

Order Set: Fractured Hip Post-Op

Order Items			
Activity Level			
<input checked="" type="checkbox"/>	Ambulate	T	
<input checked="" type="checkbox"/>	Up in Chair	T	
<input checked="" type="checkbox"/>	Weightbearing - Full	T	
<input checked="" type="checkbox"/>	Weightbearing	T	
Nutrition			
<input checked="" type="checkbox"/>	Progressive Diet: Clear Fluids to DAT	T	
<input checked="" type="checkbox"/>	Clear Fluids Diet	T	
<input checked="" type="checkbox"/>	Fracture (Osteoporotic) Diet		
<input checked="" type="checkbox"/>	Common Oral Diets		
<input checked="" type="checkbox"/>	Eating - Assistance: Supervision, Prompting or Preparing, when required. -- Ensure proper use of dentures, positioning and set up prior to each meal	T	
<input checked="" type="checkbox"/>	Eating - Assistance: Supervision, Prompting or Preparing, when required. -- Ensure texture of food is appropriate for patient's dentition	T	
<input checked="" type="checkbox"/>	Monitor Nutritional Intake - Nursing - If percentage of meals eaten is less than 50% for 48 hours consult Dietician.	T	
<input checked="" type="checkbox"/>	Dietitian Referral - Reason: <Other> Please Specify: Assess Dietary Intake. Consult Instruct Assess, Implement, and Follow as Needed T		Routine
Laboratory			
<input checked="" type="checkbox"/>	Complete Blood Count (CBC) - Every 1 day(s). Routine, End After 2 occurrences., Routine	T	Routine
<input checked="" type="checkbox"/>	Complete Blood Count (CBC) - Every 2 day(s). Routine, End After 3 occurrences., Routine	T+2	Routine
<input checked="" type="checkbox"/>	Electrolytes (Na, K, Cl, CO2) - Every 1 day(s). Routine, End After 2 occurrences., Routine	T	Routine
<input checked="" type="checkbox"/>	Electrolytes (Na, K, Cl, CO2) - Every 2 day(s). Routine, End After 3 occurrences., Routine	T+2	Routine
<input checked="" type="checkbox"/>	Creatinine LEVEL - Every 1 day(s). Routine, End After 2 occurrences., Routine	T	Routine
<input checked="" type="checkbox"/>	Creatinine LEVEL - Every 2 day(s). Routine, End After 3 occurrences., Routine	T+2	Routine
<input checked="" type="checkbox"/>	Glucose Random LEVEL - Every 1 day(s). Routine, End After 2 occurrences., Routine	T	Routine
<input checked="" type="checkbox"/>	Glucose Random LEVEL - Every 2 day(s). Routine, End After 3 occurrences., Routine	T+2	Routine
<input checked="" type="checkbox"/>	Urea - Every 1 day(s). Routine, End After 2 occurrences., Routine	T	Routine
<input checked="" type="checkbox"/>	Urea - Every 2 day(s). Routine, End After 3 occurrences., Routine	T+2	Routine
Common Labs - Repeating - Lab Collect			
Diagnostic Imaging			
<input checked="" type="checkbox"/>	GR Pelvis and One Hip		Routine
<input checked="" type="checkbox"/>	GR Pelvis and Both Hips		Routine
Cardiovascular Diagnostics			
<input checked="" type="checkbox"/>	Electrocardiogram - 12 Lead, Portable	T	Routine
Medications			
<input checked="" type="checkbox"/>	morphine inj - 1 to 2 mg SUBCUTANEOUSLY / IVPB q2h PRN Pain, --Discontinue when taking PO meds		Routine
<input checked="" type="checkbox"/>	acetaminophen tab - 500 mg PO qid, --Start when taking PO meds. Total dosage from all sources not to exceed 4 grams per day		Routine
<input checked="" type="checkbox"/>	oxycodone tab - 5 to 10 mg PO q2h PRN Severe breakthrough pain., --Begin when taking PO meds		Routine
<input checked="" type="checkbox"/>	codeine tab - 15 to 30 mg PO q2h PRN Mild to Moderate breakthrough pain., --Begin when taking PO meds		Routine
<input checked="" type="checkbox"/>	Dozage requires adjustment in renal impairment. Use lower starting doses in the elderly.		
<input checked="" type="checkbox"/>	Common Analgesics		
<input checked="" type="checkbox"/>	ondansetron inj - 4 mg IV q2h PRN Nausea., --Total dosage from all sources not to exceed 12mg per day		Routine
<input checked="" type="checkbox"/>	ondansetron tab - 4 mg PO q2h PRN Nausea., --Total dosage from all sources not to exceed 12mg per day		Routine
<input checked="" type="checkbox"/>	dopemiderone tab - 10 mg PO tid before meals		Routine
<input checked="" type="checkbox"/>	Common Antinauseants		
<input checked="" type="checkbox"/>	Common Antibiotics (IV)		
<input checked="" type="checkbox"/>	Other Medication and IV Orders		
Prophylaxis			
<input checked="" type="checkbox"/>	Antibiotic Prophylaxis Hip Post-Op		
<input checked="" type="checkbox"/>	HI/DVT Propy - Hip Replacement		
Bowel Routine			
<input checked="" type="checkbox"/>	docuzate sodium cap - 100 mg PO bid		Routine
<input checked="" type="checkbox"/>	SENOKOT tab - [Each tab contains 8.6 mg sennosides] 2 tab PO qhs PRN		Routine
<input checked="" type="checkbox"/>	lactulose liq - 30 mL PO daily PRN If no bowel movement within 24 hours [Each mL provides 667 mg lactulose]		Routine
<input checked="" type="checkbox"/>	bisacodyl supp - 10 mg RECTALLY daily PRN		Routine
<input checked="" type="checkbox"/>	phosphate enema - ADULT [Each 100 mL contains monobasic sodium phosphate 16 g and dibasic sodium phosphate 6 g] 120 mL RECTALLY daily PRN		Routine
IV Fluids			
<input checked="" type="checkbox"/>	lactated ringers infusion - 1,000 mL IV <Continuous> at 100 mL/hour		Routine
<input checked="" type="checkbox"/>	Access: Peripheral Line Stop when drinking well		
<input checked="" type="checkbox"/>	Saline Lock - Action: Initiate	T	
<input checked="" type="checkbox"/>	? when drinking well <Avail. Activations=1>		
<input checked="" type="checkbox"/>	sodium chloride 0.9% flush/lock inj - 2 to 5 mL FLUSH q24h		Routine
<input checked="" type="checkbox"/>	? when saline lock initiated <Avail. Activations=1>		
<input checked="" type="checkbox"/>	Intravenous Cannula - Action: Removes, --when antibiotics complete.		
