

Hip Fracture Care Pathway Surgical Checklist

To be completed daily and maintained till discharge. Return to your nurse educator or _____.

Pre-op - Date: _____

- Yes No CAM assessment q shift / delirium prevention and management.
 - Yes No 'After Your Hip Fracture' patient education book given: pre-op teaching done.
 - Yes No Goals of Care designation ordered. If no, please contact physician.
 - Yes No Admission assessment complete.
 - Yes No Whiteboard updated.
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Day of Surgery - Date: _____

- Yes No CAM assessment q shift / delirium prevention and management.
 - Yes No Goals of care designation ordered (recheck). If no, please contact physician.
 - Yes No Bowel protocol initiated.
 - Yes No TwoCal nutritional supplement provided with medication delivery (60 mL TID).
 - Yes No 'Hip Fracture Care Pathway' poster on wall in room.
 - Yes No Whiteboard updated.
 - Yes No Ice pack provided to patient if ordered: Day Eve Night
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Day 1 post op - Date: _____

- Yes No CAM assessment q shift / delirium prevention and management.
 - Yes No **Rehab/Nursing:** Ambulate Day 1 (document details in progress notes).
 - Yes No 'After Your Hip Fracture' patient education book updated (date/type of surgery [front cover/page 5]; precautions [front cover/page 12]).
 - Yes No **Rehab/Nursing:** Mobility sheet (with specific type of fixation) given to patient.
 - Yes No Consider Foley catheter removal.
 - Yes No Sitting in chair for meals.
 - Yes No TwoCal nutritional supplement provided with medication delivery (60 mL TID).
 - Yes No Osteoporosis management initiated (calcium, vitamin D)
 - Yes No IV locked (if adequate fluid intake).
 - Yes No Laxative at hs prn.
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Day 2 post op - Date: _____

- Yes No CAM assessment q shift / delirium prevention and management.
- Yes No Foley catheter removed by early morning if not already done.
- Yes No Dressing change as per physician/protocol.
- Yes No Pt able to self-inject anticoagulant or alternate arrangements made.
- Yes No Sitting in chair for meals.
- Yes No TwoCal nutritional supplement provided with medication delivery (60 mL TID).
- Yes No Laxative at hs prn.

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Day 3 post op - Date: _____

- Yes No CAM assessment q shift / delirium prevention and management.
 - Yes No Suppository administered in AM if no BM since OR or discomfort noted.
 - Yes No Discontinue oxygen as appropriate.
 - Yes No Discontinue IV if drinking well and antibiotics complete.
 - Yes No Transitioned to oral analgesics.
 - Yes No Discharge plan/location: _____
 - Yes No Transition Services aware of discharge plan if Home Care/waitlisting is required.
 - Yes No Sitting in chair for meals.
 - Yes No TwoCal nutritional supplement provided with medication delivery (60 mL TID).
 - Yes No Post-operative x-ray completed if ordered.
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Day 4 post op till Discharge - Date: _____

- Yes No CAM assessment q shift / delirium prevention and management.
 - Yes No Sitting in chair for meals.
 - Yes No TwoCal nutritional supplement provided with medication delivery (60 mL TID).
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Discharge checklist - Date: _____

- Yes No Pt able to self-inject anticoagulant or alternate arrangements made.
 - Yes No Wound reviewed prior to discharge.
 - Yes No Follow up appointment arranged and written on discharge form and front of 'After Your Hip Fracture' patient education book.
 - Yes No Discharge education material provided.
 - Yes No Prescriptions given / reconcile medications.
 - Yes No 'After Your Hip Fracture' patient education book sent with patient.
 - Yes No Information letter to next care provider sent with discharge package.
 - Yes No Discharge summary done; copy to family doctor.
 - Yes No Osteoporosis follow-up letter given to patient and/or faxed to family physician either:
By unit By Fracture Liaison Service (FLS)
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Patient discharge date: _____

Discharge location: _____

Please return completed form to your nurse educator or _____.
Form to be destroyed upon completion of data extraction by educator or other (as listed above).

Last Revised November 2015