

(place patient label here)

Patient Name: _____



Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Orthopedic Admission Hip Fracture

Version 3

8/29/2018

Patient Placement

Patient Status

- If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.
 - Admit to inpatient: ****I certify that:**
 - Inpatient services are reasonable and necessary and ordered in accordance with Medicare regulations.
 - Services ordered are appropriate for the inpatient setting.
 - It is anticipated that the medically necessary care of the patient will cross at least 2 midnights.
 - The diagnosis included in this order is the reason for inpatient services and is outlined further in the history and physical and subsequent progress notes.
 - The need for post hospital care will be determined based upon the patient's evolving clinical condition and needs.

Diagnosis: _____

- Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)
- Attending Provider: _____

Preferred Location/Unit

- Ortho/Neuro
- PCU
- ICU

Code Status:

- Full Code
- DNR

Limited DNR Status

- No intubation, mechanical ventilation
- No chest compressions
- No emergency medications or fluid
- No defibrillation, cardioversion
- No _____

Activity

- Bed rest

Equipment and Activity Aids

- Apply traction
 - Location: _____
 - Type: _____
 - Pounds of Traction: _____
 - Additional Instructions: _____
- Adaptive Equipment per PT
- Adaptive Equipment per OT

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PROVIDER ORDERS

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- Point of Care Capillary Blood Glucose QID, before meals and at bedtime
- Intake and output per unit standard
- Initiate MRSA/MSSA Testing and Treatment Protocol
- Apply ice pack to affected extremity
- Elevate Affected Extremity
- Incentive spirometry every hour while awake
- Confusion Assessment Method (CAM) once per shift
- IF Confusion Assessment Method (CAM) is positive for delirium, notify provider

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%

Diet

- NPO (diet) [] Enter Time: _____ [x] Midnight [] Now
- NPO Modifications: [] Except Meds [] Strict [] With Ice Chips [] With Sips
- Clear Liquid
- Regular
- Additional Instructions: Carb Controlled if patient has history of diabetes

IV Placement

- Peripheral IV insert/maintain

IV Fluids - Maintenance Specific Fluid

- Sodium Chloride 0.9% IV
 - 125 milliliter/hour continuous intravenous infusion
- Dextrose 5% and 0.9% Sodium Chloride IV
 - 125 milliliter/hour continuous intravenous infusion

Medications

Analgesics

- acetaminophen (TYLENOL)
 - 650 milligram tablet orally every 4 hours as needed for mild-to-moderate pain
 - 650 milligram suppository rectally every 4 hours as needed for mild-to-moderate pain
- HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)
 - 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain
- oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)
 - 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

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Analgesics (PCA): Select one

HYDRomorphone normal saline 0.2 mg/mL (DILAUDID - PCA)

- Standard PCA

Demand dose: 0.2 milligram;
Demand dose lock out: 8 minutes;
Maximum doses/hour: 7 doses/hour
D/C POST OP DAY 1

** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider morphine in normal saline 1 mg/mL (PCA)

- Standard PCA

Demand dose: 1 milligram;
Demand dose lock out: 8 minutes;
MAX doses/hour: 7 doses/hour
D/C POST OP DAY 1

** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider fentaNYL in normal saline 10 micrograms/mL (PCA)

- Standard PCA

Demand dose: 10 micrograms;
Demand dose lock out: 8 minutes;
Maximum doses/hour: 7 doses/hour
D/C POST OP DAY 1

** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider

Antiemetics

metoclopramide (REGLAN)

- 5 milligram orally every 4 hours as needed for nausea/vomiting
- 5 milligram intravenously every 4 hours as needed for nausea/vomiting

ondansetron (ZOFRAN)

- 4 milligram intravenously every 4 hours as needed for nausea/vomiting

Miscellaneous

alum-mag hydroxide-simeth (MINTOX)

- 15-30 milliliter orally every 4 hours as needed for dyspepsia

docusate sodium (COLACE)

- 100 milligram orally 2 times a day. Hold for loose stools

Laboratory

- CBC/Auto diff
- Comprehensive Metabolic Panel
- Basic Metabolic Panel
- PT (Prothrombin time & INR)
- PTT
- Urinalysis, microscopic, culture if indicated
- Vitamin D (25-Hydroxy) level (hip fracture fragility test)
- TSH, with reflex to FT4 if indicated (if on thyroid replacement)

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PROVIDER ORDERS

Consult Provider

- Provider to provider notification preferred
 - Consult Orthopedics regarding hip fracture
 - Does nursing need to contact consulted provider? [] Yes [] No
 - Consult Psychiatrist. Reason for consult: Recommended Disposition and/or Rehabilitation.

Consult Department

- Consult Care Coordination. Reason for consult: Discharge Planning
- Consult Wound Nurse. Reason for consult: _____
 - Initiate Wound Care Protocol [] Yes [] No
- Consult Palliative Care

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VTE Prophylaxis

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

- LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY** (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation
 - Order for all LOW risk patients IF not already ordered.
 - Ambulate 3 times a day
- MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY**
 (Patients with one or more VTE risk factors)
- HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY** (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

- Prophylaxis already addressed post-operatively- See post-op orders
- > **Pharmacological VTE Prophylaxis**
 - Order for MODERATE and HIGH risk patients unless contraindicated

No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS

Absolute	Relative	
<input type="checkbox"/> Active hemorrhage or high risk for hemorrhage	<input type="checkbox"/> Craniotomy in last 2 weeks	<input type="checkbox"/> Active intracranial lesions/ neoplasms
<input type="checkbox"/> Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks	<input type="checkbox"/> Intracranial hemorrhage in 12 mos.	<input type="checkbox"/> Hypertensive emergency
	<input type="checkbox"/> Intraocular surgery in last 2 wks	<input type="checkbox"/> Post-op bleeding concerns
	<input type="checkbox"/> GI, GU hemorrhage in last 30 days	<input type="checkbox"/> Scheduled to return to OR in the next 24 hrs
	<input type="checkbox"/> Thrombocytopenia (< 50,000)	<input type="checkbox"/> Epidural catheters or spinal block
	<input type="checkbox"/> Coagulopathy (PT > 18 sec)	<input type="checkbox"/> End stage liver disease

OTHER: _____

Medications

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 12 hours
- 5,000 unit subcutaneously every 8 hours

Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)

fondaparinux (ARIXTRA)

- 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min
- Other Medication: _____

Laboratory

- CBC with differential every 3 days IF pharmacological prophylaxis is ordered

> **Mechanical VTE Prophylaxis**

•• Order for HIGH risk patients and MODERATE risk patients without pharmacological prophylaxis

- No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications

- Bilateral lower extremity amputee
- Bilateral lower extremity trauma
- Other: _____

Intermittent pneumatic compression

- Sequential compression device (SCD)
- Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)

- knee high
- thigh high

Provider Signature: _____ Date: _____ Time: _____