Initial Status:				Initial Bed Ty	уре:						
□Place in Observation □Admit to Inpatient □Non-monitored bed □Telemetry □ICU											
Principal Diagno	sis:										
Allergies:											
Height (cm)	Weight									ıtomatic stop	
				c equivalent dance with th				acy and	d Therape	utics Commit	tee may be
					IIE IVIE	Trailing	Lack of	of			
DO NOT USE	U	IU	QD	QOD		Zero	Leading 2	Zero	MS	MSO4	MgSO4
DATE & TIME					PH	YSICIANS C	RDERS 20	12			
20120308											Page 1 of 2
	Р	HYSICIAN'S	PRE-PRI	INTED ORDI	ERS:	HIP / LOW	ER EXTRE	MITY F	FRACTURE		
ADMISSION OF	RDERS										
Admit to Floo	or, Orthoped	ics: Dr									
DIAGNOSIS	: 🛚 Right	□ Left □	Femoral I	Neck Fracture	9	☐ Intertroch	nanteric hip fr	racture	☐ Sub	trochanteric hip	p fracture
CONDITION	<i>I</i> : □ Stable	e 🛚 Good	☐ Fair	☐ Critical							
Consult Inter	nal Medicine	e: Dr				_ (completed	d by physicia	an).			
				Projected Surgery Date:							
		Bh if stable. PN					,,	J • J •			
		MP □ PT/INF			IESR	□ T&S -C	DR-T&C	Unit	ts PRRC		
		□ AP Pelvis									
DIAGNOSTI		☐ 2D Echo		-			igriiiication ic	oi Oix u	se)		
ACTIVITY:	☑ Bedre		`	,	J	,	□в	Bucks Ti	raction to aff	ected leg 🖵 5#	# □ 10#
		olace pillow un	der leg PR	N in lieu of tra	action						
NURSING:	☑ Foley	to bedside dra	ainage				☑c	Overhea	ad Frame an	d Trapeze	
	☑ Bilate	eral SCDs	-							x10 q1h while	
	☑ ROH	O Mattress (El	D to call/or	der prior to an	rival to	floor)	☑lo	ce Pack	PRN to affe	ected extremity	,
DIET : ☐ Reg	gular 🛚	1800 Cal AD	1 🗆 A	NPO 🗆 (Other:			_			
IV THERAP	Y: Start IV (a	above the wrist	hand and	below the an	ticubita	al). Start IV	of 1000 mL	□ D5N	NS 🗆 NS	□LR at 75 m	L/hr.
ANALGESIA	4 (*NOTE: Do	not exceed 4 gram	s of Acetamin	ophen per 24 hour	rs)						
1		10mg PO q12		•	nt age	>70.					
		mg IV q3h PF			175m	a □ 10ma	(Norco)	1_2 tahe	e P∩ a⁄lh Pl	RN moderate p	ain*
	-	650mg / Prop		-					-	viviniouerate p	alli
		325mg / Oxyo	• .	• .	,		•		•		
☐ Trai	madol (Ultra	m) 50mg 1-21	tabs PO q4	1-6h PRN mod	derate	pain. Do n	ot exceed 40	00mg w	ithin 24 hou	rs.	
Physician's Signa	iture		Date	/ Time							
Physician's ID (Di	ictation) Nun	mber	Page	er#							

