

**CLINICAL PATHWAY
FRACTURED HIP (Adult)**

Inclusion Criteria:	All Hip Fracture patients requiring surgical intervention
Exclusion Criteria:	Hip Fracture patients and no surgical intervention
Expected LOS:	3-7 days

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	ER to OR	Day of Surgery Post-op
Patient Outcomes	<ul style="list-style-type: none"> - Pre op diagnostics completed as per orders - H&P and surgical consultation completed - Informed written consent for surgery and blood/blood product administration completed - Pre op internist consultation completed - DNR status discussed with patient and/or family as per policy - Medical condition stabilized for surgery - Orders obtained for medications to be continued while in hospital 	<ul style="list-style-type: none"> - Patient family will be informed of post op condition _____ - HR, BP +/- 20% pre-op value - RR +/- 10% pre-op value +/- Oxygen - Temperature less than or equal to 38.4 - CSM within normal range - Patient will verbalize pain control _____ - Maintains previous level of mental status <p>Clinical Indicator #1: Surgery done within 1 day of admission Yes [] No []</p> <p>If No, indicate reason: [] OR availability [] Medical condition</p>
Teaching	Pre-op teaching to include: <ul style="list-style-type: none"> - Surgical process - Post op care requirements, pain management, monitoring, positioning, activity, diet, elimination, dressings, drains, catheter, IV and medications - DB&C, F&A exercises - Use of heel protectors - Orientation to room, nursing unit, hospital policies 	<ul style="list-style-type: none"> - Primary nurse introduces pathway with patient and family - Post op care, pain management, monitoring, positioning, activity, diet, elimination, dressings, drains, catheter, IV and medications - DB&C, F&A exercises - Use of heel protectors - Oriented to room, nursing unit, hospital policies
Discharge Planning Criteria	<ul style="list-style-type: none"> - ELOS reviewed and discharge disposition - +/- QRP assessment greater than 70 years of age 	
Pathway Reviewed with Patient/Family (Initial)	Yes _____ No _____	Yes _____ No _____
Patient/Family Satisfied with Progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes
Signatures:	_____ Initials _____ _____ _____	_____ Initials _____ _____ _____



**CLINICAL PATHWAY
FRACTURED HIP (Adult)**

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	ER to OR	Day of Surgery Post-op
	INTERVENTIONS:	INTERVENTIONS:
Assessments	<ul style="list-style-type: none"> - History and Physical - Pre op checklist - Delirium, restraints, skin integrity, mobility - VS q1h until stable, then q4h and 30 minutes after any analgesia administration - Pain score - Confusion Assessment Method (CAM) screening - +/- Braden scale 	<ul style="list-style-type: none"> - VS q2h x 4 then q4h x 3 and prn OR as per APS orders - Pain score - Pain assessment q1-2h (operative pain +/- other pain, if applicable) - Sedation score/sensory & motor if spinal anesthetic - Fluid balance - Dressing site - CSM q4h - Bowel sounds q8h - Monitor for signs of delirium - Skin integrity/Braden scale
Consults	<ul style="list-style-type: none"> - Orthopedic surgeon - Internist - physician requesting consult to communicate reason for consult & proposed OR time - Pharmacy prn - Skin care resource nurse prn 	<ul style="list-style-type: none"> - Geriatrician consult OR if seen by Geriatrician preop, notify them that patient is on post surgical unit (Monday-Friday) - RT if on O2 protocol - Skin care resource nurse prn
Tests	<ul style="list-style-type: none"> - Pre-op diagnostic testing as per guidelines Required testing: - CBC, lytes, urea, creatinine - INR, PTT - Group & Reserve - ECG / CXR 	<ul style="list-style-type: none"> - As per physician specific orders
Treatments	<ul style="list-style-type: none"> - IV as per pre op orders (usual - NS at 75mL/hr) - Oxygen as per orders/protocol 	<ul style="list-style-type: none"> - IV as per physician order - Oxygen as per orders/protocol - DB&C, F&A q4h and prn
Medications	<ul style="list-style-type: none"> - Medications as ordered with a sip of H2O - Antibiotic prophylaxis (1 hour pre op as ordered) - +/- VTE prophylaxis if OR delayed greater than 24 hours 	<ul style="list-style-type: none"> - Continue medications as ordered - Antibiotic prophylaxis - VTE prophylaxis, start 12 h post op
Nutrition	<ul style="list-style-type: none"> - NPO if on urgent OR list - If OR delayed, diet as ordered 	<ul style="list-style-type: none"> - NPO / ice chips
Activity/Safety	<ul style="list-style-type: none"> - Heel protectors (bilateral) - Pad bony prominences +/- special surface according to Braden Scale - Turn and position prn as tolerated - +/- restraint alternative prn 	<ul style="list-style-type: none"> - Heel protectors (bilateral) - Continue skin protection as per Braden Scale - +/- Elastic stockings - Reposition q4-6h and prn - If neuraxial analgesia / safety precautions - Side rails x 2 +/- restraint alternatives prn
Elimination	<ul style="list-style-type: none"> - Foley catheter 	<ul style="list-style-type: none"> - Foley catheter
Pain Management	<ul style="list-style-type: none"> - IV narcotics prn Operating Room: +/- Single dose injection - neuraxial analgesia 	<ul style="list-style-type: none"> - IV narcotics prn - Routine analgesia as ordered