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Encourage PO fluids once able to drink.		T
<input checked="" type="checkbox"/>	Common IV Fluids		
Nursing Care			
<input checked="" type="checkbox"/>	Post Op Vital Sign Protocol - once		T
<input checked="" type="checkbox"/>	Other Vital Sign Orders		
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Orient patient to place [location] and date every morning		T
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Ensure in-room calendar and clocks are accurate every morning		T
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Assist patient with their access to and use of any required sensory aids [ie.hearing aids,portable amplifying devices, glasses] q2h and qm.		T
<input checked="" type="checkbox"/>	Foley Catheter - Action: Remove, --Within 48 hours Post-Op.		T
<input checked="" type="checkbox"/>	Toileting/Elimination - Assistance: Supervision, prompting, or preparing, PRN. -- Ensure access to appropriate voiding aids [eg. urinal, bedside commode] once Foley Catheter is removed.		T
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Check PVR urine volume using bladder scanner with first urination following Foley Catheter removal.		T
<input checked="" type="checkbox"/>	In and Out Catheter - Post Void Residual, Instructions: If PVR is greater than or equal to 200cc using bladder scanner do in and out catheterizations tid and continue in and out catheterizations until PVR is less than 200cc., q2h and PRN		T
<input checked="" type="checkbox"/>	Notify - /Who: Orthopaedic Surgeon, When: If PVR remains greater than or equal to 200cc for 5 days notify the orthopaedic surgeon regarding possible need for urolog consult.		T
<input checked="" type="checkbox"/>	Monitor Incontinence - q2h, PRN, -- If incontinent initiate prompted voiding or scheduled voiding q3h while awake		T
<input checked="" type="checkbox"/>	Hemovac Drain - Action: Empty, q2h and PRN, -- when 3/4 full		T
<input checked="" type="checkbox"/>	Hemovac Drain - Start At: 24 hour after Surgery, Action: Remove		T
<input checked="" type="checkbox"/>	Dressing - Start At: 48 hour after Surgery, Action: Discontinue		T
<input checked="" type="checkbox"/>	Other Tractor, Ortho Supplies, Supports		
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Perform CAM q2h while patient awake (PLC and RGH only)		T
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- For first positive CAM initiate Delirium Management Postop Hip Fracture Order Set.		T
<input checked="" type="checkbox"/>	Notify - /Who: Orthopaedic Surgeon, When: For first positive CAM		T
<input checked="" type="checkbox"/>	Delirium Management Postop Hip Fracture.		
Alcohol Withdrawal			
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Provide warm milk at bedtime if difficulty sleeping		T
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Minimize number of times patient is awakened during the night.		T
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Use minimal light to check on patient during the night.		T
Respiratory Support			
<input checked="" type="checkbox"/>	O2 Therapy - Nasal Cannula - Adult - O2 Flowrate (LPM) : 3 LPM to Maint. SpO2(%)>=92, <Continuous>, Maintain at least 3 LPM for first 24 hours post-op		T
<input checked="" type="checkbox"/>	O2 Therapy - Titrate to Saturation - Maintain SpO2, Titrate off oxygen as able after the first 24 hours post-op		Routine
<input checked="" type="checkbox"/>	Deep Breathing and Coughing - q1h while awake		T
<input checked="" type="checkbox"/>	Common Oxygen Therapy		
Consults			
<input checked="" type="checkbox"/>	Physiotherapy - Assess and Treat - , Referral Reason: Total Hip protocol		T
<input checked="" type="checkbox"/>	Physiotherapy - Assess and Treat - , Referral Reason: Chest Physio Post Hip Surgery		T
<input checked="" type="checkbox"/>	Occupational Therapy - Assess and Treat - , Referral Reason: Activities of Daily Living, -- Post-Op Total Hip Arthroplasty		T
<input checked="" type="checkbox"/>	MD Consult		T
Discharge/Transfer Information			
<input checked="" type="checkbox"/>	Discharge - , -- When Clinical Pathway met and when OT/PT complete		T
<input checked="" type="checkbox"/>	Follow Up Instructions to Patient		T
<input checked="" type="checkbox"/>	Discharge Instructions - , -- Provide patient with staple removal instructions and staple remover.		T
<input checked="" type="checkbox"/>	Clinical Communication - Physician to Nurse, -- Prescription is on chart		T