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

FIT SICIAN S FRE-	ADMISS	SION ORDERS	K EXTREMITT F	RACTURE
ANTICOAGULATION □ Enoxaparin (Lovenox) 30mg SQ q12 □ Hold Coumadin. Give Vitamin K base If INR 2.6 - 3.0 give Vitamin K Repeat PT/INR in 8 hours	ed on INR value:	If INR 2.0 - 2.5	in), do not start un 5, give Vitamin K 0 ve Vitamin K 3mg	0.5mg IV x1
SYMPTOM MANAGEMENT ☑ Metoclopramide (Reglan) 10mg IV question ☑ Acetaminophen (Tylenol) 650mg PO ☑ Esomeprazole (Nexium) 40mg PO duestion ☑ Docusate-Senna (Senna-S) 1 tab PO	q4h PRN Temp > aily	•101, Headache		
<u>CONSULTS</u> ☑ Physical Therapy – Assess and treat		☑ (Case Manager / So	ocial Work for Discharge Placement
EVENING PRIOR TO OR Have Consent Signed and Witnessed. If ON CALL TO OR □ Cefazolin (Kefzol) 1 Gm IVPB within incision, repeat dose prior to incision,	30-60 minutes of incision 30-60 minutes of incision : Clindamycin (Cle) x1 dose of give if Sulfa alle	ncision (<i>if patient 8</i> ncision (<i>if patient</i> > eocin) 900mg IVP ergy or Renal Dis	20kg or <); if one one one 80kg); if one or made on the B within 30-60 mir	r more hours elapse before surgical ore hours elapse before surgical
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 #

Principal Diagnosis:	Initial Status:				Initial Bed Type							
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 QCD Trailing Lack off Bylaws. Lack off Dylaws. Lack off Dylaws. Lack off Dylaws. Lack off Dylaws. DO NOT USE U IU QD QCD Trailing Lack off Dylaws. DO NOT USE U IU QD QCD Trailing Lack off Dylaws.												
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dispensed in accordance with the Medical Staff Bylaws. DONOTUSE U IU QD QOD Trailing Lack of Lack	Height (cm)	Weight										
DATE & TIME								ınd Inerapet	itics Committ	ee may be		
DATE & TIME PHYSICIAN'S PRE-PRINTED ORDERS: HIP / LOWER EXTREMITY FRACTURE POST-OPERATIVE ORDERS Admit to □Floor □ ICU: Orthopedics, Dr												
PHYSICIAN'S PRE-PRINTED ORDERS: HIP / LOWER EXTREMITY FRACTURE POST-OPERATIVE ORDERS Admit to □Floor □ ICU: Orthopedics, Dr	DO NOT USE	U	IU	QD	QOD			MS	MSO4	MgSO4		
POST-OPERATIVE ORDERS Admit to Floor	DATE & TIME				Р	HYSICIANS O	RDERS					
POST-OPERATIVE ORDERS Admit to Floor	02/2008									Page 1 of 2		
Admit to Glor ICU: Orthopedics, Dr	02/2000	Р	HYSICIAN'S	PRE-PRI	NTED ORDERS	S: HIP / LOW	ER EXTREMITY	FRACTURE	<u>:</u>	raye I UI Z		
Admit to Glor ICU: Orthopedics, Dr	DOCT ODED ATI	VE ODDED	10									
DIAGNOSIS:			_									
S/P:	Admit to □Flo	oor 🗖 ICU	J: Orthopedic	s, Dr			_·					
CONDITION: Stable Good Fair Critical Internal Medicine, Dr	DIAGNOSIS	: 🛚 Right	□ Left □	Femoral N	Neck Fracture	□ Intertroch	anteric hip fractu	re 🖵 Sub	trochanteric hip	o fracture		
Internal Medicine, Dr	S/P:	□ Right	□ Left □	I Hemiarthi	roplasty 🔲 Scre	ew/Side Plate	☐ Percutaneou	ıs pinning 🛚 🗖	IM Nail			
WTALS: q4h x3, then q8h if stable. PNV q2h x3 then q shift. LABS:	CONDITION	: 🗆 Stable	e 🛚 Good	☐ Fair	☐ Critical							
WTALS: q4h x3, then q8h if stable. PNV q2h x3 then q shift. LABS:												
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 ☐ Overhead Frame and Trapeze ☐ Incentive Spirometry x10 q1h while awake. ☐ ROHO Mattress (refer to Braden Scale) ☐ Daily Dressing change starting POD #1 ☐ 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.						J	•					
ACTIVITY:												
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 Overhead Frame and Trapeze Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) ROHO Mattress (refer to Braden Scale) Incentive Spirometry x10 q1h while awake. ROHO Mattress (refer to Braden Scale) ROHO Mattress (ref								W : L(B) :				
□ Anterior Hip Precautions: No active abduction against resistance, No hip adduction. **NURSING:** □ Foley to bedside drainage □ Doverhead Frame and Trapeze □ Incentive Spirometry x10 q1h while awake. □ ROHO Mattress (refer to Braden Scale) □ Daily Dressing change starting POD #1 □ Ice Pack PRN to affected extremity **DIET*: Clear Liquids. Advance as tolerated to □ Regular □ 1800 Cal ADA □ Other: □ NTHERAPY: 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** Overhead Frame and Trapeze □ ROHO Mattress (refer to Braden Scale) □ ROHO MATTRESS (refer to Braden Scale	ACTIVITY:											
NURSING: ☐ Foley to bedside drainage ☐ Overhead Frame and Trapeze ☐ Incentive Spirometry x10 q1h while awake. ☐ ROHO Mattress (refer to Braden Scale) ☐ Daily Dressing change starting POD #1 ☐ 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.					•				II II C AIOII.			
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Daily Dressing change starting POD #1 ☐ Ice Pack PRN to affected extremity DIET: Clear Liquids. Advance as tolerated to ☐ Regular ☐ 1800 Cal ADA ☐ Other:	WOKOMO.	-						·				
DIET: Clear Liquids. Advance as tolerated to Regular 1800 Cal ADA Other:								· · · · · · · · · · · · · · · · · · ·		•		
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□ 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			al) 1 Cm \/DB	a6h v2 da	sos (if nationt 90	ka or <)						
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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							PB g6h x2 doses					
□ 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		•	•	·	, ,	, 3	·					
□ 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			venox) 40mg	SQ daily.	Start POD #1 at 0	9:00						
□ 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			, .	•								
□ Sequential Compression Devices (calf sleeve) while in bed x48 hours. Physician's Signature □ Date / Time		_										
Physician's Signature Date / Time		_	-			-						
	☐ Sequ	uential Com	pression Devi	ces (calf sl	eeve) while in be	d x48 hours.						
	Dhysisian-2- Circuit			D-4:	/ Time							
Physician's ID (Dictation) Number Pager #	Priysician's Signat	шге		Date	, rime							
Physician's ID (Dictation) Number Pager #	DI											
	Physician's ID (Did	ctation) Nun	nper	Page	r#							

