FRACTURED HIP
CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES
Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

INCLUSION CRITERIA

All patients who are admitted to hospital with a hip fracture for repair or replacement.

HOW TO USE THE CLINICAL PATHWAY

1. This is a proactive tool to avoid delays in treatment and discharge. **These are not orders**, only a guide to usual orders.
2. Place the Clinical Pathway in the nurses clinical area of the chart. All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway.
3. PHYSICIANS: Add or delete tasks according to individual patient complexity, and initial all changes.
4. HEALTH CARE PROFESSIONALS: Initial tasks as completed. Place N/A and initial any box where the task is not applicable to the patient. Additional tasks due to patient individuality can be added to the pathway in “OTHER” boxes and/or Progress Notes.
5. TRANSFER PATIENTS: if patient is transferred to another hospital in Grey-Bruce or to CCAC, send a copy of the following to site/agency:
    - Discharge Criteria
    - MAR Sheet
    - Anticoagulant Record
    - Smiley Face Tool
    - Blaylock Discharge Tool
    - Physio Database

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NAME *(Please Print)*	INITIAL	SIGNATURE	POSITION						
			NURSING	CLINICAL NUTRITION	OT	PT	DISCHARGE PLANNING	CCAC	OTHER (SPECIFY)
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
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FRACTURED HIP CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES

Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

COMORBID CONDITIONS: ____________________

PROCESS	PHASE 1 *(0-3 Days)* WAITING FOR SURGERY	DATE			DATE			DATE		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS Q4H UNTIL STABLE THEN ACCORDING TO UNIT PROTOCOL									
	CHEST ASSESSMENT									
	CIRCULATION / SENSATION / MOTION									
	ASSESS NEED FOR DVT PROPHYLAXIS ACCORDING TO RISK FACTORS									
	MONITOR INTAKE / OUTPUT									
	MONITOR BOWEL MOVEMENT									
	MENTAL STATUS—ORIENTED TO TIME/PLACE/PERSON									
	NURSING HISTORY INCLUDING BRADEN RISK ASSESSMENT TOOL									
	OTHER:									
CONSULTS	INTERNIST AS ORDERED									
	ANAESTHETIST AS ORDERED									
	CCAC IF BLAYLOCK DISCHARGE PLANNING RISK ASSESSMENT SCREEN INDICATES									
DIAGNOSTICS/ LABORATORY	HIP X-RAY									
	CHEST X-RAY									
	ECG									
	COMPLETE ANY PRE-OP BLOOD WORK OR TESTS ORDERED (I.E. FBS)									
	OTHER:									
	OTHER:									
MEDICATIONS	SEE MAR SHEET									
	OTHER:									
	OTHER:									

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PROCESS	PHASE 1 (0-3 Days) WAITING FOR SURGERY	DATE ________			DATE ________			DATE ________		
TREATMENTS/ INTERVENTIONS	IV AS ORDERED									
	APPLY ANTI AMBOLI STOCKINGS IF ORDERED									
	SKIN CARE INTERVENTION AS INDICATED									
	FOLEY AS ORDERED									
	O_2 IF INDICATED									
	REMOVE ANTI AMBOLI STOCKINGS PRIOR TO TRANSFER TO OR IF APPLICABLE									
	OTHER:									
	OTHER:									
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: ________________________									
	NPO AS ORDERED									
MOBILITY/ACTIVITY	TURN Q4H WITH PILLOW BETWEEN LEGS									
	BED REST									
PSYCHOSOCIAL SUPPORT/ EDUCATION	PRE-OP TEACHING (DEEP BREATHING & COUGHING, CALF PUMPING, PCA)									
	INFORM FAMILY/PATIENT TO OBTAIN CONSENT (SPECIFY WHO): _______________									
DISCHARGE PLANNING	ASSESS DISCHARGE NEEDS									
	BLAYLOCK DISCHARGE PLANNING RISK ASSESSMENT SCREEN COMPLETED									
	OTHER:									

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FRACTURED HIP CLINICAL PATHWAY

