

**CLINICAL PATHWAYS**  
**FRACTURED HIP - Rehabilitation**

**Inclusion Criteria:** Required Surgical Intervention  
Unable to be discharged home

**Length of Stay [Elderly Mobility Scale (EMS)]**  
EMS 7-13 on post op day 5: Rehab ELOS 10-14 days  
EMS 0-6 on post op day 5: Rehab ELOS 15-28 days

**Clinical Pathways are not considered a substitute for professional judgement.**

<b>Phase:</b>	<b>Assessment Phase (3 to 7 days)</b>			
<b>Date:</b>	/	/	hrs	OR DATE:
<b>Patient Outcomes</b>	<p>OCCUPATIONAL THERAPY:</p> <ul style="list-style-type: none"> <li>- Initial assessment completed and documented in health record</li> </ul> <p><b>MMSE score:</b> _____</p> <p>PHYSIOTHERAPY:</p> <ul style="list-style-type: none"> <li>- Patient demonstrates safe transfer and mobility with appropriate equipment and assistance as required</li> <li>- Equipment: [ ] HWW [ ] 2ww [ ] rollator [ ] cane _____</li> <li>- Assistance: independently, supervision, minimum, moderate</li> </ul> <p><b>EMS score</b> _____</p> <p>NSG:</p> <p><b>CAM score:</b> _____</p> <p>MEDICINE:</p> <ul style="list-style-type: none"> <li>- Geriatric Consult</li> </ul>			
<b>Teaching</b>	<p>OCCUPATIONAL THERAPY:</p> <ul style="list-style-type: none"> <li>- Provided education regarding proper use of the following assistive devices: long handled shoe horn, dressing stick, reacher, sock-aid, elastic shoelaces, long handled sponge</li> <li>- Hip precautions with self care reviewed (if appropriate)</li> </ul> <p>PHYSIOTHERAPY:</p> <ul style="list-style-type: none"> <li>- Patient shown safe use of mobility aid</li> <li>- Hip precautions reviewed (if appropriate)</li> </ul> <p>CARE COORDINATOR:</p> <ul style="list-style-type: none"> <li>- Provide patient/family with inpatient rehab fracture hip pamphlet</li> </ul>			
<b>Discharge Planning Criteria</b>	<p>CARE COORDINATOR:</p> <ul style="list-style-type: none"> <li>- Patient to be reviewed at next available progress rounds</li> <li>- Orient patient/family to treatment program</li> <li>- Identify and address patient/family concerns</li> <li>- Refer to care-coordinator checklist</li> <li>- CCAC notified</li> </ul>			
<b>Pathway Reviewed with Patient/Family (Initial):</b>	_____ Yes      _____ No			
<b>Patient/Family Satisfied with Progress?</b>	Yes [ ]    No [ ] If NO, see progress notes			
<b>Signatures:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____



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<b>Phase:</b>	<b>Assessment Phase (3 to 7 days)</b>
<b>Date:</b>	/ / hrs

<b>INTERVENTIONS:</b>	
<b>Assessments</b>	<p>MULTI-D TEAM: Admission FIM completed within 72 hrs of admission            OT: Referral acknowledged, chart reviewed, assessment completed and documented.            Obtain MMSE baseline            PT: Referral acknowledged and chart reviewed            Obtain EMS            Transfer assessment completed and appropriate sign placed above patient's bed            Nursing: Admission assessment completed and documented            VS and neurovascular assessment completed as per policy            Assessment of incision and skin integrity            SW: Assessment completed and documented (Psychosocial)            TR: Assessment completed and documented</p>
<b>Consults/ Referrals</b>	<p>MEDICINE:            Consult OT, Physiotherapy, Social Work, Dietitian            If seen by Geriatrician on acute care, notify re transfer OR consult Geriatrician            Notify CCAC            PT:            Walk and wheel referral to Therapeutic Recreation.</p>
<b>Tests</b>	<p>NURSING:            INR completed and anticoagulation order obtained as appropriate</p>
<b>Treatments</b>	<p>OT:            Dressing and grooming aids demonstrated and provided as required.            Hip precautions education during self care (if appropriate)            PT:            Strengthening/ROM program initiated            Progress ambulation as tolerated; gait aid supplied as indicated            SW: Initiate contact with patient/family            TR: Initiate contact with patient</p>
<b>Medications</b>	<p>NURSING:            Administration of all ordered medications. Monitor therapeutic and side effects            PHARMACY:            Review medications</p>
<b>Nutrition</b>	<p>ALL TEAM MEMBERS:            Assess need for nutritional referral</p>
<b>Elimination</b>	<p>NURSING:            Assess continence and bowel routine</p>
<b>Pain Management</b>	<p>NURSING:            Administer appropriate pain medication as ordered</p>



