

Multidisciplinary Transition Checklist for Patients with a Fractured Hip

Instructions: Initial and date when each activity is completed. Please sign your initials and designation on the bottom of the page (on the other side).

If there is any variance, please document it on the transfer sheet (can use comment section to make note of it).

If areas are not applicable, write "NA" in the date section (longer line).

This document **does not** get sent with the patient to the next destination; please destroy upon discharge.

Assessment/Monitoring:

___ / _____ Abnormal assessment findings (e.g., pressure areas, wounds) documented on transfer sheet or home care referral.

Consults/Referrals:

___ / _____ Consults are closed or plan is in place to address issues.

___ / _____ Referral made for OT/PT to see at next facility if required.

___ / _____ Orthopedic follow-up visit booked or have informed patient/family/caregiver how to arrange. Include surgeon name, date, time, and place of appointment. Include cast clinic contact information.

Tests/Diagnostics:

___ / _____ POD 2-3 lab work drawn (CBC, electrolytes, creatinine) and reviewed.

___ / _____ Post-operative hip x-ray completed (if indicated).

___ / _____ Addition laboratory tests indicated on transfer sheet and/or requisition given to facility or patient/family/caregiver with instruction.

Interventions:

___ / _____ Care of the surgical incision documented on transfer sheet or provided to patient/ family/caregiver. If receiving Home Care for dressing changes/wound care, doctor's order and instruction for same provided to Home Care.

___ / _____ Indicate on discharge form to remove staples at 10-14 days. Staple remover sent with patient.

___ / _____ IV removed after blood work results have been assessed.

___ / _____ Catheter removed and patient voiding sufficiently.

___ / _____ Patient has had a bowel movement post-operatively. Indicate date of last BM on transfer sheet and list of effective bowel medications.

Medications:

___ / _____ Medication review has been completed with patient/family/caregiver (understand what medications are for, and how to properly take medications).

___ / _____ Medication reconciliation completed.

___ / _____ Medication list sent to next facility 24 hours prior to discharge to allow time to arrange medications.

___ / _____ Prescriptions given to patient/family/caregiver on discharge as required.

___ / _____ DVT prophylaxis return demonstration if self-administering. If unable to self-administer, arrangements made for Home Care or family to administer. Direction given for duration of therapy.

Fluid, Nutrition, Elimination:

___ / _____ Teaching about nutrition and need for high protein/high calorie diet with patient/family/caregiver.

___ / _____ Suggest initiating a dietitian referral at next location if concerned with nutritional status.

Delirium:

___ / _____ If CAM +, plan must be included in discharge summary for next destination and for GP/primary caregiver.

___ / _____ Delirium booklet and teaching provided to family/caregiver if CAM +.

Fracture and Fall Prevention Strategies:

- ___ / ___ Osteoporosis and fall prevention information letter has been given and reviewed with patient/family/caregiver. Copy of letter sent to GP/primary care provider.
- ___ / ___ Osteoporosis teaching has been completed with patient/family/caregiver.
- ___ / ___ Falls awareness and prevention teaching with patient/family/caregiver.
- ___ / ___ Home safety evaluation arranged if required (may self-refer to Home Care if needed).

Pain Management:

- ___ / ___ Pain management plan in place. Patient reporting manageable pain (goal 3-4/10). List effective pain medications on transfer sheet.
- ___ / ___ Pain management teaching completed.

Activity/Mobility/Rehab:

- ___ / ___ Weight bearing status has been determined and indicated on transfer sheet. If patient NWB, indicate plan for progression.
- ___ / ___ Mobility teaching completed with patient/family/care provider including: hip precautions, weight bearing, exercises, use of aids, safe transfers and stairs.
- ___ / ___ Progressive ambulation/exercise plan established with measurable goals and timeline to promote or enhance pre-fracture functioning.
- ___ / ___ ADL plan established with measurable goals and timeline to increase independence in performance.
- ___ / ___ Equipment requirements identified and arranged/in place for next destination.

Communication/Transfer of Care:

- ___ / ___ Discussion regarding final discharge destination has been initiated.
- ___ / ___ Frailty assessment completed and results documented in patient chart.
- ___ / ___ Discharge instruction sheet reviewed with/given to patient/family/caregiver if going home.
- ___ / ___ Provide Home Care contact information (e.g., phone number) to patient/family/caregiver if going home.
- ___ / ___ If transferring from acute surgical to rural/rehab facility, ensure case manager contact information from Supportive Living facility is on chart (as required).
- ___ / ___ Phone call handover provided to next receiving facility (including PT>PT, OT>OT, Nursing>Nursing).
 Include:
 - current behaviors, mobility status, frailty assessment/score
 - current functional level for ADLs (include pre-fracture function and level of function at discharge from acute surgical unit)
- ___ / ___ If transferring patient prior to POD 5, send Fractured Hip Acute Care Pathway with patient.

Other Comments:

NAME	DESIGNATION	INITIAL		NAME	DESIGNATION	INITIAL