Braden Risk Assessment

GREY BRUCE HEALTH SERVICES
Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

	SCORING (Key on Reverse)				DATE ____	DATE ____	DATE ____
RISK FACTOR	**1**	**2**	**3**	**4**	**SCORE**		
Sensory Perception: Ability to respond meaningfully to pressure—related discomfort	Completely Limited	Very Limited	Slightly Limited	No Impairment			
Moisture: Degree to which skin is exposed to moisture	Constantly Moist	Often Moist	Occasionally Moist	Rarely Moist			
Activity: Degree of Physical Activity	Bedfast	Chair Fast	Walks Occasionally	Walks Frequently			
Mobility: Ability to change and control body position	Completely Immobile	Very Limited	Slightly Limited	No Limitations			
Nutrition: Usual food intake pattern	Very Poor	Probably Inadequate	Adequate	Excellent			
Friction and Sheer	Problem	Potential Problem	No Apparent Problem				
			TOTAL SCORE				
			NURSE'S INITIALS				

Nursing Intervention: Once you have assessed the patient and identified a risk category (high, moderate, or low), carry out the following interventions for the patient's risk category.

LOW RISK (SCORE > 15)	**MODERATE RISK (SCORE 13-14)**	**HIGH RISK (SCORE < 12)**
Ongoing assessment for change in status related to any of the six risk areas	Initiate and document plan of care on Kardex and Unit specific Progress Notes including:	Includes "Moderate Risk Intervention" plus requested referral to:
Document reassessment weekly on Kardex	-Activity level (i.e. turning, positioning) -Continence management -Monitoring of pressure point areas -Monitor nutritional status	-Physiotherapy -Occupational Therapy -Dietitian
	-Skin care tools used: prevention mattresses or treatment (i.e. air mattresses), creams, bed hoop, trapeze, dressings	
	-Patient education re: prevention	

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RISK FACTOR	SCORE/DESCRIPTION			
Sensory Perception **Ability to respond meaningfully to pressure related discomfort**	**1. Completely Limited** Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level or consciousness or sedation. OR Limited ability to feel pain over most of body surface.	**2. Very Limited** Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR Has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	**3. Slightly Limited** Responds to verbal commands but cannot always communicate discomfort or need to be turned. OR Has some sensory Impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	**4. No Impairment** Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.
Moisture **Degree to which skin is exposed to moisture**	**1. Constantly Moist** Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	**2. Often Moist** Skin is often, but not always moist. Linen must be changed at least once a shift.	**3. Occasionally Moist** Skin is occasionally moist, requiring an extra linen change approximately once a day.	**4. Rarely Moist** Skin is usually dry, linen only requires changing at routine intervals.
Activity **Degree of physical activity**	**1. Bedfast** Confined to a bed.	**2. Chair Fast** Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	**3. Walks Occasionally** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. Walks Frequently** Walks outside the room at least twice a day and inside room at least once every two hours during waking hours.
Mobility **Ability to change and control body position**	**1. Completely Immobile** Does not make even slight changes in body or extremity position without assistance.	**2. Very Limited** Makes occasional slight changes in body or extremity position, but unable to make frequent or significant changes independently.	**3. Slightly Limited** Makes frequent, though slight changes in body or extremity position independently.	**4. No Limitations** Makes major and frequent changes in position without assistance.
Nutrition	**1. Very Poor** Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement. OR Is on NPO and/or maintained on clear fluids or IV for more than 5 days.	**2. Probably Inadequate** Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR Receives less than optimum amount of liquid diet or tube feeding.	**3. Adequate** Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally, will refuse a meal, but will usually take a supplement if offered. OR Is on a tube feeding or TPN (Total Parenteral Nutrition) regimen, which probably meets most of nutritional needs.	**4. Excellent** Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
Friction and Shear	**1. Problem** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.	**2. Potential Problem** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	**3. No Apparent Problem** Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	

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FRACTURED HIP CLINICAL PATHWAY
Blaylock Discharge Planning Risk Assessment Screen

GREY BRUCE HEALTH SERVICES

Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

Circle all that apply and total. Refer to scoring index for recommendations regarding discharge planning.