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<b>Phase:</b>	<b>Treatment Phase (6 to 18 days)</b>			
<b>Date:</b>	/	/	hrs	
<b>Patient Outcomes</b>	<p>NURSING:</p> <ul style="list-style-type: none"> <li>- Pain will be controlled</li> <li>- Incision will be clean, dry and free of infection</li> <li>- Normal elimination pattern</li> </ul> <p>NURSING/OCCUPATIONAL THERAPY:</p> <ul style="list-style-type: none"> <li>- Dresses with or without adaptive aids _____</li> <li>- Able to manage perianal hygiene and clothing during toileting _____</li> <li>- Able to transfer on/off toilet _____</li> <li>- Completes transfers during grooming tasks _____</li> </ul> <p>THERAPEUTIC RECREATION:</p> <ul style="list-style-type: none"> <li>- Attending walk and wheel and/or one to one or group therapy as appropriate</li> </ul> <p>PHYSIOTHERAPY:</p> <ul style="list-style-type: none"> <li>- Equipment: [ ] HWW [ ] 2ww [ ] rollator [ ] cane _____</li> <li>- Assistance: _____</li> <li>- Demonstrates ability to perform strengthening exercises</li> <li>- Mobility improved from admission status</li> <li>- Demonstrates safe ambulation to washroom with aid (with or without assistance)</li> </ul>			
<b>Teaching</b>	<p>NURSING:</p> <ul style="list-style-type: none"> <li>- Signs and symptoms of infection/ DVT _____</li> <li>- Pain management, side-effects of anti-coagulants, current medications _____</li> </ul> <p>PHYSIOTHERAPY:</p> <ul style="list-style-type: none"> <li>- Reinforce need for regular exercises and ambulation</li> </ul> <p>OCCUPATIONAL THERAPY:</p> <ul style="list-style-type: none"> <li>- Provide education re: cognitive changes and strategies for safety (if indicated)</li> </ul>			
<b>Discharge Planning Criteria</b>	<p>CARE COORDINATOR:</p> <ul style="list-style-type: none"> <li>- Discharge date set; patient, family, team, MD and CCAC (if necessary) notified</li> </ul> <p>SW/CARE COORDINATOR:</p> <ul style="list-style-type: none"> <li>- Discharge destination identified</li> <li>- Transportation needs assessed</li> </ul>			
<b>Pathway Reviewed with Patient/Family (Initial):</b>	_____ Yes      _____ No			
<b>Patient/Family Satisfied with Progress?</b>	Yes [ ]      No [ ] If NO, see progress notes			
<b>Signatures:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____



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<b>Phase:</b>	<b>Treatment Phase (6 to 18 days)</b>
<b>Date:</b>	/ / hrs

<b>INTERVENTIONS:</b>	
<b>Assessments</b>	PT: Assessment on stairs Assessment of car transfers if necessary Ongoing mobility assessment
<b>Tests</b>	NURSING: INR completed and anticoagulation order obtained as appropriate
<b>Treatments</b>	PT: Strengthening program Progress ambulation and mobility gait aid as tolerated Endurance training OT: Continue ADL training reinforcing hip precautions Further Cognitive Assessment (if indicated) TR: Scheduled for walk and wheel Continue to improve function through recreation activities SW: Continue to liaise/provide supportive counseling patient/family NURSING: Remove staples as per orders
<b>Medications</b>	NURSING: Administration of all ordered medications. Monitor therapeutic and side effects
<b>Nutrition</b>	NURSING: Monitor adequate oral intake Basic nutrition counseling re nutrition/osteoporosis DIETITIAN: Additional nutrition counseling for at risk patients as applicable
<b>Elimination</b>	NURSING: Bowel routine Establish toilet routine to promote continence
<b>Pain Management</b>	NURSING: Maintain optimal pain control through encouragement of pain management plan