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PHYSICIAN'S PRE-PRINTED ORDERS: HIP / LOWER EXTREMITY FRACTURE <u>POST-OPERATIVE ORDERS</u>

ANALGESIA ("NOTE: Do not exceed 4 grams of Aceta Celebrex 200mg PO bid x48 hours. S Oxycodone SR 10mg PO q12h x5 do Morphinemg IV q3h PRN seve Acetaminophen 325mg / Hydrocodon Acetaminophen 650mg / Propoxyphe Acetaminophen 325mg / Oxycodone Ketorolac (Toradol) 30mg IV q6h AT Tramadol (Ultram) 50mg 1-2 tabs PO	Start evening of subsess. <i>Do not give</i> are pain e	rigery. Do not give if patient age >76 7.5mg 10mg ocet) 1-2 tabs PO 1-2 tabs PO q4h F	0. (Norco) 1-2 tabs q4h PRN modera PRN moderate pai Toradol) 15mg IV	s PO q4h PRN moderate pain* te pain* n* / q6h ATC x24 hours
SYMPTOM MANAGEMENT ☑ Metoclopramide (Reglan) 10mg IV q6 ☑ Acetaminophen (Tylenol) 650mg PO ☑ Esomeprazole (Nexium) 40mg PO da ☑ Docusate-Senna (Senna-S) 1 tab PO ☑ MOM 30mL PO q6h PRN constipation ☑ OsCal 500+D 2 tabs PO bid	q4h PRN Temp : aily) bid	>101, Headache		
 CONSULTS ☑ Physical Therapy – Assess and treat ☑ Occupational Therapy – Assess and p ☑ Case Manager / Social Work for Discharge Medications ☑ Continue Routine Home Medications 	harge Placement			Continue on Physician Order sheet.
Medication	Dose	Route	Frequency	PRN Reason or Clarification
		1	i	1

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