Category	Item	Score
Age	55 years or less	0
	56-64 years	1
	65-79 years	2
	80+ years	3
Living Situation/Social Support	Lives only with spouse	0
	Lives with family	1
	Lives alone with family support	2
	Lives alone with friend's support	3
	Lives alone with no support	4
	Nursing home/residential care	5
Number of Previous Admissions/ Emergency Room Visits	None in the last 3 months	0
	One in the last 3 months	1
	Two in the last 3 months	2
	More than two in the last 3 months	3
Number of Active Medical Problems	Up to three medical problems	0
	Three to five medical problems	1
	More than five medical problems	2
Number of Drugs	Fewer than three drugs	0
	Three to five drugs	1
	More than five drugs	2
Cognition	Oriented	0
	Disoriented to some spheres (person, place, self, time) some of the time	1
	Disoriented to some spheres (person, place, self, time) all of the time	2
	Disoriented to all spheres (person, place, self, time) and some of the time	3
	Disoriented to all spheres (person, place, self, time) all of the time	4
	Comatose	5

Category	Item	Score
Functional Status	Independent in activities of daily living and instrumental activities of daily living	0
	Dependent in:	
	Eating/Feeding	1
	Bathing/Grooming	1
	Toileting	1
	Transferring	1
	Incontinent of bowel function	1
	Incontinent of bladder function	1
	Meal Preparation	1
	Responsible for own medication administration	1
	Handling own finances	1
	Grocery Shopping	1
	Transportation	1
Behaviour Pattern	Appropriate	0
	Wandering	1
	Agitated	1
	Confused	1
	Other	1
Mobility	Ambulatory	0
	Ambulatory with mechanical assistance	1
	Ambulatory with human assistance	2
	Nonambulatory	3
Sensory Deficits	None	0
	Visual or hearing deficits	1
	Visual and hearing deficits	2

Total Score: ____________ **Signature:** ____________________ **Date:** ____________________

Scoring Index	
0-10	Probable outpatient physiotherapy or occupational therapy follow up, refer to Discharge Planner
11-19	May require CCAC services, refer to Case Manager
>20	May require alternative level of care, refer to Discharge Planner

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FRACTURED HIP CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES

Lion's Head Markdale Meaford Owen Sound Southampton Tobermory Wiarton

PATIENT ID

PROCESS	POST-OP DAY OF SURGERY	DATE ________		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: Q4H			
	CHEST ASSESSMENT			
	ASSESS PAIN Q4H			
	ASSESS DRESSING			
	MONITOR INTAKE / OUTPUT			
	FOLEY CATHETER PRN			
	MENTAL STATUS—ORIENTED TO TIME/PLACE/PERSON			
	OTHER:			
CONSULTS	INTERNAL MEDICINE			
	PHYSIO			
DIAGNOSTICS/ LABORATORY	BLOOD WORK AS ORDERED			
	OTHER:			
	OTHER:			
MEDICATIONS	PCA / ANALGESIC AS ORDERED			
	MEDS REVIEWED AND ORDERED			
	ANCEF GIVEN IN OR			
	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	IV AS ORDERED			
	SUPPLEMENTARY O_2 AS PER PROTOCOL			
	EMPTY DRAIN Q SHIFT AND PRN			
	CIRCULATION / SENSATION / MOTION Q4H			
	RE-APPLY ANTI AMBOLI STOCKINGS IF ORDERED			
	BED BATH			
	OTHER:			
	OTHER:			

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PROCESS	POST-OP DAY OF SURGERY	DATE ___________		
NUTRITION	❑ SIPS - REGULAR DIET ❑ SIPS - SPECIAL DIET: ______________________________________			
MOBILITY/ACTIVITY	BED REST			
	POSITIONING Q2-4H WITH PILLOW BETWEEN LEGS			
	OVERHEAD TRAPEZE			
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PCA IF APPLICABLE			
	ORIENTATION TO UNIT			
	COMPLETE NURSING HISTORY WITH BRADEN RISK ASSESSMENT TOOL IF NECESSARY			
	POST-OP NEEDS—DEEP BREATHING & COUGHING, CALF PUMPING			
	CHECK OR NOTES FOR TYPE OF SURGERY DONE: ❑ HEMIARTHROPLASTY—GIVE PATIENT TOTAL HIP REPLACEMENT EDUCATION BOOKLET ❑ PIN/PLATE OR DYNAMIC HIP SCREW—GIVE PATIENT FRACTURED HIP EDUCATION BOOKLET			
	REVIEW HIP PRECAUTIONS IF HIP REPLACED			
DISCHARGE PLANNING	ESTIMATED DATE OF DISCHARGE AND DESTINATION KNOWN AND DOCUMENTED ON PROGRESS NOTES			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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FRACTURED HIP CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES

