Initial Status:	Initial Bed Type:
☐Place in Observation ☒Admit to Inpatient	☐Non-monitored bed ☐Telemetry ☐ICU
Principal Diagnosis:	

Allergies:

Height (cm)	Weight	Medications may be stopped based on the current Medical Staff Bylaws automatic stop order policy. A therapeutic equivalent drug approved by Pharmacy and Therapeutics Committee may be dispensed in accordance with the Medical Staff Bylaws.

DO NOT USE	U	IU	QD	QOD	Trailing Zero	Lack of Leading Zero	MS	MSO4	MgSO4

DATE & TIME	PHYSICIANS ORDERS 2012

PHYSICIAN'S PRE-PRINTED ORDERS: HIP / LOWER EXTREMITY FRACTURE

ADMISSION ORDERS

Admit to Floor, Orthopedics: Dr. _____.

DIAGNOSIS: ❑ Right ❑ Left ❑ Femoral Neck Fracture ❑ Intertrochanteric hip fracture ❑ Subtrochanteric hip fracture

CONDITION: ❑ Stable ❑ Good ❑ Fair ❑ Critical

Consult Internal Medicine: Dr. _____ *(completed by physician)*.

CONSENT for: _____ Projected Surgery Date: _____

VITALS: q4h x3, then q8h if stable. PNV q2h x3 then q shift.

LABS: ❑ CBC ❑ BMP ❑ PT/INR ❑ UA w/ Micro ❑ ESR ❑ T&S -OR- T&C _____ Units PRBC

DIAGNOSTICS:❑ CXR ❑ AP Pelvis ❑ AP/Lat R / L Hip (print at 100% magnification for OR use)
❑ EKG ❑ 2D Echo (if cardiac history or change in EKG)

ACTIVITY: ☑ Bedrest ❑ Bucks Traction to affected leg ❑ 5# ❑ 10#
❑ May place pillow under leg PRN in lieu of traction

NURSING: ☑ Foley to bedside drainage ☑ Overhead Frame and Trapeze
☑ Bilateral SCDs ☑ Incentive Spirometry x10 q1h while awake.
☑ ROHO Mattress *(ED to call/order prior to arrival to floor)* ☑ Ice Pack PRN to affected extremity

DIET: ❑ Regular ❑ 1800 Cal ADA ❑ NPO ❑ Other: _____

IV THERAPY: Start IV *(above the wrist/hand and below the anticubital)*. Start IV of 1000 mL ❑ D5NS ❑ NS ❑ LR at 75 mL/hr.

ANALGESIA ***(*NOTE: Do not exceed 4 grams of Acetaminophen per 24 hours)***

❑ Oxycodone SR 10mg PO q12h. ***Do not give if patient age >70.***
❑ Morphine _____mg IV q3h PRN severe pain
❑ Acetaminophen 325mg / Hydrocodone ❑ 5mg ❑ 7.5mg ❑ 10mg (**Norco**) 1-2 tabs PO q4h PRN moderate pain*
❑ Acetaminophen 650mg / Propoxyphene 100mg (**Darvocet**) 1-2 tabs PO q4h PRN moderate pain*
❑ Acetaminophen 325mg / Oxycodone 5mg **(Percocet)** 1-2 tabs PO q4h PRN moderate pain*
❑ Tramadol (**Ultram**) 50mg 1-2 tabs PO q4-6h PRN moderate pain. Do not exceed 400mg within 24 hours.

Physician's Signature	Date / Time
Physician's ID (Dictation) Number	Pager #

PHYSICIAN'S PRE-PRINTED ORDERS: HIP / LOWER EXTREMITY FRACTURE

ADMISSION ORDERS

ANTICOAGULATION

❑ Enoxaparin (**Lovenox**) 30mg SQ q12h. If bridging off Warfarin (**Coumadin**), do not start until INR <2. Hold day of surgery.

