

Allergies: NKDA _____

Diagnosis: Fractured Hip Right Left Status: Inpatient SDC Observation Admit to: _____

NURSING INTERVENTIONS: (Check box/ fill in to activate. Line through to cancel pre-checked orders)

- Neurovascular checks every 4 hours
- Insert indwelling urinary catheter
- If respiratory rate less than 10 per min or sedation level of 1, monitor respirations every 15 – 30 min until 2 per min or greater
- O₂ at 0 - 3 L PRN sats less than or equal to 92% or new onset of confusion. Notify physician if greater than 3 L used.
- Buck's traction Right Left _____ lbs Trapeze SCDs
- Evening prior to surgery: Sign consent to read _____
- Bedrest Other: _____

DIETARY: (Check box/ fill in to activate)

- NPO after midnight Other: _____

IV THERAPY: (Line through to cancel orders)

- Lactated Ringers to infuse at 100 mL/ hour. If renal failure on dialysis, change to Normal Saline to infuse at 10 mL/ hour

LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate. Line through to cancel pre-checked orders)

- Chemstick if diabetic PT/ INR CBC ECG Comprehensive Metabolic Panel
- Basic Metabolic Panel Urinalysis (culture if indicated) Pregnancy test, urine
- Chest X-Ray PA & lateral Reason: _____

BLOOD: Type and Screen (determines Hemosafe eligibility). If not Hemosafe-eligible, then order 2 units RBC or: _____ units
(Hemosafe-ineligible means history of antibodies, so pre-ordering RBCs ensures blood is available on site. Hemosafe-eligible means blood is immediately available when transfusion is ordered)

CONSULTS: (Line through to cancel order)

- Care Management for discharge planning

VTE Risk Assessment: (Check appropriate box)

Pulmonary Embolism = PE

1	<input type="checkbox"/> Standard PE & Standard major bleeding risks	3	<input type="checkbox"/> ELEVATED PE & Standard major bleeding risks
2	<input type="checkbox"/> Standard PE & ELEVATED major bleeding risks	4	<input type="checkbox"/> ELEVATED PE & ELEVATED major bleeding risks

MEDICATIONS: (Check box to activate. Line through to cancel pre-checked orders)

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) 1 g IV X 1 preop. If 80 kg or greater, increase to 2 g. If allergic, change to clindamycin 900 mg IV X 1 <i>Antibiotic must be given within 60 minutes prior to incision</i>	Prophylaxis Antibiotic
<input type="checkbox"/> HYDROmorphone (DILAUDID) 0.5 – 1 mg IV every 2 hours PRN. If pain unrelieved in 2 hours, notify physician	Severe Pain (7-10) IV
<input type="checkbox"/> oxyCODONE 5 - 15 mg PO every 3 hours PRN	Severe Pain (7-10) PO
<input type="checkbox"/> HYDROmorphone (DILAUDID) 0.25 – 0.5 mg IV every 2 hrs PRN. If pain unrelieved in 4 hrs, notify physician	Moderate Pain (4-6) IV
<input type="checkbox"/> oxyCODONE 2.5 - 5 mg PO every 3 hours PRN	Moderate Pain (4-6) PO
<input type="checkbox"/> acetaminophen (TYLENOL) 325 - 650 mg PO/ PR every 4 hours PRN. Not to exceed 3000 mg/ 24 hours	Mild Pain (1-3) PO/ PR
<input type="checkbox"/> zolpidem (AMBIEN) 2.5 mg PO HS PRN. May repeat X 1	Insomnia
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting
<input checked="" type="checkbox"/> lidocaine 2% jelly (URO-JET) apply PRN	Catheter Placement Pain

Physician Signature

Date

Time

P H Y S I C I A N O R D E R



FRACTURED HIP ADMISSION & PREOP ORDERS

P0144D (Rev 0811) White – Chart/ Scan to Pharmacy

Assessment of elevated risk (greater than standard risk) of PULMONARY EMBOLISM (PE):

Previous history of cancer, thromboembolism
Hypercoagulable states (ie., polycythemia, spinal cord injury, multi-trauma patients)
Previous documented pulmonary embolism
Genetic predisposition for developing pulmonary embolism

Assessment of elevated risk (above standard risk) of MAJOR BLEEDING:

Previous history of uncontrolled bleeding
Known coagulation factor deficiency
Recent history of GI bleeding
Recent hemorrhagic stroke

For patients with:

- ❶ Standard risk of PE and standard risk of major bleeding; use either Aspirin, LMWH, Fondaparinux or Warfarin
- ❷ Standard risk of PE and ELEVATED risk of major bleeding; use either Aspirin, Warfarin or none
- ❸ ELEVATED risk of PE and standard risk of major bleeding; use either LMWH, Fondaparinux or Warfarin
- ❹ ELEVATED risk of PE and ELEVATED risk of major bleeding; use either Aspirin, Warfarin or none

Adapted from AAOS Clinical Practice Guideline on Prevention of Pulmonary Embolism in Patients Undergoing Total Hip or Knee Arthroplasty (published May 2007)