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

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 taken
✓ 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-Mon-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 650 mg PO/PR every 6 hours (maximum dose 3 g per day from all sources)

Opiate Analgesia - Parenteral
We recommend decreasing narcotic 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)
Transfer/Holding Hip Fracture Adult Orders
Select orders by placing a (☑) in the associated box

Patient Care Orders

Activity
☑ Bedrest - turn every 2 hours and provide skin care
☑ Pressure Ulcer Prevention Strategies if Braden Score is 18 or less

Diet/Nutrition
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.

☐ NPO: may take medications; NPO from Date (yyyy-Mon-dd) ___________________________ Time (hh:mm) ___________________________
☐ Other diet ___________________________

Monitoring
☑ Vital Signs (respiratory rate, pulse, blood pressure, temperature, oxygen saturation)
   ☑ as per provincial guideline
   ☐ every 4 hours
   ☐ every _____ minutes
☐ Neurological Vital Signs: Glasgow Coma Scale (GCS)
   ☐ as per local standards
   ☐ every 4 hours
   ☐ every _____ minutes
   ☐ Notify physician if patient’s GCS decreases by two or more points

Intake and Output
☐ Urinary Catheter inserted Date (yyyy-Mon-dd) ___________________________ Time (hh:mm) ___________________________

Respiratory Care
☑ O2 Therapy - Titrate to Saturation greater than or equal to 92% or patient baseline
☑ 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
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.
☑ 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)
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)*

Sample