❑ Hold Coumadin. Give Vitamin K based on INR value: If INR 2.0 - 2.5, give Vitamin K 0.5mg IV x1
If INR 2.6 - 3.0 give Vitamin K 1mg IV x1 If INR >3.0, give Vitamin K 3mg IV x1
Repeat PT/INR in 8 hours

SYMPTOM MANAGEMENT

☑ Metoclopramide (**Reglan**) 10mg IV q6h PRN nausea

☑ Acetaminophen (**Tylenol**) 650mg PO q4h PRN Temp >101, Headache

☑ Esomeprazole (**Nexium**) 40mg PO daily

☑ Docusate-Senna (**Senna-S**) 1 tab PO bid

CONSULTS

☑ Physical Therapy – Assess and treat ☑ Case Manager / Social Work for Discharge Placement

EVENING PRIOR TO OR

Have Consent Signed and Witnessed. NPO after midnight. Increase IV to 75 mL/hr when NPO.

ON CALL TO OR

❑ Cefazolin (**Kefzol**) 1 Gm IVPB within 30-60 minutes of incision (*if patient 80kg or <);* if one or more hours elapse before surgical incision, repeat dose prior to incision

❑ Cefazolin (**Kefzol**) 2 Gm IVPB within 30-60 minutes of incision (*if patient >80kg);* if one or more hours elapse before surgical incision, repeat dose prior to incision

❑ **If allergic to PCN or Cephalosporin:** Clindamycin (**Cleocin**) 900mg IVPB within 30-60 minutes of incision

☑ Acetaminophen (**Tylenol**) 500mg PO x1 dose

☑ Celebrex 400mg PO x1 dose. ***Do not give if Sulfa allergy or Renal Disease.***

☑ Hydroxyzine 25mg PO x1 dose

☑ Scopolamine Patch 1.5mg applied to mastoid area if age < 65 years

☑ Oxycodone SR 10mg PO x1 dose if age < 70

HOME MEDICATIONS

☑ Continue Routine Home Medications (Physician MUST write medications to be dispensed). Continue on Physician Order sheet.

Medication	Dose	Route	Frequency	PRN Reason or Clarification

Physician's Signature 20	Date / Time
Physician's ID (Dictation) Number	Pager #

Initial Status:	Initial Bed Type:
☐Place in Observation ☒Admit to Inpatient	☐Non-monitored bed ☐Telemetry ☐ICU
Principal Diagnosis:	

Allergies:

Height (cm)	Weight	Medications may be stopped based on the current Medical Staff Bylaws automatic stop order policy. A therapeutic equivalent drug approved by Pharmacy and Therapeutics Committee may be dispensed in accordance with the Medical Staff Bylaws.

DO NOT USE	U	IU	QD	QOD	Trailing Zero	Lack of Leading Zero	MS	MSO4	MgSO4

DATE & TIME	PHYSICIANS ORDERS

02/2008 *Page 1 of 2*

PHYSICIAN'S PRE-PRINTED ORDERS: HIP / LOWER EXTREMITY FRACTURE

POST-OPERATIVE ORDERS

Admit to ❑Floor ❑ ICU: Orthopedics, Dr. _____.

DIAGNOSIS: ❑ Right ❑ Left ❑ Femoral Neck Fracture ❑ Intertrochanteric hip fracture ❑ Subtrochanteric hip fracture

S/P: ❑ Right ❑ Left ❑ Hemiarthroplasty ❑ Screw/Side Plate ❑ Percutaneous pinning ❑ IM Nail

CONDITION: ❑ Stable ❑ Good ❑ Fair ❑ Critical

Internal Medicine, Dr. _____ for medical management. Notify of room location.

VITALS: q4h x3, then q8h if stable. PNV q2h x3 then q shift.

LABS: ☑ CBC on POD #1 ☑ CBC on POD #2

ACTIVITY: ❑ Weight Bearing as Tolerated ❑ Non Weight Bearing ❑ Partial Weight Bearing
❑ Posterior Hip Precautions: No hip flexion >90 degrees, No hip abduction; No internal rotation in flexion.
❑ Anterior Hip Precautions: No active abduction against resistance, No hip adduction.