Lion's Head Markdale Meaford Owen Sound Southampton Tobermory Wiarton

PATIENT ID

PROCESS	POST-OP DAY 1	DATE		
PERFORMANCE INDICATORS	1 ANTIBIOTIC DISCONTINUED 24 HOURS POST SURGERY	❑Met	❑ Not Met	❑ N/A
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: Q4H			
	CHEST ASSESSMENT			
	CIRCULATION / SENSATION / MOTION Q4H			
	ASSESS DRESSING			
	MONITOR INTAKE / OUTPUT / ASSIST TO COMMODE			
	CATHETER			
	MENTAL STATUS—ORIENTED TO TIME/PLACE/PERSON			
	OTHER:			
CONSULTS	DISCHARGE PLANNING CONSULT INITIATED IF APPROPRIATE			
DIAGNOSTICS/ LABORATORY	CBC & LYTES			
	HIP X-RAY			
	OTHER:			
	OTHER:			
MEDICATIONS	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	IV AS ORDERED			
	EMPTY DRAIN Q SHIFT PRN			
	REMOVE DRAIN IF DRAINAGE LESS THAN 50ML			
	REMOVE FOLEY (24 HOURS POST-OP)			
	SUPPLEMENTARY O_2 AS PER PROTOCOL			
	BED BATH WITH ASSIST			
	TED STOCKINGS REMOVED FOR SKIN CARE IF APPLICABLE			
	OTHER:			
	OTHER:			

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PROCESS	POST-OP DAY 1	DATE ________		
NUTRITION	❑ SIPS - REGULAR DIET ❑ SIPS - SPECIAL DIET: ____			
MOBILITY/ACTIVITY	UP IN CHAIR FOR 30 MIN			
	POSITIONING IN BED WITH PILLOW BETWEEN LEGS			
	LIE TO SIT WITH USE OF RAIL WITH ASSISTANCE			
	FOOT AND ANKLE EXERCISES			
	ISOMETRIC QUADS AND GLUTS			
	PHYSIO DATABASE INITIATED			
	WEIGHT BEARING STATUS: WBAT ❑ PWB ❑ FeWB ❑ NWB ❑			
	COMPLETE LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)			
PSYCHOSOCIAL SUPPORT/ EDUCATION	POST-OP NEEDS—DEEP BREATHING & COUGHING, CALF PUMPING			
	ROUTINE POST-OP TEACHING			
	REVIEW PATIENT PATHWAY			
	REVIEW HIP PRECAUTIONS IF HIP REPLACED			
DISCHARGE PLANNING	PLANS FOR DISCHARGE DISCUSSED WITH PATIENT/FAMILY AND DOCUMENTED ON PROGRESS NOTES			
	ESTIMATED DATE OF DISCHARGE DISCUSSED WITH PATIENT/FAMILY			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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FRACTURED HIP
CLINICAL PATHWAY
Lower Extremity Functional Scale

GREY BRUCE HEALTH SERVICES
Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for EACH activity.

Today, do you, or would you have any difficulty at all with: (Circle one number on each line)

	Activities	Extreme Difficulty/ Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	A little bit of Difficulty	No Difficulty
1	Any of your usual work, housework or school activities	0	1	2	3	4
2	Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3	Getting into or out of the bath	0	1	2	3	4
4	Walking between rooms	0	1	2	3	4
5	Putting on your shoes or socks	0	1	2	3	4
6	Squatting	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
8	Performing light activities around your home	0	1	2	3	4
9	Performing heavy activities around your home	0	1	2	3	4
10	Getting into or out of a car	0	1	2	3	4
11	Walking 2 blocks	0	1	2	3	4
12	Walking a mile	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
14	Standing for 1 hour	0	1	2	3	4
15	Sitting for 1 hour	0	1	2	3	4
16	Running on even ground	0	1	2	3	4
17	Running on uneven ground	0	1	2	3	4
18	Making sharp turns while running fast	0	1	2	3	4
19	Hopping	0	1	2	3	4
20	Rolling over in bed	0	1	2	3	4
	Column Totals					
Total Score	/80		*Goal - score of 50 by discharge from services*			