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<b>Phase:</b>	<b>Discharge Phase (1 to 3 days)</b>			
<b>Date:</b>	/	/	hrs	
<b>Patient Outcomes</b>	<p><b>NURSING:</b></p> <ul style="list-style-type: none"> <li>- Pain will be controlled</li> <li>- Incision clean, dry and free of infection</li> <li>- Normal elimination pattern</li> <li>- Demonstrates awareness and independent safe use of medications</li> </ul> <p><b>OCCUPATIONAL THERAPY:</b></p> <ul style="list-style-type: none"> <li>- Able to dress using: [ ] reacher [ ] long-handled shoe horn [ ] dressing stick [ ] sock aid [ ] elastic shoelaces [ ] no aids _____</li> <li>- Able to transfer on/off toilet using: [ ] RTS [ ] RTS with arms [ ] grab bars [ ] commode chair [ ] versa frame _____</li> <li>- Able to transfer in/out of tub using: [ ] PTTB [ ] bath stool [ ] bath chair [ ] detachable tub side rail [ ] grab bars _____</li> <li>- Completes transfers during dressing and grooming tasks _____</li> <li>- Able to safely mobilize in kitchen with: [ ] rollator [ ] 2ww [ ] cane _____</li> <li>- Able to prepare light meal and hot drink _____</li> <li>- Demonstrates plan to cope with grocery shopping, laundry, community transportation</li> </ul> <p><b>PHYSIOTHERAPY:</b></p> <ul style="list-style-type: none"> <li>- Equipment: [ ] HWW [ ] 2ww [ ] rollator [ ] cane</li> <li>- Assistance: _____</li> <li>- Able to ambulate on stairs _____</li> <li>- Able to ambulate household distances with recommended gait aid _____</li> </ul> <p><b>EMS Score:</b> _____</p> <p><b>MEDICINE:</b> Patient screened for osteoporosis. Recommendations sent to Family Physician, if appropriate</p> <p><b>SW/TR:</b> Patient/family aware of coping strategies and community resources</p>			
<b>Teaching</b>	<p><b>NURSING:</b> Abnormal signs and symptoms, wound management and discharge meds</p> <p><b>OCCUPATIONAL THERAPY:</b> Safe mobility, hip precautions, safe discharge environment</p> <p><b>PHYSIOTHERAPY:</b> Reinforce home exercise program and safe ambulation</p> <p><b>MEDICINE:</b> Patient/family provided with education re: osteoporosis</p> <p><b>SW/TR:</b> Education re: community resources</p> <p><b>PHARMACY:</b> Discharge meds</p>			
<b>Discharge Planning Criteria</b>	<p><b>CARE COORDINATOR:</b></p> <ul style="list-style-type: none"> <li>- Appropriate services arranged [ ] CCAC [ ] outpatient PT</li> <li>- Confirmation of transportation</li> </ul>			
<b>Pathway Reviewed with Patient/Family (Initial):</b>	<p>_____ Yes _____ No</p>			
<b>Patient/Family Satisfied with Progress?</b>	<p>Yes [ ] No [ ] If NO, see progress notes</p>			
<b>Signatures:</b>		Initials		Initials
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____



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<b>Date:</b>	/ / hrs

<b>INTERVENTIONS:</b>	
<b>Assessments</b>	<p>MULTI-D TEAM: Discharge FIM completed by discharge</p> <p>OT: Kitchen and bathroom assessments completed if appropriate, recommendations made and findings documented</p> <p>PT: Discharge EMS completed Assess car transfer if required</p>
<b>Consults</b>	<p>NURSING: Follow-up appointments confirmed Liaise with CCAC as required</p> <p>OT: Equipment recommendations completed CCAC informed if appropriate</p> <p>PT: Coordinate appropriate services for discharge (CCAC, outpatient PT) Patient has appropriate gait aid</p>
<b>Tests</b>	<p>NSG: Discharge anticoagulation assessed</p>
<b>Treatments</b>	<p>PT: Strengthening program Progress ambulation and stairs as tolerated Progress endurance program</p>
<b>Medications</b>	<p>PHARMACY: Reconciliation of appropriate discharge medications</p>
<b>Nutrition</b>	<p>NURSING: Monitor adequate oral intake</p>
<b>Elimination</b>	<p>NURSING: Bowel routine Toilet routine to promote continence</p>
<b>Pain Management</b>	<p>NURSING: Maintain optimal pain control through encouragement of pain management plan</p>

