

Femur Fracture Surgical Repair

Computerized Provider Order Entry (CPOE)
Admission Order set*

October, 2005

These are screenshots to be used as a guide for transcribing orders onto a written order sheet when ICIS is down. Do not fax this screen shot document to pharmacy or other receiving department.

[*See Explanation of Front & Back Page Orders in separate document](#)

***** FEMORAL FX ADMIT-SURG REPAIR *****	
<input type="checkbox"/>	ADMIT TO
<input type="checkbox"/>	ISOLATION
<input type="checkbox"/>	INITIATE FEMORAL FRACTURE EBCP GUIDELINE
<input type="checkbox"/>	C-SPINE STATUS: (INDICATE CHOICE)
*** RADIOLOGY / LAB ***	
<input checked="" type="checkbox"/>	FEMUR - 2 VIEWS AP, LATERAL (IF NOT DONE PREVIOUSLY)
<input checked="" type="checkbox"/>	PREGNANCY TEST: FEMALE > 10 Y/O OR HAS REACHED MENARCHE
*** VITAL SIGNS ***	
<input type="checkbox"/>	VITALS (TPR W/ BP) Q4H
<input type="checkbox"/>	NEURO/VAS CHECKS Q1H X 4, THEN Q4H (ENTER BODY SITE)
<input type="checkbox"/>	I AND O (STRICT) Q4H
<input type="checkbox"/>	PAIN SCORE PER CHMC POLICY Q4H
<input type="checkbox"/>	PAIN SCORE PER CHMC POLICY PRN
*** ACTIVITY ***	
<input type="checkbox"/>	BEDREST (STRICT)
*** NURSING ***	
<input type="checkbox"/>	ASSESS INFORMED CONSENT STATUS:
<input type="checkbox"/>	ICE TO EXTREMITY FEMUR (IDENTIFY LOCATION)
<input type="checkbox"/>	REMOVE TOENAIL POLISH FROM
<input type="checkbox"/>	REMOVE GROSS DIRT AND CONTAMINANTS PRIOR TO O.R.

<input type="checkbox"/>	REMOVE GROSS DIRT AND CONTAMINANTS PRIOR TO O.R.
<input type="checkbox"/>	OVERHEAD FRAME W/TRAPEZE
<input checked="" type="checkbox"/>	TRACTION: BUCKS BOOT OR SKIN
	*** DIET ***
<input type="checkbox"/>	CLEAR LIQUID ADV AS TOLERATED
	*** IVF ***
<input checked="" type="checkbox"/>	START IV TO SW STAT
<input checked="" type="checkbox"/>	SODIUM CHLORIDE 0.9% FLUSH IV 0.5 - 3 ML Q8H
<input type="checkbox"/>	SELECT MAINTENANCE IV SOLUTION
	*** PRE-OPERATIVE ANTI-BIOTICS ***
<input checked="" type="checkbox"/>	CEFAZOLIN IV ONCE (TO BE GIVEN IN THE OR)
	*** OR, IF ALLERGIC ***
<input checked="" type="checkbox"/>	CLINDAMYCIN IV ONCE (TO BE GIVEN IN THE OR)
	*** PAIN MANAGEMENT MEDICATIONS ***
<input checked="" type="checkbox"/>	KETOROLAC IV Q6H PRN FOR PAIN
	*** ***
<input checked="" type="checkbox"/>	MORPHINE IVP Q2H PRN FOR PAIN
	*** OTHER MEDICATION ***
<input checked="" type="checkbox"/>	DIAZEPAM IVP PRN FOR MUSCLE SPASMS
	*** NOTIFY IF ***
<input type="checkbox"/>	NOTIFY IF: TEMP > 38.5 C OR HR > (ENTER PARAMETERS)

New Order

COE Feedback

INITIATE: STAT

* Required

Once q Until D/C
 WK/MO FREQUENCIES For

*Priority: *Start Dt/Tm: at

Add. Information Regarding Order

FEMORAL FRACTURE EVIDENCE
BASED CLINICAL PRACTICE
GUIDELINE.