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FRACTURED HIP CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES
Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

PROCESS	POST-OP DAY 2	DATE ________		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: QID			
	CHEST ASSESSMENT			
	CIRCULATION / SENSATION / MOTION Q4H			
	MONITOR INTAKE / OUTPUT			
	MONITOR BOWEL MOVEMENT			
	MENTAL STATUS—ORIENTED TO TIME/PLACE/PERSON			
	OTHER:			
CONSULTS	CCAC IF NECESSARY			
DIAGNOSTICS/ LABORATORY	CBC & LYTES			
	OTHER:			
	OTHER:			
MEDICATIONS	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	DISCONTINUE IV FLUID AND ASSESS NEED FOR INTERMITTENT SET			
	ASSESS DRESSING			
	REDUCE DRESSING TO ISLAND DRESSING			
	MRSA SWAB AND VRE SWAB			
	OTHER:			
	OTHER:			
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: ____			
MOBILITY/ACTIVITY	UP WITH WALKER AND ASSISTANCE			
	ACTIVE ASSISTED HIP ROM EXERCISES			
	PHYSIO DATABASE COMPLETED			
	MOBILIZE: WBAT ❑ PWB ❑ FeWB ❑ NWB ❑			
	TRANSFER TECHNIQUE REVIEWED WITH PATIENT			

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PROCESS	POST-OP DAY 2	DATE ______		
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			
	REVIEW HIP PRECAUTIONS IF HIP REPLACED			
	VERBALIZES UNDERSTANDING OF PLAN OF CARE			
	PATIENT TAUGHT USE OF MOLECULAR WEIGHT HEPARIN POST DISCHARGE IF APPLICABLE			
DISCHARGE PLANNING	PLANS FOR DISCHARGE DISCUSSED WITH PATIENT/FAMILY AND DOCUMENTED ON PROGRESS NOTES			
	REVIEW WITH SURGEON, NOTIFY APPROPRIATE RECEIVING HOSPITAL OR UNIT OF POTENTIAL TRANSFER IF APPLICABLE			
	BLAYLOCK DISCHARGE PLANNING RISK ASSESSMENT SCREEN REVIEWED, INFORM CCAC OF CHANGES IF APPLICABLE			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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FRACTURED HIP
CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES
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PATIENT ID

PROCESS	POST-OP DAY 3		DATE ______		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: TID				
	CHEST ASSESSMENT				
	CIRCULATION / SENSATION / MOTION Q4H				
	MONITOR BOWEL MOVEMENT				
	VOIDING QS				
	MENTAL STATUS—ORIENTED TO TIME/PLACE/PERSON - IF MENTAL STATUS HAS CHANGED SINCE PRE-OP, DO CONFUSION ASSESSMENT METHOD TOOL (CAM) - (SEE NEXT PAGE)				
	OTHER:				
CONSULTS	OT IF: ✓ ALERT ✓ NO CONFUSION / DELIRIUM ✓ NOT A RESIDENT OF LTC FACILITY OR NURSING HOME	PATIENT GOING HOME AND DESIRE FOR TUB BATH			
		DRESSING IN STREET CLOTHES			
		TEDS DRESSING TRAINING IF APPROPRIATE			
DIAGNOSTICS/ LABORATORY	CBC & LYTES				
	OTHER:				
	OTHER:				
MEDICATIONS	SEE MAR SHEET				
	OTHER:				
	OTHER:				
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING				
	DRESSING CHANGE				
	IV DISCONTINUED AS PER ORDERS				
	ANTI AMBOLI STOCKINGS REMOVED FOR SKIN CARE IF ORDERED				
	OTHER:				
	OTHER:				
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: ______________________				

