

**FRACTURED HIP / FEMUR  
EMERGENCY DEPARTMENT ORDERS**

**ADMIT TO:** Inpatient Status  8 South  Telemetry  Stepdown  SCU  ICU  CCU

**ADMITTING PHYSICIAN:** Orthopedics, Dr. \_\_\_\_\_

**DIAGNOSIS:** (list all) \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**OBTAIN INFORMED CONSENT FOR HIP FRACTURE REPAIR**

1. ACTIVITY:
  - Bedrest, may insert foley if patient's pain not controlled
2. DIET:
  - NPO
3. DIAGNOSTICS:
  - Initiate Hip Fracture Paging System
  - Stat EKG
  - Obtain results of last EKG for comparison (if available)
  - Stat Chest X-ray (1 view)
  - Results of last Echo to the chart (if available)
4. Stat LABS if not already completed:
 

<input checked="" type="checkbox"/> CBC with Diff	<input checked="" type="checkbox"/> BMP	<input checked="" type="checkbox"/> Urinalysis	<input type="checkbox"/> BNP
<input type="checkbox"/> BUN	<input checked="" type="checkbox"/> Type and Screen	<input checked="" type="checkbox"/> PT/INR (contact physician if greater than 1.5)	
<input type="checkbox"/> CR	<input type="checkbox"/> Troponin & CK-MB	<input checked="" type="checkbox"/> PTT	
5. NURSING:
  - Vital signs per Emergency Department
  - Bilateral Intermittent Pneumatic Compression Device (IPC) to be applied within 4 hours of fracture diagnosis
  - Position for comfort with pillow
6. CONSULTATIONS:
  - Anesthesia for Surgical Evaluation and OR Clearance
  - PCP for Inpatient Opinion Regarding Medical Management and Discharge Needs

Dr. \_\_\_\_\_

Other \_\_\_\_\_
7. ANALGESIC:

**Only one of the following may be selected**

Pain Scale	<input type="checkbox"/> Morphine Sulfate	<input type="checkbox"/> Hydromorphone
Mild 1-3	1mg, IVP every 2 hours, PRN for pain	0.5mg, IVP every 2 hours, PRN for pain
Moderate 4-6	2mg, IVP every 2 hours, PRN for pain	1mg, IVP every 2 hours, PRN for pain
Severe 7-10	4mg, IVP every 2 hours, PRN for pain	Contact Physician if pain not relieved with above orders

**For any of the above analgesic orders, if pain not controlled after 2 consecutive 2 hour doses, Contact Physician**

8. IV FLUIDS: \_\_\_\_\_, at 100mL/hour
9. Other:  **All consults must be called and all lab results, x-ray results, EKG reports, must be completed and placed in chart prior to leaving the Emergency Department.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)



PT.

MR.#/P

DR.

**FRACTURED HIP / FEMUR ORDERS**  
**CONTINUED (To be completed upon arrival to nursing unit)**

**ADMIT TO:** Inpatient Status  8 South  Telemetry  Stepdown  SCU  ICU  CCU

**ADMITTING PHYSICIAN:** \_\_\_\_\_

**DIAGNOSIS:** (list all) \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**OBTAIN INFORMED CONSENT FOR HIP FRACTURE REPAIR (if not already done in ED)**

1. ACTIVITY:
  - Bedrest. Apply overhead frame and trapeze
  - Bilateral Intermittent Pneumatic Compression Device (IPC) if not already applied in ED
  - Position for comfort with pillow
2. DIET:
  - NPO, Call for orders if OR time not available or delayed
3. VITAL SIGNS & NEUROVASCULAR CHECKS:  Every 8 hours
4. CONSULTS:
  - Consult Dr. \_\_\_\_\_ for \_\_\_\_\_
  - Consult Dr. \_\_\_\_\_ for \_\_\_\_\_
5. MEDICATIONS:
  - Reconcile All Home Medications
  - Scrub axilla to toes with Chlorhexidine wipes immediately upon arrival to unit, then every 12 hours thereafter
6. ANALGESIC:

**Only one of the following may be selected**

Pain Scale	<input type="checkbox"/> Morphine Sulfate	<input type="checkbox"/> Hydromorphone
Mild 1-3	1mg, IVP every 2 hours, PRN for pain	0.5mg, IVP every 2 hours, PRN for pain
Moderate 4-6	2mg, IVP every 2 hours, PRN for pain	1mg, IVP every 2 hours, PRN for pain
Severe 7-10	4mg, IVP every 2 hours, PRN for pain	Contact Physician if pain not relieved with above orders

**For any of the above analgesic orders, if pain not controlled after 2 consecutive 2 hour doses, Contact Physician**

7. IV Fluids: \_\_\_\_\_, at 100mL/hour
8. Prophylactic Antibiotics: Administer within 1 hour of surgery start time
  - Cefazolin (KEFZOL) 1 gm if patient weights less than 50kg – Administer within 1 hour of surgery start time
  - Cefazolin (KEFZOL) 2 gm if patient weights between 50kg and 120 kg – Administer within 1 hour of surgery start time
  - Cefazolin (KEFZOL) 3 gm if patient weighs more than 120 – Administer within 1 hour of surgery start time

***If life-threatening angioedema or anaphylaxis to cephalosporin or penicillin:***

**OR**

Clindamycin (CLEOCIN)–900mg IVPB Administer within 1 hour of surgery start time

**OR**

- Vancomycin 1000 gram IVPB – if patient weights less than 100 kg Administer within 2 hours of surgery start time.
- Vancomycin 1500 gram IVPB – if patient weights more than 100 kg Administer within 2 hours of surgery start time.

***Vancomycin must be selected if patient has history of Methicillian Resistant Staphylococcus Aureus (MRSA)***

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)

PT.
MR.#/P
DR.