Alberta Health Services

Form Title **Transfer/Holding Hip Fracture Adult Order Set**

Form Number **20850**

Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown		

Transfer/Holding 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***

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**

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 _____

Medications

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 5mg Liquid PO ONCE

OR

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

☐ Vitamin K1 5mg 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)* _____

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

☑ acetaminophen 650 mg PO/RECTAL QID *(maximum dose 3 g per day from all sources)*

Opiate Analgesia

Recommended to decrease 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

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Medications *(continued)*

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

Other Medications

- ☐ _____
- ☐ _____
- ☐ _____

Patient Care Orders

Activity

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

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
- ☐ NPO: sips with medication
  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
- ☐ Other _____

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Patient Care Orders *(continued)*

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

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)*

_____

_____

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