**CLINICAL PATHWAY
FRACTURED HIP (Adult)**

Criteria met for occupational therapy Yes No
 Criteria met for dietitian (assessment & treatment) Yes No
 Criteria met for social work Yes No
 (See criteria on page 7)

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	Post op Day 1	Post op Day 2-3	Post op Day 4-5
Patient Outcomes	<ul style="list-style-type: none"> - HR, BP +/- 20% pre-op value - RR +/- 10% pre-op value +/- oxygen, Afebrile - CSM within normal range - Patient verbalizes pain control _____ - Participates in ADL with assistance - Up in chair - Ambulate x 1 and prn - Tolerating DAT - IV discontinued - Maintains previous level of mental status 	<ul style="list-style-type: none"> - VS remain stable (see Post op day 1) - CSM within normal range - Patient verbalizes pain control - Participates in ADL, progress to minimal assistance - Up in chair for meals as tolerated - Ambulates to BR and in hall, as tolerated - Tolerating hip exercises - Tolerating DAT - Foley catheter removed and voiding qs day 2 - Bowel routine established - Drain discontinued day 2 - Dressing changed day 2 / prn <p>Clinical Indicator #2: (see pg 7) Delirium Yes [] No []</p>	<ul style="list-style-type: none"> - Continue as post op day 3 if applicable: - EMS complete post op day 5 (physio) - Independent use of assistive ADL devices and understands hip precautions (OT) - Proposed discharge plan established (Nursing to indicate plan) [] Home [] Home with CCAC [] Rehab [] Nursing/Retirement Home [] ALC [] Other _____ <p>Clinical Indicator #3: (see pg 7) Delirium Yes [] No []</p>
Teaching	Review: <ul style="list-style-type: none"> - Post op care, pain management, monitoring, positioning, activity, diet, elimination, dressings, drains, catheter, IV and medications - DB&C, F&A exercises - Use of heel protectors - Voiding assessment 	<ul style="list-style-type: none"> - Reinforce teaching prn - DB&C, F&A exercises - Use of heel protectors - Voiding assessment - Bowel routine - Ambulation/exercise (PT) If applicable: <ul style="list-style-type: none"> - Use of ADL assistive devices - Review of hip precautions and application to ADL's - Self administration of sc injections 	<ul style="list-style-type: none"> - Reinforce teaching prn - Self administration of sc injections
Discharge Planning Criteria	<ul style="list-style-type: none"> - Assess current living arrangements related to discharge planning - Consult CCAC prn if weekend discharge anticipated 	<ul style="list-style-type: none"> - ELOS reviewed - Discharge destination discussed - If Elderly Mobility Scale (EMS) greater than or equal to 14, progress to discharge phase 	<ul style="list-style-type: none"> - Discharge criteria reviewed (see discharge phase) - Discharge or transfer date arranged - SW to contact Nsg/Retirem't Home, if applicable
Pathway Reviewed with Patient/Family (Initial)	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Patient/Family Satisfied with Progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes
Signatures:	Initials _____ _____ _____	Initials _____ _____ _____	Initials _____ _____ _____



