



Physician Orders ADULT: Ortho Hip Fracture Admit Plan

Initiate Orders Phase

Non Categorized

- Add To Problem List
T;N Problem: _____

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
T;N, Phase: Ortho Hip Fracture Admit Phase, When to Initiate: _____

Ortho Hip Fracture Admit Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: Hip Fracture
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more
- Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more
- Notify Physician-Once
T;N, of room number on arrival to unit

Vital Signs

- Vital Signs
 - T;N, Monitor and Record T,P,R,BP, q4h(std) (DEF)*
 - T;N, Monitor and Record T,P,R,BP, q2h(std), If in critical care

Activity

- Bedrest
T;N, Strict

Food/Nutrition

- NPO
Start at: T;23:59, Instructions: _____

Patient Care

- SCD Apply
T;N, Apply to non-affected leg
- Incentive Spirometry Nsg
T;N, q1h(std)
- Cold Apply





Physician Orders ADULT: Ortho Hip Fracture Admit Plan

T;N, To affected Extremity

Medications

- Acetaminophen
650mg, Tab, PO, q4h PRN Pain, Mild (1-3)
- OxyCODONE
5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7)
- Hydromorphone
0.5mg, Injection, IV Push, q4h, PRN pain, Severe (8-10)

Laboratory

- CBC
Routine, T;N, once, Type: Blood
- BMP
Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- PT/INR
Routine, T;N, once, Type: Blood

Diagnostic Tests

- EKG
Start at: T;N, Priority: Routine, Reason: Other, specify, _____
- Chest 1VW Frontal
*T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: Reason for Exam: _____*
- Hip Uni W Pelvis 2-3 VW RT
T;N, Reason for Exam: Hip Pain, Routine, Stretcher
- Hip Uni W Pelvis 2-3 VW LT
T;N, Reason for Exam: Hip Pain, Routine, Stretcher

Consults/Notifications/Referrals

- Consult Case Management
T;N, Reason for Consult: Discharge Planning
- Consult Social Work
T;N, Reason for Consult: Assistance at Discharge
- Consult MD
T;N, Reason for Consult: Ortho Evaluation of Hip Fracture





Physician Orders ADULT: Ortho Hip Fracture Admit Plan

Date	Time	Physician's Signature	MD Number
------	------	-----------------------	-----------

***Report Legend:**

- DEF - This order sentence is the default for the selected order
- GOAL - This component is a goal
- IND - This component is an indicator
- INT - This component is an intervention
- IVS - This component is an IV Set
- NOTE - This component is a note
- Rx - This component is a prescription
- SUB - This component is a sub phase, see separate sheet
- R-Required order