OK Cancel Order Help

New Order **COE Feedback**

C-SPINE STATUS: * Required

Once
 q
 Until D/C

WK/MO FREQUENCIES
 For

*Priority: *Start Dt/Tm: at

Addl. Information Regarding Order

(PLACE "X" NEXT TO SELECTIONS)

__ SEE ED NOTE

__ SEE TRAUMA NOTE

__ OTHER (FREETEXT)

FEMUR - 2 VIEWS

STAT

*Priority: STAT Sched Exam On: in

*View: AP, LATERAL

*Portable?
 NO
 YES

*LR/Bilat
 Left
 Right
 Bilateral

*Indications:
POST SPICA CAST

Addl. Info./Questions to be Answered:

Messages * Required

*Contact MD:
Pager: 1
Phone:
Fax Report To:
 Call Regardless of Results

Additional Results To:
MD Name:
Pager/Phone:

*Clinical Information: (Limit Abbreviations)

OK Cancel Order Help

VITALS (TPR W/ BP)

* Required

*Priority: ROUTINE

*How often?

q Q4H Until D/C
 For [] [] , then

q [] Until D/C
 For [] [] , then

q [] Until D/C
 For [] [] , then

Addl. Information Regarding Order

TEMPERATURE IVAC ORAL OR
RECTAL ONLY

OK Cancel Help

NEURO/VAS CHECKS

* Required

*Priority:

*How often?

<input type="checkbox"/> q	<input type="text" value="Q1H"/>	<input type="radio"/> Until D/C
		<input checked="" type="radio"/> For <input type="text" value="4"/> <input type="text" value="TIMES"/>
, then		
<input checked="" type="checkbox"/> q	<input type="text" value="Q4H"/>	<input checked="" type="radio"/> Until D/C
		<input type="radio"/> For <input type="text" value=""/>
, then		
<input type="checkbox"/> q	<input type="text" value=""/>	<input type="radio"/> Until D/C
		<input type="radio"/> For <input type="text" value=""/>
, then		

Body Site: Right
 Left
 Bilateral

Addl. Information Regarding Order

ENTER BODY SITE
Q1H X 4 ON ARRIVAL, THEN Q4H

New Order

COE Feedback

I&O

* Required

Once q Until D/C
 WK/MO FREQUENCIES For

*Priority: *Start Dt/Tm: at

Intake and Output Specifics

Strict
 W/Diaper Wts

Addl. Information Regarding Order

PAIN SCORE

STAT

* Required

Once q **Q4H** Until D/C
 WK/MO FREQUENCIES For

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

- Per CHMC Policy
- Or
- Choose Specific Pain Scale

Addl. Information Regarding Order

EVALUATE NEED FOR
ROUND-THE-CLOCK MEDICATION
FREQUENTLY

OK Cancel Order Help

PAIN SCORE

STAT

* Required

Once

q PRN

Until D/C

WK/MO FREQUENCIES

For

*Priority: ROUTINE

*Start Dt/Tm: 9/22/2005 at 0757

Per CHMC Policy

Or

Choose Specific Pain Scale

Addl. Information Regarding Order

EVALUATE NEED FOR
ROUND-THE-CLOCK PAIN
MEDICATION FREQUENTLY

OK

Cancel Order

Help

BEDREST

STAT

* Required

Once q **CONT** Until D/C
 WK/MO FREQUENCIES For [] []

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

Additional Order Specifics

- Strict
- Or
- Bathroom Privileges

- Preferred Method of Transportation
[]

- Head of Bed Elevation
- Knee Gatch Elevated
- Trendelenburg
- Siderails Up at All Times
- No Pillows
- May Go to Unit Activity Center
- Passive ROJM

Addl. Information Regarding Order

FOR PATIENTS UNDERGOING
SURGICAL REPAIR OF FEMORAL
FRACTURE

OK Cancel Order Help

New Order

COE Feedback

INFORMED CONSENT STATUS:

STAT

* Required

Once q **CONT** Until D/C
 W/K/MO FREQUENCIES For **1** **DAYS**

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

Addl. Information Regarding Order

CHECK FOR SURGICAL CONSENT FORM. NOTIFY H/O IF CONSENT NOT COMPLETED.

