# Clinical Assessment

Patient presents with symptoms suggestive of hip fracture:
- Pain in the hip, groin and/or knee
- Severe pain with movement of affected limb **Assess verbal and non-verbal pain cues**
- External rotation and/or shortening of affected limb
- Inability to weight bear on affected side

# Clinical Diagnostics

- CBC, Electrolytes, Urea, Creatinine, Blood glucose, PT, INR, Group and Screen
- ECG
- X-ray of affected hip: □ Right hip □ Left Hip
- X-ray – Other ____________________________
- Additional Diagnostics: ____________________________

# Clinical Interventions

- Keep patient NPO
- Initiate IV therapy with 0.9% normal saline. Bolus _____ mL over ______ minutes.
- Initiate IV therapy with 0.9% normal saline @ ______ mL/hr
- Insert urinary catheter to straight drain for female patient

# Clinical Monitoring

- Document temperature, heart rate, respiratory rate, oxygen saturation, blood pressure and pain scale prior to and 30 min to 1 hour after administration of analgesia
- ED MD to consider use of iliofascial 3 in 1 block to reduce the need for systemic analgesic.
  - Monitor effect of iliofascial block
- Document neurovascular status of affected limb (using 5P’s: pain, pulses, pallor, paresthesia, paralysis) Q4H
- Document ISAR score if patient >65 years

# Medications

*For patients with known Dementia, consider beginning with HYDROMORPHINE (Dilaudid) 0.5mg IV
- HYDROMORPHINE (Dilaudid) 0.5 -1mg IV Q1hour PRN until pain relieved. If pt requires 4mg in 4 hours, please contact MD to reassess.
- Ondansetron 4mg IV Q8H PRN for nausea and vomiting

# Consults

- Orthopedics □ Anesthesia □ General Medicine □ Geriatrics □ Social Work □ Pharmacy

## Date
(YYYY MM DD)

## Time
(HH : MM)

## Print Name

## Signatures

(YYYY MM DD) (HH : MM) 

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 Reviewed by , M.D. , R.N.