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PROCESS	POST-OP DAY 3	DATE ______		
MOBILITY/ACTIVITY	AMBULATE 3 METRES WITH WALKER AND ASSISTANCE			
	MOBILIZE: WBAT ❑ PWB ❑ FeWB ❑ NWB ❑			
	PHYSIO FOLLOW UP ARRANGED IF NECESSARY			
	TAUGHT LIE TO SIT UNDER HOME CONDITIONS			
	ASSISTED WITH EXERCISES			
	TRANSFER TECHNIQUE REVIEWED WITH PATIENT			
	EQUIPMENT FOR HOME ARRANGED IF NECESSARY			
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			
	REVIEW HIP PRECAUTIONS IF HIP REPLACED			
	REVIEW HIP FRACTURE/TOTAL HIP REPLACEMENT TEACHING BOOKLET			
	PATIENT TAUGHT USE OF MOLECULAR WEIGHT HEPARIN POST DISCHARGE IF APPLICABLE			
DISCHARGE PLANNING	PATIENT PREPARED FOR DISCHARGE (E.G. CLOTHING)			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

FRACTURE HIP
CLINICAL PATHWAY

Confusion Assessment Method Tool

GREY BRUCE HEALTH SERVICES
Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

You will be able to answer the following questions after a few conversations with the patient, discussing patient behaviours with staff and family, and/or reading the chart.

Scoring: Patient diagnosed with Delirium if has a positive response to Sections 1 AND 2, as well as EITHER Sections 3 OR 4. Section 5 will help substantiate the diagnosis, but is not diagnostic criteria. If patient is diagnosed with Delirium, refer to Delirium Management Checklist, see back of page.

1. Acute Onset	
Is there evidence of an acute change in mental status from the patient's baseline?	Yes ❒ No ❒
2. Inattention	
Did the patient have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was said?	Not at any time ❒ Sometimes, in mild form ❒ Sometimes, in marked form ❒ Uncertain ❒
If present or abnormal, did the behaviour fluctuate during the conversation, that is tend to come and go, or increase/decrease in severity?	Yes ❒ No ❒ Uncertain ❒ Not applicable ❒
If present or abnormal, please describe this behaviour:	
3. Disorganized Thinking	
Was patient's thinking disorganized or incoherent, i.e. rambling/irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?	Yes ❒ No ❒
4. Altered Level of Consciousness	
How would you rate the patient's level of consciousness? (positive response is any response other than Alert (normal))	Alert (normal) ❒ Vigilant (hyperalert, overly sensitive to stimuli, startled easily) ❒ Lethargic (drowsy, easily aroused) ❒ Stupor (difficult to arouse) ❒ Coma (unarousable) ❒ Uncertain ❒
5. Other Clinical Descriptors that often accompany delirium:	
Disorientation: Was the patient disoriented at any time during conversation, such as thinking that he/she was somewhere other than the hospital, using the wrong bed, or misjudging the time of day?	Yes ❒ No ❒
Memory Impairment: Did the patient demonstrate any memory problems during the interview, such as inability to remember events in the hospital or difficulty remembering instructions?	Yes ❒ No ❒
Perceptual Disturbance: Did the patient have any evidence of perceptual disturbance, for example hallucinations, illusions, or misinterpretations (such as thinking something was moving when it was not)?	Yes ❒ No ❒
Psychomotor Agitation (one of A or B): A) At any time, did the patient have an unusually increased level of motor activity, such as restlessness, picking at bedclothes, tapping fingers, or making frequent sudden changes in position? B) At any time, did the patient have any unusually decreased level of motor activity, such as sluggishness, staring into space, staying in one position for a long time, or moving very slowly?	Yes ❒ No ❒
Altered Sleep-Wake Cycle: Did the patient have evidence of disturbance of the sleep wake cycle, such as excessive daytime sleepiness with insomnia at night?	Yes ❒ No ❒

