

Transfer/Holding 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#	
Birthdate (dd-Mon-yyyy)	Gender

Orthopedic Surgeon Arrangements

Plan for return transfer to referring facility 48 hours following surgery

Before transferring patient, confirm with Admitting Hospital that patient has been accepted and completion Emergency Department Hip Fracture Orders

Intravenous Fluid Orders

IV Maintenance:

- 0.9% NaCl infusion at _____ mL/hour, reassess after _____ hours
- lactated ringers infusion at _____ mL/hour, reassess after _____ hours
- D5W - 0.9% NaCl infusion at _____ mL/hour, reassess after _____ hours

Medications

Manage Anticoagulation Medications if currently taking

- 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 (if not already given) (recommend dilute in 50 mL of NS or D5W and run over 10 to 30 minutes)
- Last warfarin dose Date (yyyy-Mo-dd) _____ Time (hh:mm) _____

Preoperative Anticoagulation Requirements

To be discussed with the accepting Surgeon. May be important if surgery to be delayed or patient at high risk for clotting (mechanical heart valve or VTE in last 3 months).

Nonopiate Analgesia - Oral

- acetaminophen 350 mg PO/PRN every 6 hours (maximum dose 3 g per day from all sources)

Opiate Analgesia - Parenteral

We recommend decreasing the dosing by 50% for "susceptible patients" defined as elderly, frail, low body mass, systemically unwell, or on medications known to cause sedation or lower blood pressure.

- morphine 1.25 to 2.5 mg IV/subcutaneously every 2 hours PRN

OR

- HYDROMORPHONE 0.25 to 0.5 mg IV/subcutaneously every 2 hours PRN

Antiemetics (avoid dimenhydrinate)

- ondansetron 4 mg IV/PO/sublingually every 8 hours PRN
(sublingual should be reserved for actively vomiting patients without IV access)
- metoclopramide 5 mg IV every 6 hours PRN

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)
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Patient Care Orders		
Activity		
<input checked="" type="checkbox"/> Bedrest - turn every 2 hours and provide skin care <input checked="" type="checkbox"/> Pressure Ulcer Prevention Strategies if Braden Score is 18 or less		
Diet/Nutrition		
<i>If transfer to be delayed, discuss Diet/NPO time with accepting Surgeon to ensure best possible nutritional status prior to surgery. See Enhanced Recovery After Surgery (ERAS) Guidelines.</i>		
<input type="checkbox"/> NPO: may take medications; NPO from Date (yyyy-Mon-dd) _____ Time (hh:mm) _____		
<input type="checkbox"/> Other diet _____		
Monitoring		
<input checked="" type="checkbox"/> Vital Signs (respiratory rate, pulse, blood pressure, temperature, oxygen saturation)		
<input checked="" type="checkbox"/> as per provincial guideline http://insite.albertahealthservices.ca/assets/m/ncp-ec/ncp-ec-pts-reassess-pts-guideline-hcs-181-01.pdf		
<input type="checkbox"/> every 4 hours <input type="checkbox"/> every _____ minutes		
<input type="checkbox"/> Neurological Vital Signs: Glasgow Coma Scale (GCS)		
<input type="checkbox"/> as per local standards <input type="checkbox"/> every 4 hours <input type="checkbox"/> every _____ minutes <input type="checkbox"/> Notify physician if patient's GCS decreases by two or more points		
Intake and Output		
<input type="checkbox"/> Urinary Catheter inserted Date (yyyy-Mon-dd) _____ Time (hh:mm) _____		
Respiratory Care		
<input checked="" type="checkbox"/> O2 Therapy - Titrate to Saturation greater than or equal to 92% or patient baseline <input checked="" type="checkbox"/> 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		
Delirium Mitigation and Assessment		
<i>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.</i>		
<input checked="" type="checkbox"/> 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		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)

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Delirium Mitigation and Assessment (continued)

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 (incoherent, 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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Send the following documents with patient:

- Completed Clinical Transfer Information Form 09277
- A letter from the Referring Physician
- Copies of completed Rural ED Hip Fracture Orders, referring hospital ED Record, EMS Record, Nurses Notes, Medication Records and Lab Reports
- Personal Directive, guardianship papers and transfer record from Continuing Care (where applicable)

Prescriber Signature

Date (dd-Mon-yyyy)

Time (hh:mm)