

# Femur Fracture Admit Spica Cast

Computerized Provider Order Entry (CPOE)  
Front Page Orders Only\*  
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 and full order set in separate documents](#)

# Admit Spica Cast

**Select Orders**
**COE Feedback**

Exclude

Exclude All

Include

\*\*\*\*\* FEMORAL FX ADMIT-SPICA CAST \*\*\*\*\*

<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)
<span style="color: blue;">*** RADIOLOGY ***</span>
<input checked="" type="checkbox"/> FEMUR - 2 VIEWS AP, LATERAL (IF NOT DONE PREVIOUSLY)
<span style="color: blue;">*** VITAL SIGNS ***</span>
<input type="checkbox"/> VITAL SIGNS (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
<span style="color: blue;">*** ACTIVITY ***</span>
<input type="checkbox"/> TURN SIDE/SIDE AND SUPINE/PRONE Q4H
<input checked="" type="checkbox"/> ORTHO ACTIVITY (FOR PATIENT WITH SPICA CAST)
<input checked="" type="checkbox"/> MAY GO TO ACTIVITY CENTER PRN
<span style="color: blue;">*** NURSING ***</span>
<input checked="" type="checkbox"/> ELEVATE EXTREMITY (LEFT LEG )
<input checked="" type="checkbox"/> ELEVATE EXTREMITY ( RIGHT LEG )
<input type="checkbox"/> ICE TO EXTREMITY FEMUR (IDENTIFY LOCATION)

I - Include

X - Exclude

OK

Cancel

Help

# Admit Spica Cast

**Select Orders**

**COE Feedback**

<input type="checkbox"/> ICE TO EXTREMITY FEMUR (IDENTIFY LOCATION)
<input checked="" type="checkbox"/> CAST CARE INSTRUCTIONS:
<input checked="" type="checkbox"/> PETAL CAST EDGES WITH MOLESKIN
<input type="checkbox"/> ARRANGE HOME MEDICAL EQUIPMENT (SELECT ITEMS NEEDED)
*** DIET ***
<input checked="" type="checkbox"/> CLEAR LIQUID ADV AS TOLERATED
*** IVF ***
<input type="checkbox"/> START IV TO SW STAT (IF NOT DONE PREVIOUSLY)
<input type="checkbox"/> SODIUM CHLORIDE 0.9% FLUSH IV 0.5 - 3 ML Q8H
<input type="checkbox"/> SELECT MAINTENANCE IV SOLUTION
*** PAIN MANAGEMENT MEDICATION ***
<input checked="" type="checkbox"/> KETOROLAC IV Q6H PRN FOR PAIN
***    ***    ***    ***
<input checked="" type="checkbox"/> MORPHINE IVP Q2H PRN FOR PAIN
***    ***    ***    ***
<input checked="" type="checkbox"/> IBUPROFEN SUSP PO Q6H
***    ***    ***    ***
<input checked="" type="checkbox"/> ACETAMINOPHEN ELIXIR PO PRN (FOR FEVER > 38.5 C OR PAIN)
<input checked="" type="checkbox"/> ACETAMINOPHEN SUPP PR PRN (FOR FEVER > 38.5 C OR PAIN)
***    ***    ***    ***
<input checked="" type="checkbox"/> ACETAMINOPHEN/CODEINE ELIXIR PO PRN (FOR PAIN)

I - Include  
 X - Exclude

# Admit Spica Cast

Select Orders
COE Feedback

Exclude

Exclude All

Include

<input checked="" type="checkbox"/>	ACETAMINOPHEN ELIXIR PO PRN (FOR FEVER > 38.5 C OR PAIN)
<input checked="" type="checkbox"/>	ACETAMINOPHEN SUPP PR PRN (FOR FEVER > 38.5 C OR PAIN)
	***    ***    ***    ***
<input checked="" type="checkbox"/>	ACETAMINOPHEN/CODEINE ELIXIR PO PRN (FOR PAIN)
	***    OTHER MEDICATIONS    ***
<input type="checkbox"/>	DIAZEPAM IVP PRN FOR MUSCLE SPASMS
	***    NOTIFY IF    ***
<input type="checkbox"/>	NOTIFY IF: TEMP > 38.5 C OR HR > (ENTER PARAMETERS)
<input type="checkbox"/>	NOTIFY ATTENDING OR HO WHEN DISCHARGE GOALS MET
	***    EDUCATE    ***
<input type="checkbox"/>	INITIATE TEACHING ABOUT SPICA CAST PER FEMUR FX EDUC RECORD
<input type="checkbox"/>	UTILIZE FEMORAL FRACTURE DISCHARGE INSTRUCTION SHEET
	***    CONSULTS    ***
	***    IF ABUSE SUSPECTED, ORDER SOCIAL SERVICES CONSULT    **
<input checked="" type="checkbox"/>	SOCIAL SERVICES CONSULT

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