If Delirium is positively identified, do the following:	
1. Address immediate safety (self, others)	❐
2. Investigate cause	
a) Medications: - Review existing medications - Discontinue non-essential medications, especially analgesics, anticholinergics, sedatives	 ❐ ❐
b) Metabolic Imbalance: - Check for high or low levels of Sodium, Sugar, Calcium - Check for dehydration - Check for organ failure	 ❐ ❐ ❐
c) Infection: - Identify and treat systemic infection, e.g. UTI, pneumonia	 ❐
3. Ensure optimal sensory input: - Eyeglasses on and clean - Hearing aid working and in use - Avoid excessive stimulation, e.g. light, noise - Use night-light at night	 ❐ ❐ ❐ ❐
4. Encourage: - Familiar persons to visit - Consistent staffing, preferably primary nursing - Familiar objects at bedside, e.g. pictures	 ❐ ❐ ❐
5. Mobilize early	❐
6. Implement a toileting routine	❐
7. Provide comfort measures to reduce pain, anxiety, or agitation	❐
8. Avoid restraints (restraining a delirious patient invariably increases agitation)	❐
9. Provide adequate nutrition including fluid replacement, nutritional intake	❐
10. Enhance sleep: if conservative measures fail, a short/intermediate acting benzodiazepine, e.g. Lorazepam 0.5-1 mg	❐
11. Manage agitation: pharmacological management may involve a small dose of typical and atypical neuroleptics and small doses of short acting benzodiazepines. Because of the risk of side effects, these medications are used only when severity of symptoms place patients and others at risk. Re-evaluate the need for these medications daily.	❐

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FRACTURED HIP CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES
Lion's Head Markdale Meaford Owen Sound
Southampton Tobermory Wiarton

PATIENT ID

PROCESS	POST-OP DAY 4	DATE ______		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: BID			
	CHEST ASSESSMENT			
	CIRCULATION / SENSATION / MOTION Q4H			
	ASSESS DURATION OF DVT PROPHYLAXIS ACCORDING TO RISK FACTORS			
	MONITOR INTAKE / OUTPUT			
	MONITOR BOWEL MOVEMENT			
	MENTAL STATUS—ORIENTED TO TIME/PLACE/PERSON			
	OTHER:			
CONSULTS	CONSULT INITIATED FOR CLINICAL NUTRITION IF TAKING LESS THAN 50%			
DIAGNOSTICS/ LABORATORY	OTHER:			
	OTHER:			
MEDICATIONS	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING			
	DRESSING CHANGE			
	ASSIST WITH AM CARE			
	ANTI AMBOLI STOCKINGS REMOVED FOR SKIN CARE IF ORDERED			
	TRAINING TO DRESS IN STREET CLOTHES			
	OTHER:			
	OTHER:			
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: ______________________________			

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PROCESS	POST-OP DAY 4	DATE ______		
MOBILITY/ACTIVITY	INDEPENDENT LIE TO SIT UNDER HOME CONDITIONS			
	MOBILIZE: WBAT ❑ PWB ❑ FeWB ❑ NWB ❑			
	AMBULATE 5 METRES INDEPENDENTLY			
	EXERCISES: INDEPENDENT ❑ / ASSISTED ❑			
	TEDS DRESSING TRAINING IF APPLICABLE			
	TUB TRANSFER TRAINING IF REQUIRED			
	INDEPENDENT OR EDUCATE CAREGIVER WITH STAIRS AS REQUIRED			
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			
	REVIEW HIP PRECAUTIONS IF HIP REPLACED			
	VERBALIZES UNDERSTANDING OF PLAN OF CARE			
	PATIENT TAUGHT USE OF MOLECULAR WEIGHT HEPARIN POST DISCHARGE IF APPLICABLE			
DISCHARGE PLANNING	ONE OF: TRANSFER TO COMPLEX CONTINUING CARE UNIT ❑ TRANSFER TO HOME HOSPITAL ❑ HOME WITH OUTPATIENT PHYSIO/CCAC ❑			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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PATIENT ID