**CLINICAL PATHWAY
FRACTURED HIP (Adult)**

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	Post op Day 1	Post op Day 2-3	Post op Day 4-5
Date:			
	INTERVENTIONS:	INTERVENTIONS:	INTERVENTIONS:
Assessments	<ul style="list-style-type: none"> - VS q4h OR as per APS orders - CSM q4h - Pain assessment q2-4h (operative pain +/- other pain) if applicable - Fluid balance - Bowel sounds q8h - Dressing site - Monitor for signs of delirium - Monitor skin integrity +/- Braden scale 	<ul style="list-style-type: none"> - VS q6-8h and prn OR as per APS orders - CSM q6-8h - Pain assessment q4h (operative pain +/- other pain) if applicable - Fluid balance if IV or foley catheter still in place - Bowel sounds q8h - Bladder scan q8h and prn until voiding qs - Monitor skin integrity +/- Braden scale 	<ul style="list-style-type: none"> - VS q12h and prn - CSM q12h and prn - Pain assessment prn - Fluid balance prn - Bowel sounds q8h - Bladder scan q8h and prn until voiding qs - Monitor skin integrity +/- Braden scale - Elderly mobility scale (physio)
Consults	<ul style="list-style-type: none"> - Physiotherapy - Acute pain service prn - Dietitian - Skin care resource nurse prn - CCAC 	<ul style="list-style-type: none"> - Occupational therapy - Social work - Acute pain service prn - Skin care resource nurse prn - CCAC 	<ul style="list-style-type: none"> - CCAC
Tests	<ul style="list-style-type: none"> - CBC, lytes, creatinine - +/- Calcium, albumin - Other tests as ordered / or as per protocol (e.g. Diabetic) 	<ul style="list-style-type: none"> - Other tests as ordered / or as per protocol (e.g. Diabetic) 	<ul style="list-style-type: none"> - Other tests as ordered / or as per protocol (e.g. Diabetic)
Treatments	<ul style="list-style-type: none"> - IV as per orders, discontinue if po intake greater than 400mL/8h, no IV meds, urine output greater than 30mL/h x 8 h - O2 as per orders / protocol - DB&C, F&A exercises - Skin care 	<ul style="list-style-type: none"> - O2 as per orders / protocol - DB&C, F&A exercises - Skin care - IV as per orders, discontinue as per criteria (day 1) - Daily wound dressing - Hip exercises 	<ul style="list-style-type: none"> - O2 as per orders / protocol - DB&C, F&A exercises - Skin care - IV as per orders, discontinue as per criteria (day 1) - Daily wound dressing - Hip exercises - Remove clips and steri-strip incision as per orders
Medications	<ul style="list-style-type: none"> - As per orders 	<ul style="list-style-type: none"> - As per orders 	<ul style="list-style-type: none"> - As per orders
Nutrition	<ul style="list-style-type: none"> - DAT 	<ul style="list-style-type: none"> - DAT 	<ul style="list-style-type: none"> - DAT
Activity/Safety	<ul style="list-style-type: none"> - Heel protectors - Continue skin protection as per Braden scale - Weight bearing as per orders - Up in chair/side of bed for meals as tolerated - Ambulate x 1 and prn (nursing & physio) - Reposition q4-6 h and prn - Side rails x 2 +/- restraint alternatives prn 	<ul style="list-style-type: none"> - Heel protectors - Continue skin protection as per Braden scale - Weight bearing as per orders - Up in chair/side of bed for meals as tolerated - Encourage ambulation (physio/nursing) - Participate in ADL's - May shower with incision covered 	<ul style="list-style-type: none"> - Continues as per day 3 - Progress to independent ADL's OR as per previous level of independence - Progress to independent ambulation with gait aid OR as per previous level of ambulation - Stairs if applicable
Elimination	<ul style="list-style-type: none"> - Foley catheter as per orders - Bowel routine (MOM, glycerine supp, fleet enema prn as per orders) 	<ul style="list-style-type: none"> - Bladder scan q8h (I&O catheter/ reinsert foley as per orders) - Bowel routine (as per post-op day 1) 	<ul style="list-style-type: none"> - Progress to independent use of bathroom OR as per previous level of independence - Bowel routine (as per post-op day 1)
Pain Management	<ul style="list-style-type: none"> - IV narcotics prn - Routine analgesia as ordered 	<ul style="list-style-type: none"> - Routine analgesia as ordered - PO analgesia prn 	<ul style="list-style-type: none"> - Routine analgesia as ordered - PO analgesia prn