OK

Cancel Order

Help

ICE TO EXTREMITY STAT

* Required

Once q Until D/C
 WK/MO FREQUENCIES For

*Priority: ROUTINE *Start Dt/Tm: 9/22/2005 at 0757

Body Site:
 Left Right Bilat
FEMUR

Addl. Information Regarding Order

OK Cancel Order Help

New Order

COE Feedback

REMOVE TOENAIL POLISH FROM

STAT

* Required

Once

q

Until D/C

WK/MO FREQUENCIES

For

*Priority: ROUTINE

*Start Dt/Tm: 9/22/2005 at 0757

Addl. Information Regarding Order

_ _ FOOT

OK

Cancel Order

Help

New Order

COE Feedback

REMOVE GROSS DIRT AND

STAT

* Required

Once q Until D/C
 WK/MO FREQUENCIES For DAYS

*Priority: ROUTINE *Start Dt/Tm: 9/22/2005 at 0757

Addl. Information Regarding Order

CONTAMINANTS FROM PATIENT
PRIOR TO SURGICAL PROCEDURE

OK Cancel Order Help

OVERHEAD FRAME W/TRAPEZE

STAT

* Required

Once q **CONT** Until D/C
 WK/MD FREQUENCIES For [] []

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

Addl. Information Regarding Order

OK Cancel Order Help

TRACTION

* Required

Once q Until D/C
 WK/MO FREQUENCIES For

*Priority: *Start Dt/Tm: at

Details About Traction

Type: Bucks Boot/Skin Traction Weight: Right Pounds Or Bilat Pounds
Left Pounds

Addl. Information Regarding Order

New Order COE Feedback ?

CLEAR LIQUID ADV AS TOLERATED * Required

q CONT Until D/C

*Start Dt/Tm: 9/22/2005 at 0757

This information is used to assist Nutrition Therapy & Nursing.

OK Cancel Order Help

START IV TO SW

STAT

* Required

Once q
 WK/MO FREQUENCIES Until D/C For

*Priority: STAT *Start Dt/Tm: 9/22/2005 at 0757

Addl. Information Regarding Order

INSERT 2 LARGE BORE PIVS FOR TRAUMA PATIENTS AND 1 LARGE BORE PIV FOR NON-TRAUMA PATIENTS, IF NOT ALREADY DONE

OK Cancel Order Help

0.9% NL SALINE FLUSH/BARRIER

* Required

Type of Flush: Intermittent

Dosing Wt: 34 KG

* Must Select a Type of Catheter:

- TUNNELED, NON-TUNNELED
- TUNNELED, NON-TUNNELED RCNIC
- MEDIPOINT, UNACCESSED
- MEDIPOINT, ACCESSED
- PHERESIS/DIALYSIS
- PICC 2 FR
- PICC 3 FR
- PICC 4 FR
- UMBILICAL CVC
- SALINE WELL**
- PICC INSERTION

Volume Per Lumen: 0.5 - 3 ML

*Clinician Contact
Pager:
1

q Q8H Until D/C
 For

*Priority: ROUTINE

*Start Dt/Tm: 9/22/2005 at 0757

Additional Directions:

New Order: Maintenance Fluids Calculator COE Feedback ?

Dosing Wt: 34. KG

Select

Maintenance Solution:

- Sodium Chloride 0.9%
- Sodium Chloride 0.45%
- Sodium Chloride 0.225%
- Sodium Chloride 0.675%
- Lactated Ringers

- Dextrose 5%
- Dextrose 5%-NS
- Dextrose 5%-LR
- Dextrose 5%-1/2 NS
- Dextrose 5%-1/4 NS
- Dextrose 5%-3/4 NS
- Intralipids 20%
(Fat Emulsion)
- TPN
- Intralipids (With TPN)

RX to Send IV Fluid to:
 OR PACU Floor

Clinician Contact Pager:

Additional Directions:

OK Cancel Order Help

--/ **PLEASE SELECT APPROPRIATE SOLUTION** [OVR] WORXFLM1:P 09/22/2005 08:00

New Order Calculator **COE Feedback**

CEFAZOLIN 500MG

Brand Name Equivalent: ANCEF Dose Calculator

*Dose: MG *Dosing Wt: 34. KG Antibiotic Biogram

*Route: INTRAVENOUS

Once q 1st STAT For: 7 Days 14 Days
 STATx1 Non-Std WK/MO FREQUENCIES 10 Days Other:

*Priority: PRN *Start Dt/Tm: 9/22/2005 at 0757 * Clinician Contact Pager: 1

If PRN, Reason: ONCALL/OR

Meds Already Given Do Not Administer Unless Directed

Additional Directions:
 TO BE GIVEN IN OR
 40 MG/KG/DOSE (MAX 2000 MG)
 RN TO SEND WITH PATIENT TO SURGERY

40 MG/KG/DOSE (MAX 2000 MG) TO BE GIVEN IN OR OVR WORXIV01:P 09/22/2005 08:00

New Order Calculator **COE Feedback**

CLINDAMYCIN 150 MG/ML VIA

Brand Name Equivalent: CLEOCIN Dose Calculator

*Dose: MG *Dosing Wt: 34. KG Antibiotic Biogram

*Route: **INTRAVENOUS**

Once q 1st STAT For: 7 Days 14 Days
 WK/MO FREQUENCIES 10 Days Other:

*Priority: **PRN** *Start Dt/Tm: **9/22/2005** at **0757** * Clinician Contact Payer: 1

If PRN, Reason:

ONCALL/OR Meds Already Given
 Do Not Administer Unless Directed

Additional Directions:

TO BE GIVEN IN THE OR
 10 MG/KG (MAX 900 MG)
 RN TO SEND WITH PATIENT TO SURGERY

10 MG/KG (MAX 900 MG) IV TO BE GIVEN IN THE OR OVR WORXIV01:P 09/22/2005 08:00

New Order

Calculator

COE Feedback

KETOROLAC 15MG/ML VIAL

Dose Calculator

Brand Name Equivalent: TORADOL

*Dose: MG

*Dosing Wt: KG

*Route:

Once q Until D/C
 WK/MO FREQUENCIES For

* Clinician Contact Pager:

*Priority: *Start Dt/Tm: at

If PRN, Reason:

Meds Already Given
 Do Not Administer Unless Directed

Additional Directions:

0.5 MG/KG/DOSE IV
(MAX 15 MG/DOSE)

OK Cancel Order Formulary Help

0.5 MG/KG/DOSE IV Q6H PRN FOR PAIN (MAX 15 MG/DOSE) [OVR] WORXIV01:P 09/22/2005 08:00

New Order

Calculator

COE Feedback

KETOROLAC 15MG/ML VIAL

DOSE CALCULATOR FOR: KETOROLAC 15MG/ML VIAL

Brand Name Equivalent: TORADOL

Dosing Wt Ideal Body Wt (IBW) Height

34. KG 7.187 KG 66.00 CM

$IBW = (HT \times HT) \times 1.65 / 1000$

$BSA = \sqrt{((DOSE\ WT \times HT) / 3600)}$

*Dose: MG

*Route:

M2 **Recalculate BSA**

Once q

 WK/MO FREQUENCIES

Formula	Value	Unit(s)
<input checked="" type="checkbox"/> KG	<input type="text" value="0.5"/>	<input type="text" value="MG/KG"/>
<input type="checkbox"/> BSA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rate	<input type="text"/>	<input type="text"/>

*Priority: *Start Dt/Tm:

If PRN, Reason:

Meds All

Do Not

% Reduction **Calculate Dose**

OK

Keep Calculated Values

Close

0.5 MG/KG/DOSE IV Q6H PRN FOR PAIN (MAX 15 MG/DOSE)

OVR

WORXIV01:P

09/22/2005 08:01

MORPHINE

Dose Calculator

Brand Name Equivalent: MORPHINE SULFATE

*Dose: MG

*Dosing Wt: 34. KG

*Route: IV PUSH

Once

q Q2H

1st STAT

Until D/C

STATx1

Non-Std

WK/MO FREQUENCIES

For 5 DAYS

* Clinician Contact
Pager:

1

*Priority: PRN

*Start Dt/Tm: 9/22/2005 at 0757

If PRN, Reason:

PAIN

Meds Already Given

Do Not Administer Unless Directed

Additional Directions:

6 MONTHS OR YOUNGER:
0.05 MG/KG/DOSE Q2H PRN PAIN
GREATER THAN 6 MONTHS:
0.1 MG/KG/DOSE Q2H PRN PAIN
MAX DOSE 5 MG IV

OK

Cancel Order

Formulary

Help

New Order **HighAlert** Policy **i** Calculator **COE Feedback**

DIAZEPAM Dose Calculator

Brand Name Equivalent: VALIUM

*Dose: MG *Dosing Wt: 34. KG

*Route: IV PUSH

Once q **1st STAT** Until D/C
 WK/MO FREQUENCIES For HOURS

* Clinician Contact Pager:

*Priority: PRN *Start Dt/Tm: 9/22/2005 at 0757

If PRN, Reason:

MUSCLE SPASMS Meds Already Given
 Do Not Administer Unless Directed

Additional Directions:
 0.1 MG/KG/DOSE
 MAX DOSE 5 MG IV

0.1 MG/KG/DOSE IV PRN Q4H OR Q6H FOR MUSCLE SPASMS, MAX 5MG WORXIV01:P 09/22/2005 08:13

DIAZEPAM

DOSE CALCULATOR FOR: DIAZEPAM

Brand Name Equivalent: VALIUM

Dosing Wt Ideal Body Wt (IBW) Height

34. KG 7.187 KG 66.00 CM

$IBW = (HT \times HT) \times 1.65 / 1000$

$BSA = \sqrt{((DOSE\ WT \times HT) / 3600)}$

*Dose: MG

*Route: IV PUSH

0.7894 M2 **Recalculate BSA**

Once q 1st STAT

STATx1 Non-Std WK/MO FREQUENCIES

*Priority: PRN *Start Dt/Tm: 9/22/2005

Formula	Value	Unit(s)
<input checked="" type="checkbox"/> KG	0.1	MG/KG
<input type="checkbox"/> BSA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rate	<input type="text"/>	<input type="text"/>

If PRN, Reason:

MUSCLE SPASMS

Meds All

Do Not

% Reduction **Calculate Dose**

OK

Keep Calculated Values

Close

0.1 MG/KG/DOSE IVP PRN Q4H OR Q6H FOR MUSCLE SPASMS, MAX 5MG

WORXIV01:P

09/22/2005 08:13

NOTIFY IF

STAT

* Required

Once q **CONT** Until D/C
 WK/MO FREQUENCIES For

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

Vital Sign Parameters/Others To Be Notified Of:

- Temperature < Or > **38.5** Centigrade
- Pulse < Or > bpm
- Respirations
- Systolic Blood Pressure
- Diastolic Blood Pressure
- Oxygen Saturation
- Urine Output
- Other
- Other

Addl. Information Regarding Order

OK Cancel Order Help

NOTIFY

STAT

* Required

Once q **CONT** Until D/C
 WK/MO FREQUENCIES For

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

Select From Drop Down or Type In

ATTENDING OR HO

IF **WHEN DISCHARGE GOALS ARE MET**

(150 Characters of Text)

*Clinician Contact:
Pager: **1**
Phone:

Addl. Information Regarding Order

OK Cancel Order Help

BEGIN EDUCATION ABOUT


STAT

* Required

Once q **CONT** Until D/C
 For **2** **DAYS**

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

*About: **PRE-OP TEACHING**

 Clinical Effectiveness Link

Addl. Information Regarding Order

DISCHARGE TEACHING AS PER
FEMORAL FRACTURE EDUCATION
RECORD

OK Cancel Order Help

New Order

COE Feedback

UTILIZE

STAT

* Required

Once q **CONT** Until D/C
 WK/MO FREQUENCIES For [] []

*Priority: **ROUTINE** *Start Dt/Tm: **9/22/2005** at **0757**

Addl. Information Regarding Order

FEMORAL FRACTURE DISCHARGE
INSTRUCTION SHEET

OK Cancel Order Help

SOCIAL SERVICES CONSULT REQ

Stat

* Required

*Priority: **ROUTINE** ▼

*Requesting Service:

*Service:

BLUE TEAM ▼

Pager:

1

Phone:

Fax Report To:

Fax Needed:

Attending Name:

ABLER, CHARLES V ▼

**Call or Page Consulting Department
in Addition to Placing this Order.**

On-Call Contact:

MD Name:

Pager/Phone:

*Indications:

CHILD ABUSE EVALUATION ▼

Addl. Info./Questions to be answered:

CALL SOC SERV AT 636-4711 OR
PAGE 736-4410 (24 HRS A DAY)

*Clinical Information:

OK

Cancel

Help