

CREDIT VALLEY

THE CREDIT VALLEY HOSPITAL

CLINICAL PATHWAY

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.

Phase: Assessment Phase (2 to 5 days)

Date: / /

<p>Patient Outcomes</p>	<p>OCCUPATIONAL THERAPY: - Initial assessment completed and documented in health record</p> <p>MMSE score: _____</p> <p>PHYSIOTHERAPY: - Patient demonstrates safe transfer and mobility with appropriate equipment and assistance as required - Equipment: [] HWW [] 2ww [] rollator [] cane _____ - Assistance: independently, supervision, minimum, moderate</p> <p>EMS score _____</p> <p>NSG:</p> <p>CAM: ____ Yes ____ No</p> <p>MEDICINE: - Geriatric Consult</p>			
<p>Teaching</p>	<p>OCCUPATIONAL THERAPY: - Provided education regarding proper use of the following assistive devices: long handled shoe horn, dressing stick, reacher, sock-aid, elastic shoelaces, long handled sponge - Hip precautions with self care reviewed (if appropriate)</p> <p>PHYSIOTHERAPY: - Patient shown safe use of mobility aid - Hip precautions reviewed (if appropriate) - Provide patient/family with inpatient rehab fracture hip pamphlet</p>			
<p>Discharge Planning Criteria</p>	<p>CARE COORDINATOR: - Patient to be reviewed at next available progress rounds - Orient patient/family to treatment program - Identify and address patient/family concerns - Refer to care-coordinator checklist</p>			
<p>Pathway Reviewed with Patient/Family (Initial):</p>	<p>____ Yes ____ No</p>			
<p>Patient/Family Satisfied with Progress?</p>	<p>Yes [] No [] If NO, see progress notes</p>			
<p>Signatures:</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Initials</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Initials</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



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Phase:	Assessment Phase (2 to 5 days)
Date:	/ /
	INTERVENTIONS:
Assessments	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 level of assistance documented on walker 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)
Consults/ Referrals	MEDICINE: Consult OT, Physiotherapy, Social Work, Dietitian If seen by Geriatrician on acute care, notify re transfer OR consult Geriatrician PT: Walk and wheel referral
Tests	NURSING: INR completed and anticoagulation order obtained as appropriate
Treatments	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
Medications	NURSING: Administration of all ordered medications. Monitor therapeutic and side effects PHARMACY: Review medications
Nutrition	ALL TEAM MEMBERS: Assess need for nutritional referral
Elimination	NURSING: Assess continence and bowel routine
Pain Management	NURSING: Administer appropriate pain medication as ordered



**CLINICAL PATHWAY
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Phase:	Treatment Phase (6 to 20 days)		
Date:	/ /		
Patient Outcomes	<p>NURSING:</p> <ul style="list-style-type: none"> - Pain will be controlled - Incision will be clean, dry and free of infection - Normal elimination pattern <p>NURSING/OCCUPATIONAL THERAPY:</p> <ul style="list-style-type: none"> - Dresses with or without adaptive aids _____ - Able to manage perineal hygiene and clothing during toileting _____ - Able to transfer on/off toilet _____ - Completes transfers during grooming tasks _____ <p>PHYSIOTHERAPY:</p> <ul style="list-style-type: none"> - Equipment: [] HWW [] 2ww [] rollator [] cane _____ - Assistance: _____ - Demonstrates ability to perform strengthening exercises - Mobility improved from admission status - Demonstrates safe ambulation to washroom with aid (with or without assistance) - Attending walk and wheel and/or one to one or group therapy as appropriate 		
Teaching	<p>NURSING:</p> <ul style="list-style-type: none"> - Signs and symptoms of infection/ DVT _____ - Pain management, side-effects of anti-coagulants, current medications _____ <p>PHYSIOTHERAPY:</p> <ul style="list-style-type: none"> - Reinforce need for regular exercises and ambulation <p>OCCUPATIONAL THERAPY:</p> <ul style="list-style-type: none"> - Provide education re: cognitive changes and strategies for safety (if indicated) 		
Discharge Planning Criteria	<p>CARE COORDINATOR:</p> <ul style="list-style-type: none"> - Discharge date set; patient, family, team, MD and CCAC (if necessary) notified <p>SW/CARE COORDINATOR:</p> <ul style="list-style-type: none"> - Discharge destination identified - Transportation needs assessed 		
Pathway Reviewed with Patient/Family (Initial):	_____ Yes _____ No		
Patient/Family Satisfied with Progress?	Yes [] No [] If NO, see progress notes		
Signatures:	_____	Initials	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____