CLINICAL PATHWAY
FRACTURED HIP (Adult)

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	Discharge Phase	Rehabilitation
Patient Outcomes	<p>Discharge Home/Retirement Home Criteria (EMS greater than or equal to 14):</p> <ul style="list-style-type: none"> - BP, HR +/-20% of preop reading, afebrile x 24 hours _____ - Ambulation at expected level (physio) _____ - Tolerating diet _____ - Elimination status WNL _____ - Independent with dalteparin sc injections, if applicable _____ - Prescriptions _____ - Falls Clinic, if applicable _____ - Equipment recommendations made _____ - Ambulatory care appointment _____ - Follow up appointments physiotherapy/physician _____ <p>CCAC follow up arranged if applicable:</p> <ul style="list-style-type: none"> - dressing and clip removal - teach dalteparin sc injections, if applicable - personal support worker (PSW) - physiotherapy - +/- occupational therapy <p>Nursing Home</p> <ul style="list-style-type: none"> - Follow-up appointments and prescriptions - Follow-up physiotherapy 	<p>Patient meets rehabilitation criteria: (see criteria on page 7)</p> <p>Fast Track Rehab: (EMS 7-13) Score _____ Physiotherapist informs rehab admission team _____</p> <p>Regular Rehab: (EMS 0-6) Score _____ Rehabilitation application completed _____</p>
Teaching	<ul style="list-style-type: none"> - Teaching (activity, safety precautions, incision care, diet, elimination, medications and side effect management, home supports) _____ - Self administration of sc dalteparin injections if applicable _____ - Osteoporosis instructions _____ - Falls prevention _____ 	<p>Transfer to Rehab</p> <ul style="list-style-type: none"> - Anticipated day of transfer - Recommended clothing and foot wear - Transition expectations - Expected length of stay
Discharge Planning Criteria	<ul style="list-style-type: none"> - Discharge to Home/Retirement Home +/- CCAC, Nursing Home, ALC 	<ul style="list-style-type: none"> - Transfer orders written 24 hours prior to transfer - Transferred to Rehabilitation Unit
Pathway Reviewed with Patient/Family (Initial)	Yes _____ No _____	Yes _____ No _____
Patient/Family Satisfied with Progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes
Signatures:	Initials	Initials
	_____	_____
	_____	_____
	_____	_____
	_____	_____



