Height_____________________
Weight_____________________
Allergies____________________

If appropriate for this patient please consider the following order sets:

RECOMMEND TO HOLD ALL ANTICOAGULANT AND ANTI-PLATELET MEDICATIONS: aspirin, warfarin (Coumadin), dabigatran (Pradaxa), enoxaparin (Lovenox), rivaroxaban (Xarelto), fondaparinux (Arixtra), Heparin, dalteparin (Fragmin), clopidogrel (Plavix), aspirin with dipyridamole (Aggrenox), ticlopidine (Ticlid), prasugrel (Effient), ticagrelor (Brilinta)

TRY TO AVOID THE FOLLOWING MEDICATIONS: meperidine (Demerol), hydroxyzine (Vistaril), promethazine (Phenergan), metoclopramide (Reglan), droperidol (Inapsine) diphenhydramine (Benadryl), cyclobenzaprine (Flexeril), temazepam (Restoril)

General

Level of Care (Single Response)

[X] Admit to Inpatient

Diagnosis: __________________________ Required
Expected length of stay (days): __________________________ Required
Certification: I reasonably expect the patient will require inpatient services that span a period of time over two-midnights. (See Rationale Section in the order for options) Additional documentation will be found in progress notes and admission history and physical. Must be completed by Physician for Inpatient Admissions:
Rationale for Inpatient Admission: __________________________ Required
Plans for post hospital care: See Discharge Summary/ Progress Note
Level of Care: __________________________ Required

() Outpatient

Diagnosis: __________________________ Required
Details

() Refer to Observation

Diagnosis: __________________________ Required
Monitor for: __________________________ Required
Notify provider when: __________________________ Required
Level of Care: __________________________ Required

[] Other

Notify Provider

[] Notify provider

Routine, Until discontinued, Starting today
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
Notify Operating room of pacemaker/ICD. Have Operating Room inform Anesthesia ASAP regarding presence of the device.
### PHYSICIAN ORDERS

#### Notify provider
Routine, Until discontinued, Starting today
- Pulse greater than:
- Respiratory rate less than:
- Respiratory rate greater than:
- Temperature greater than (celsius):
- Urine output less than (mL/hr):
- Systolic BP greater than:
- Systolic BP less than:
- Diastolic BP greater than:
- Diastolic BP less than:
- Other:
  - If INR greater than 1.5, contact FIT Physician and Orthopedist.

#### Activity

| [X] | Bed rest | Routine, Until discontinued, Starting today |
| [X] | Minimize patient movement | Routine, Until discontinued, Starting today, Use slider board for patient transfer. |
| [ ] | Apply Buck's traction | Routine, Until discontinued, Starting today, 5 pounds to injured side PRN pain and/or muscle spasms. |
| [ ] | Other |

#### Diet

| [X] | Diet NPO |
| [ ] | Diet General |
| [ ] | Diet Diabetic |
| [ ] | Diet Cardiac |
| [ ] | Other |

#### Nursing Interventions

| [X] | Apply warming blanket |
| Type:      | Required |
| To keep temperature above 37 degrees celsius |
### Oxygen therapy
- Routine, Continuous, Starting today
- O2 Delivery Method: Nasal cannula
- Titrate to saturation of: 92%
- Indications for O2: Hypoxemia
- Indicate LPM/FiO2:
- Call Provider if oxygen greater than 5L/minute required.

### Nursing communication
- Routine, Until discontinued, Starting today, Contact family/POA for. Surgical Consent, Request names/numbers, request them to be available for discussion regarding surgery.

### Other

### Patient education
- Routine, Once, Starting today, Give patient/family booklet regarding Fracture Management

### Other

### Ancillary Consults

#### Inpatient consult to Care Management
- Reason for Consult?

#### PT eval and treat
- Routine, Once, Starting today
- Reason for PT?
- Touch down weight bearing or weightbearing as tolerated.

#### OT eval and treat
- Routine, Once, Starting today
- Reason for OT?

### Other

### Labs

#### Coagulation

- Protime-INR
  - Once, Starting today

### Hematology

- CBC and differential
  - Once, Starting today
  - Has the patient been transfused within the past 90 days?
  - Has the patient been pregnant within the past 90 days?

### Other

### IV Fluids

#### sodium chloride 0.9% (NS) infusion
- 100 mL/hr, IntraVENous, Continuous, Routine

#### sodium chloride 0.9 % with KCl 20 mEq/L infusion
- Dose: _______
- IntraVENous, Continuous, Routine

#### lactated ringers infusion
- 125 mL/hr, IntraVENous, Continuous, Routine

### Other

### Medications

#### IV Analgesia
1. When pain is under control and patient tolerating oral intake, trial oral pain medications
2. NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next, and then #3, #4, etc. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.
3. LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY

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**Provider Initial:**

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**Franciscan Health System**

St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harrison Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

**PHYSICIAN ORDERS**

**PATIENT INFORMATION**
PHYSICIAN ORDERS

Geriatric Fracture Management, Addendum

PHYSICIAN ORDERS

PATIENT INFORMATION

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PHYSICIAN ORDERS