PROCESS	ONGOING POST-OP CARE	DATE			DATE			DATE		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	SKIN ASSESSMENT									
	VITAL SIGNS WITH O_2 SATS: Q SHIFT									
	CIRCULATION / SENSATION / MOTION									
	SIGNS/SYMPTOMS OF THROMBUS/PHLEBITIS									
	CALF PUMPING									
	CHEST ASSESSMENT									
	VOIDING QS									
	MONITOR BOWEL MOVEMENT									
	OTHER:									
CONSULTS	CCAC AND/OR OUTPATIENT PHYSIO									
	DISCHARGE PLANNING IF REQUIRED									
	FOLLOW UP APPOINTMENT ARRANGED: ___									
DIAGNOSTICS/ LABORATORY	OTHER:									
	OTHER:									
MEDICATIONS	SEE MAR SHEET									
	SELF-MED PROGRAM IF APPROPRIATE									
	OTHER:									
	OTHER:									
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING / CHANGE PRN									
	ASSESS WOUND PRN									
	REMOVE DRESSING IF WOUND CLEAN & DRY									
	REMOVAL OF SUTURES / STAPLES: DATE: ___									
	ANTI AMBOLI STOCKINGS REMOVED FOR SKIN CARE IF ORDERED									
	ASSIST/TEACH DRESSING IN STREET CLOTHES									
	OTHER:									
	OTHER:									

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PROCESS	ONGOING POST-OP CARE		DATE ______			DATE ______			DATE ______		
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: ____________________										
MOBILITY/ACTIVITY	TRANSFERS:	INDEPENDENTLY ❑ WITH ASSISTANCE ❑									
	AMBULATION:	INDEPENDENTLY ❑ WITH ASSISTANCE ❑									
	STAIRS:	INDEPENDENTLY ❑ WITH ASSISTANCE ❑									
	EXERCISES:	INDEPENDENTLY ❑ WITH ASSISTANCE ❑									
	BED MOBILITY										
	AWARE OF PRECAUTIONS										
	EQUIPMENT IN PLACE FOR DISCHARGE										
	KNEE FLEXION										
	HYGIENE NEEDS ASSESSED AND TAUGHT (E.G. TEDS, SHOWER/TUB TRANSFERS)										
PSYCHOSOCIAL SUPPORT/ EDUCATION	FRACTURED/TOTAL HIP ROUTINE REVIEWED										
	TEACHING THE USE OF AIDS										
	REVIEW/DISCUSS SURGICAL COMPLICATIONS										
	PATIENT TAUGHT USE OF MOLECULAR WEIGHT HEPARIN POST DISCHARGE IF APPLICABLE										
DISCHARGE PLANNING	DISCHARGE PLANS REVIEWED WEEKLY DATE DUE: ________________________										
	HOME SUPPORTS REVIEWED										
	DISCHARGE PLANS DISCUSSED WITH PATIENT AND FAMILY DESTINATION: ______________________ DATE: ___________________________										
	ASSESS DISCHARGE CRITERIA DAILY										
	OTHER:										

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FRACTURED HIP CLINICAL PATHWAY

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PATIENT ID

PROCESS	DISCHARGE CRITERIA	DATE MET	INITIAL
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	AFEBRILE		
	VITAL SIGNS STABLE		
	WOUND INTACT & NIL DRAINAGE		
	FREE OF SIGNS/SYMPTOMS OF THROMBUS/PHLEBITIS		
	VOIDING QS		
	RETURN TO NORMAL BOWEL ROUTINE		
CONSULTS	FOLLOW UP APPOINTMENT ARRANGED		
DIAGNOSTICS/ LABORATORY	ARRANGE FOR INR AT HOME IF PATIENT ON ANTI-COAGULANT		
MEDICATIONS	HEALTH TEACHING RELATED TO MEDS		
	PRESCRIPTION FOR ANALGESIC AND/OR ANTI-COAGULANT AS ORDERED		
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING		
	DRESSING CHANGE		
NUTRITION	REGULAR DIET		
MOBILITY/ACTIVITY	SAFE, INDEPENDENT TRANSFERS		
	SAFE AMBULATION WITH AID ON LEVEL AND STAIRS		
	INDEPENDENT EXERCISES		
PSYCHOSOCIAL SUPPORT/ EDUCATION	AWARE OF PRECAUTIONS		
	UNDERSTANDS SIGNS AND SYMPTOMS OF WOUND INFECTION		
	PATIENT TAUGHT USE OF MOLECULAR WEIGHT HEPARIN POST DISCHARGE IF APPLICABLE		
DISCHARGE PLANNING	CCAC AND/OR OUTPATIENT PHYSIO ARRANGED		

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