**CLINICAL PATHWAY
FRACTURED HIP (Adult)**

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	Discharge	Rehabilitation
	INTERVENTIONS:	INTERVENTIONS:
Assessments	<ul style="list-style-type: none"> - Vital sign, CSM, pain assessment - Skin integrity 	<ul style="list-style-type: none"> - VS q12h and prn - CSM q12h and prn - Pain assessment prn - Fluid balance prn - Bowel sounds q8h - Bladder scan q8h and prn until voiding qs - Monitor skin integrity +/- Braden scale
Consults	<ul style="list-style-type: none"> - CCAC 	
Tests	<ul style="list-style-type: none"> - If discharged on Warfarin - INR as arranged by MD 	<ul style="list-style-type: none"> - Other tests as ordered / or as per protocol (e.g. Diabetic)
Treatments	<ul style="list-style-type: none"> - Instructions for clip removal and steri-strips incision if not done in hospital 	<ul style="list-style-type: none"> - DB&C, F&A exercises - Skin care - Daily wound dressing - Hip exercises - Remove clips and steri-strip incision, as per orders
Medications	Prescription: <ul style="list-style-type: none"> - VTE prophylaxis (recommended duration 28-35 days after surgery) - Analgesia - Bowel routine prn - Osteoporosis medications, if indicated - Other medications as ordered 	<ul style="list-style-type: none"> - As per orders
Nutrition	<ul style="list-style-type: none"> - DAT OR - As per dietitian specific instructions 	<ul style="list-style-type: none"> - DAT
Activity/Safety	<ul style="list-style-type: none"> - Independent ADL's OR as per previous level of independence - Independent ambulation with gait aid OR as per previous level of ambulation 	<ul style="list-style-type: none"> - Continues as per day 3 - Progress to independent ADL's as per previous level of independence - Progress to independent ambulation with gait aid OR as per previous level of ambulation
Elimination	<ul style="list-style-type: none"> - Independent use of bathroom OR as per previous level of independence - Bowel routine 	<ul style="list-style-type: none"> - Progress to independent use of bathroom OR as per previous level of independence - Bowel routine
Pain Management	<ul style="list-style-type: none"> - PO analgesia prn 	<ul style="list-style-type: none"> - Routine analgesia as ordered - PO analgesia prn



Delirium:

Indicate YES if delirium present or suspected. Refer to CPG Delirium, Management of Patients at Risk or Suspected for diagnosis. Use Confusion Assessment Method (CAM) as a screening tool. Definition: Acute confusional state characterized by acute onset, altered level of consciousness, fluctuating course and disturbances in orientation, memory, thought and behaviour.

Inclusion Criteria for Rehabilitation (must have 2 or more of the following):

- **Fast Track:** Elderly Mobility Scale (EMS) between 7 - 13 on day 5 post-op
- **Regular:** Elderly Mobility Scale (EMS) between 0 - 6 on day 5 post-op
- Decreased exercise tolerance such that patient would not be able to tolerate outpatient therapy OR CCAC therapy
- Other medical conditions contributing to slow recovery
- Patient does not have support/assistance from family available
- Patient must be willing to participate in therapy

Criteria for Occupational Therapy:

- The patients discharge goal will be to return to an independent community living environment (with or without community support services).

Criteria for social work screening:

- Patient aged 80 and above;
- Admitted from Retirement Home, Nursing Home (LTC) or homeless;
- Lives alone and has very limited family/community support;
- Potential to require placement upon discharge.

Criteria for (Dietitian) Nutritional Screening:

- A. Body Mass Index (BMI) (weight in kg) / (ht in m)squared
0 = BMI less than 19 and greater than 30
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 to less than 30
- B. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe loss of appetite
1 = moderate loss of appetite
2 = no loss of appetite
- C. Weight loss during last 3 months
0 = weight loss greater than 3 kg
1 = does not know
2 = weight loss between 1 kg and 3 kg
3 = no weight loss
- D. Calcium / Vitamin D Intake
0 = inadequate (less than 1200mg Calcium and 400IU vit:D food plus supplements)
2 = Adequate intake (food plus supplements)

Screening score:

- (subtotal maximum 10 points)
9 or greater: Not at risk - no need to complete assessment
8 or below: Possible risk - continue assessment