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Phase:	Treatment Phase (6 to 20 days)
Date:	/ /
INTERVENTIONS:	
Assessments	PT: Assessment on stairs Assessment of car transfers if necessary Ongoing mobility assessment
Tests	NURSING: INR completed and anticoagulation order obtained as appropriate
Treatments	PT: Strengthening program Progress ambulation and mobility gait aid as tolerated Endurance training Scheduled for walk and wheel OT: Continue ADL training reinforcing hip precautions Further Cognitive Assessment (if indicated) SW: Continue to liaise/provide supportive counseling patient/family NURSING: Remove staples as per orders
Medications	NURSING: Administration of all ordered medications. Monitor therapeutic and side effects
Nutrition	NURSING: Monitor adequate oral intake Basic nutrition counseling re nutrition/osteoporosis DIETITIAN: Additional nutrition counseling for at risk patients as applicable
Elimination	NURSING: Bowel routine Establish toilet routine to promote continence
Pain Management	NURSING: Maintain optimal pain control through encouragement of pain management plan



**CLINICAL PATHWAY
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Phase: **Discharge Phase (1 to 3 days)**

Date: / /

<p>Patient Outcomes</p>	<p>NURSING: - Pain will be controlled - Incision clean, dry and free of infection - Normal elimination pattern - Demonstrates awareness and independent safe use of medications OCCUPATIONAL THERAPY: - Able to dress using: [] reacher [] long-handled shoe horn [] dressing stick [] sock aid [] elastic shoelaces [] no aids _____ - Able to transfer on/off toilet using: [] RTS [] RTS with arms [] grab bars [] commode chair [] versa frame _____ - Able to transfer in/out of tub using: [] PTTB [] bath stool [] bath chair [] detachable tub side rail [] grab bars _____ - Completes transfers during dressing and grooming tasks _____ - Able to safely mobilize in kitchen with: [] rollator [] 2ww [] cane _____ - Able to prepare light meal and hot drink _____ - Demonstrates plan to cope with grocery shopping, laundry, community transportation PHYSIOTHERAPY: - Equipment: [] HWW [] 2ww [] rollator [] cane - Assistance: _____ - Able to ambulate on stairs _____ - Able to ambulate household distances with recommended gait aid _____ EMS Score: _____ MEDICINE: Patient screened for osteoporosis. Recommendations sent to Family Physician, if appropriate SW: Patient/family aware of coping strategies and community resources</p>			
<p>Teaching</p>	<p>NURSING: Abnormal signs and symptoms, wound management and discharge meds OCCUPATIONAL THERAPY: Safe mobility, hip precautions, safe discharge environment PHYSIOTHERAPY: Reinforce home exercise program and safe ambulation MEDICINE: Patient/family provided with education re: osteoporosis SW: Education re: community resources PHARMACY: Discharge meds</p>			
<p>Discharge Planning Criteria</p>	<p>CARE COORDINATOR: - Appropriate services arranged [] CCAC [] Other - Confirmation of transportation</p>			
<p>Pathway Reviewed with Patient/Family (Initial):</p>	<p>_____ Yes _____ No</p>			
<p>Patient/Family Satisfied with Progress?</p>	<p>Yes [] No [] If NO, see progress notes</p>			
<p>Signatures:</p>	<p>_____ _____ _____ _____</p>	<p>Initials</p> <p>_____ _____ _____ _____</p>	<p>_____ _____ _____ _____</p>	<p>Initials</p> <p>_____ _____ _____ _____</p>



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Phase:	Discharge Phase (1 to 3 days)
Date:	/ /
INTERVENTIONS:	
Assessments	<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>
Consults	<p>NURSING: Follow-up appointments confirmed</p> <p>CARE COORDINATOR: Liaise with CCAC as required</p> <p>OT: Equipment recommendations completed/vendors list given</p> <p>PT: Equipment recommendations completed/vendors list provided if appropriate</p>
Tests	<p>NSG: Discharge anticoagulation assessed</p>
Treatments	<p>PT: Strengthening program Progress ambulation and stairs as tolerated Progress endurance program</p>
Medications	<p>PHARMACY: Reconciliation of appropriate discharge medications</p>
Nutrition	<p>NURSING: Monitor adequate oral intake</p>
Elimination	<p>NURSING: Bowel routine Toilet routine to promote continence</p>
Pain Management	<p>NURSING: Maintain optimal pain control through encouragement of pain management plan</p>

