

CONSENT FOR FIXATION OF HIP FRACTURE

Infection, blood clots, pain, bleeding, wound problems, damage to blood vessels and nerves, leg length discrepancy, dislocation, impaired mobility, problems with bone healing, metal ware failure, further surgery, anaesthetic risk, death, risk of catheter or blood transfusion.

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DATE		OXYNORM		PHARMACIST
				SUPPLY
DOSE 5 mg	ROUTE PO	FREQUENCY 6 hourly	MAXIMUM DOSE IN 24 HRS	
PRESCRIBER'S SIGNATURE		INDICATION Breakthrough pain		
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed		
DATE		NALOXONE		PHARMACIST
				SUPPLY
100 mcg (1ml) Repeated stat dose every 2 minutes PRN	ROUTE IV	DIRECTIONS Add one ampule (400 mcg) to 3mls of sodium chloride 0.9% If respiratory rate is less than 8 breaths per minute or patient is unresponsive: • Give no further opioid • Administer oxygen – 4L via mask • Call the On-call doctor • Administer naloxone (max 400 mcg)		
PRESCRIBER'S SIGNATURE				
Bleep No.				
DATE		ONDANSETRON		PHARMACIST
				SUPPLY
DOSE 4 mg	ROUTE IV or PO	FREQUENCY 8 hourly Max 4 doses	MAXIMUM DOSE IN 24 HRS 12 mg	
PRESCRIBER'S SIGNATURE		INDICATION Nausea & Vomiting		
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed		

DATE →			PARACETAMOL
ROUTE →	IV / PO		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE ↓	
Note: < 50 kg is 15 mg/ Kg			
DATE →			OXYNORM
ROUTE →	PO		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE ↓	
5 mg 08:00 + 12:00 2.5 mg if < 50 Kg or ↑ risk delirium			
DATE →			FORTISIPS
ROUTE →	PO		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE ↓	
1 carton BD			
DATE →			SENNA
ROUTE →	PO		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE ↓	
15 mg nocte			
DATE →			TEDS
ROUTE →	TOP		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE ↓	
Contraindications: • Fragile skin • Art insufficiency • Local infection • Periph neuropathy			

	HARTMANN'S	1 L	IV	8 HOURLY HARTMANS x 1	
Batch N.o	Device N.o			IF: signs of pulmonary oedema or chronic renal failure, medical review prior to fluids	Bleep N.o

Contraindications to VTE (please write on sticker*)

- Active Bleeding
- New onset stroke, head injury or previous SAH
- Spinal fracture or cauda equina
- Severe liver disease
- Known bleeding disorder (discuss with Haematologist)
- Plts < 70 x10⁹ L
- Previous heparin induced thrombocytopenia or allergy
- Uncontrolled systolic hypertension > 180 mmHg



Mechanical Methods:

- Foot impulse devices
- Intermittent pneumatic compression
- TEDS

Contraindications see TEDS prescript.

Prescription for Dalteparin:

< 50 Kg	2500 units daily
50 - 100 Kg	5000 units daily
100 - 150 Kg	5000 units twice daily
> 150 Kg	7500 units twice daily

- Consider Xa levels in CrCl < 30mls/min
- Hip fracture patients require VTE for 28 days

VTE PROPHYLAXIS	*Reason patient DOES NOT require VTE:		
	If prophylaxis required please prescribe as in grey box opposite		
	DALTEPARIN (hold the night before operation)		
DATE →			
ROUTE →	SC		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE ↓	