

Form Title **Emergency Department Hip Fracture Adult Order Set**

Form Number **20849**

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Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Emergency Department Hip Fracture Adult Order Set

Select orders by placing a (✓) in the associated box

For more information, see Clinical Knowledge Topic **Hip Fracture, Adult Emergency Department**

Goals of Care

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 the Provincial Goals of Care Designation (GCD) paper form:

<http://www.albertahealthservices.ca/frm-103547.pdf>

Fluids and Electrolytes

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
- Other _____

Laboratory Investigations STAT

Hematology

- Complete Blood Count (CBC)
- PT INR

Chemistry

- | | | |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Electrolytes (Na, K, Cl, CO2) | <input type="checkbox"/> Albumin | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Creatinine | <input type="checkbox"/> Alkaline phosphatase | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Glucose | <input type="checkbox"/> Calcium | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Type and screen | <input type="checkbox"/> Other _____ |

Diagnostic Imaging

- Chest X-Ray 1 projection (*anterior-posterior*). Consider for patients with acute or chronic cardiopulmonary disease based on history and physical exam if it will change management.
- Pelvis X-Ray 1 projection (*anterior-posterior*)
- Hip X-Ray 2 projections (*anterior-posterior & lateral*)
 - Right Hip
 - Left Hip
- Femur X-Ray, Unilateral (*anterior-posterior & lateral*) if prior injury or surgery
 - Right Femur
 - Left Femur

Other Investigations

- Electrocardiogram - 12 Lead (ECG) ONCE
- Other _____

Medications

Nonopiate Analgesia

Suggest 325 mg - 650 mg for mild to moderate pain, 975 mg to 1000 mg for moderate to severe pain

Combined maximum daily dose of 4 grams from all sources (preferred daily maximum of 3 gram/ day especially among elderly)

- acetaminophen tab _____ mg PO/ RECTAL Once

Prescriber Name	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
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Medications *(continued)*

Opiate Analgesia

- Notify physician or nurse practitioner for reassessment of analgesia requirements if pain not controlled after administration of maximum dose ordered

For elderly, frail, low body mass, systemically unwell, or on antihypertensive or sedating medications:

- HYDROmorphone 0.25 to 0.5 mg IV once
 HYDROmorphone 0.25 to 0.5 mg IV every 10 minutes PRN *(maximum 1.5 mg)*

OR

- morphine 1.25 to 2.5 mg IV once
 morphine 1.25 to 2.5 mg IV every 10 minutes PRN *(maximum 7.5 mg)*

OR

- fentaNYL 25 mcg IV once
 fentaNYL 25 mcg IV every 10 minutes PRN *(maximum 100 mcg)*

For previously well patients:

- HYDROmorphone 0.5 to 1 mg IV once
 HYDROmorphone 0.5 to 1 mg IV every 10 minutes PRN *(maximum 3 mg)*

OR

- morphine 2.5 to 5 mg IV once
 morphine 2.5 to 5 mg IV every 10 minutes PRN *(maximum 15 mg)*

OR

- fentaNYL 25 to 50 mcg IV once
 fentaNYL 25 to 50 mcg IV every 10 minutes PRN *(maximum 150 mcg)*

Antiemetics

4 mg starting dose recommended for ondansetron. Avoid ondansetron in patients with prolonged QTc interval.

- ondansetron 4 mg IV every 8 hours PRN
 ondansetron 4 mg PO/Sublingual every 8 hours PRN *(sublingual should be reserved for actively vomiting patients without IV access)*
 metoclopramide 10 mg IV every 6 hours PRN
 metoclopramide 10 mg PO every 6 hours PRN

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Medications *(continued)*

Anticoagulant Management

For patients at high risk for clotting (mechanical heart valve or VTE) in last 3 months, discuss with surgeon.

- Hold direct oral anticoagulants (e.g. dabigatran, rivaroxaban, apixaban)
 Hold warfarin,
 Vitamin K1 5 mg Liquid PO ONCE

OR

If surgery expected within 12 hours and requested by the accepting Surgeon

- Vitamin K1 5 mg IV ONCE *(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)* _____

Other Medications

- _____

Patient Care Orders

Activity

For patients at high risk for clotting (mechanical heart valve or VTE) in last 3 months, discuss with surgeon.

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

Diet/Nutrition

Reassess order status once approximate surgery time determined to ensure best possible nutritional status prior to surgery. See Enhanced Recovery After Surgery (ERAS) Guidelines.

- NPO
 NPO: sips with medication
 Other _____

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
- Other _____

Prescriber Name

Prescriber Signature

Date *(dd-Mon-yyyy)*

Time *(hh:mm)*

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Intake and Output

- Urinary Catheter - Insert Date *(yyyy-Mon-dd)* _____ Time *(hh:mm)* _____
(If unable to void, bladder scan and insert urinary catheter only as required for volume greater than 300 ml. Attach to drainage bag)
- Other _____

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
- Other _____

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.

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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Consults and Referrals

- Consult Orthopedics
- Consult Internal Medicine
- Consult _____
- _____
- _____
- _____
- _____

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