NURSING: ☑ Foley to bedside drainage
☑ Incentive Spirometry x10 q1h while awake.
☑ Daily Dressing change starting POD #1
☑ Overhead Frame and Trapeze
❑ ROHO Mattress *(refer to Braden Scale)*
☑ Ice Pack PRN to affected extremity

DIET: Clear Liquids. Advance as tolerated to ❑ Regular ❑ 1800 Cal ADA ❑ Other: _____

IV THERAPY: Complete IV from OR, then start IV of 1000 mL ❑ D5NS ❑ NS ❑ LR at _____ mL/hr. D/C 24h after Abx/PCA D/C'd

ANTIBIOTIC

❑ Cefazolin (**Kefzol**) 1 Gm IVPB q6h x3 doses (*if patient 80kg or <)*
❑ Cefazolin (**Kefzol**) 2 Gm IVPB q6h x3 doses (*if patient >80kg)*
❑ **If allergic to PCN or Cephalosporin:** Clindamycin (**Cleocin**) 900mg IVPB q6h x2 doses

ANTICOAGULATION

❑ Enoxaparin (**Lovenox**) 40mg SQ daily. Start POD #1 at 09:00
❑ Warfarin (**Coumadin**) _____ mg PO daily. PT/INR daily.
❑ Hold anticoagulant for now. Contraindicated. Reason: _____
❑ Bilateral thigh-high TED hose. Remove BID x30 minutes. Change PRN.
❑ Sequential Compression Devices (calf sleeve) while in bed x48 hours.

Physician's Signature	Date / Time
Physician's ID (Dictation) Number	Pager #

PHYSICIAN'S PRE-PRINTED ORDERS: HIP / LOWER EXTREMITY FRACTURE

POST-OPERATIVE ORDERS

ANALGESIA *(*NOTE: Do not exceed 4 grams of Acetaminophen per 24 hours)*

- ❑ Celebrex 200mg PO bid x48 hours. Start evening of surgery. ***Do not give if Sulfa allergy or Renal Disease.***
- ❑ Oxycodone SR 10mg PO q12h x5 doses. ***Do not give if patient age >70.***
- ❑ Morphine _____mg IV q3h PRN severe pain
- ❑ Acetaminophen 325mg / Hydrocodone ❑ 5mg ❑ 7.5mg ❑ 10mg (**Norco**) 1-2 tabs PO q4h PRN moderate pain*
- ❑ Acetaminophen 650mg / Propoxyphene 100mg (**Darvocet**) 1-2 tabs PO q4h PRN moderate pain*
- ❑ Acetaminophen 325mg / Oxycodone 5mg **(Percocet**) 1-2 tabs PO q4h PRN moderate pain*
- ❑ Ketorolac (**Toradol**) 30mg IV q6h ATC x24 hours, then ❑ Ketorolac (**Toradol**) 15mg IV q6h ATC x24 hours
- ❑ Tramadol (**Ultram**) 50mg 1-2 tabs PO q4-6h PRN moderate pain. Do not exceed 400mg within 24 hours.

SYMPTOM MANAGEMENT

- ☑ Metoclopramide (**Reglan**) 10mg IV q6h PRN nausea
- ☑ Acetaminophen (**Tylenol**) 650mg PO q4h PRN Temp >101, Headache
- ☑ Esomeprazole (**Nexium**) 40mg PO daily
- ☑ Docusate-Senna (**Senna-S**) 1 tab PO bid
- ☑ MOM 30mL PO q6h PRN constipation
- ☑ OsCal 500+D 2 tabs PO bid

CONSULTS

- ☑ Physical Therapy – Assess and treat
- ☑ Occupational Therapy – Assess and provide equipment/treatment as needed
- ☑ Case Manager / Social Work for Discharge Placement

HOME MEDICATIONS

☑ Continue Routine Home Medications (Physician MUST write medications to be dispensed). Continue on Physician Order sheet.

Medication	Dose	Route	Frequency	PRN Reason or Clarification

Physician's Signature	Date / Time
Physician's ID (Dictation) Number	Pager #