Hold aspirin (unless patient has had recent coronary artery stent)

☐ Clinical Communication - Do Not Order/Give: aspirin, document date and time of last dose of aspirin taken. Time of last dose: Date *(dd-Mon-yyyy)* _____ Time *(hh:mm)* _____

Medications

Analgesics and Antipyretics

☐ acetaminophen 650 mg PO/rectally QID. *Maximum 3000 mg acetaminophen per 24 hours from all sources. High risk delirium prevention – reduce disruption of sleep at night.*

Choose one (if applicable) →

☐ HYDROmorphone 0.25 mg IV/SUBCUTANEOUSLY every 2 hours PRN for pain

OR

☐ morphine 2.5 mg IV/SUBCUTANEOUSLY every 2 hours PRN for pain

Antiemetics

Avoid dimenhyDRINATE in the elderly

Choose (if applicable) →

☐ ondansetron 4 mg PO/SL every 8 hours PRN for nausea

☐ ondansetron 4 mg IV every 8 hours PRN for nausea

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Medications Continued

Antibiotic Prophylaxis

*Use **AHS Bugs and Drugs** for specific antibiotic recommendations based on surgery type and clinical indications. Antibiotics should be given within 60 minutes of incision and ideally at the time of anesthetic induction.*

☐ ceFAZolin 2 g IV once, preoperative. *Send dose to operating room with patient.*

If ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam antibiotic:

Choose one (if applicable) →

☐ clindamycin 600 mg IV once, preoperative. Send dose to operating room with patient

OR

Recommended vancomycin dosing is 15 mg/kg. Doses should be rounded to the nearest 250 mg increment (i.e., 500 mg, 750 mg, 1000 mg, 1250 mg, 1500 mg, etc.)

☐ vancomycin _____ mg IV once, administer within 60 to 120 minutes before incision. *(Less than or equal to 1 g over at least 60 minutes before incision. Greater than 1 g to 1.5 g over at least 90 minutes before incision. Greater than 1.5 g over 120 minutes before incision.)*

*For patients with known MRSA colonization or active infection, **Choose Both:***

Choose Both →

☐ ceFAZolin 2 g IV once, preoperative

AND

☐ vancomycin(*15 mg/kg*) _____ mg IV once, administer within 60 to 120 minutes before incision. *(Less than or equal to 1 g over at least 60 minutes before incision. Greater than 1 g to 1.5 g over at least 90 minutes before incision. Greater than 1.5 g over 120 minutes before incision.)*

Gastrointestinal Agents

Order reflux acid reduction for patients with history of reflux disorders

Choose one (if applicable) →

If patient is on H2-blockers or Proton Pump inhibitors, specify home medication:

☐ _____, do not hold dose preoperative.

OR

If patient is NOT on H2-blockers or Proton Pump inhibitors:

☐ ranitidine 150 mg PO once on admission **and then** once 2 hours preoperatively

Consults/ Referrals

If patient has abnormal PT INR, or if patient is on dabigatran, rivaroxaban or fondaparinux, consider Anesthesia, Internal Medicine, and/or Hematology consult.

☐ Clinical Communication: No consults required
☐ MD Consult: Anesthesia
☐ MD Consult: Cardiology
☐ MD Consult: Internal Medicine

Where consult service available:

☐ MD Consult: Geriatric Medicine – to see within 72 hours of admission
☐ MD Consult: Hematology
☐ MD Consult: Acute Pain Service

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