

Femoral Shaft Fracture for patients with surgical intervention **June 5, 2006**
(part 1)

DOB: 2/2/1992 Sex: M Adm Dt: 11/1/2004 Scale WT: 20.999 KG Dosing WT: 55 KG
Loc: CIS1 / ST01P MR#: **Test Patient** Allergies: **E-MYCIN** , **MILK PRODUCTS**
Attn Dr: TIAO, GREGORY M., M.D. **NO PRODC T ALRGY**

Active Interdisciplinary Plan of Care (IPOC) **EBC** **Depts** **Status** **ClinDoc Feedback**

- IPOC** **D/C Planning** **Education** **Home Health**

FOCUS: DISCHARGE WHEN	EBP
(GL) 24 HOUR HOME SUPERVISION FOR CHILD DISCUSSED WITH FAMILY	***
(GL) DME ARRANGEMENTS MADE	***
(GL) SCHOOL NOTIFIED OF ABSENCE	***
(GL) HOME SCHOOLING,TUTORING ARRANGED/INITIATED AS APPROPRIATE	***
(GL) ASSESS FOR SAFE TRANSPORTATION/ARRANGE AS INDICATED	***
(GL) D/C INSTRUCTIONS/WHEN TO CALL DOCTOR	***
(GL) TOLERATING USUAL DIET	***
(GL) PROGRESS TOWARD DISCHARGE	D/C
FOCUS: FEMUR FRACTURE SURGERY PRE OP EDUCATION RECORD	EBP
(GL) FEMUR FRACTURE SURGERY PRE OP EDUCATION RECORD	EDU
FOCUS: FEMUR FRACTURE SURGERY POST OP EDUCATION RECORD	EBP
(GL) FEMUR FRACTURE SURGERY POST OP EDUCATION RECORD	EDU
FOCUS: FEMUR FX SURGERY PRE OP	EBP
(GL) PT WILL BE PLACED IN ORTHO BED	***
(I) ORTHO BED SET UP	
(I) MAINTAIN TRACTION AS ORDERED	
(GL) PAIN ADEQUATELY CONTROLLED	***
(I) ASSESS PAIN Q4/PRN: REFER TO SOC V 301	
(I) ASSESS FOR MUSCLE SPASMS	
(I) NEUROVASCULAR CHECKS PER ORDER	
(I) ICE TO AFFECTED EXTREMITY AS ORDERED	
(I) VITAL SIGNS STABLE	

(GL) PT WILL REMAIN STABLE PRIOR TO SURGERY

- (I) TRACTION WEIGHTS HANGING FREELY
 - (I) INCENTIVE SPIROMETRY AS ORDERED
 - (I) MAINTAIN TRACTION AS ORDERED
 - (I) VITAL SIGNS STABLE
 - (I) ASSESS PAIN Q4/PRN: REFER TO SOC V 301
 - (I) ASSESS FOR MUSCLE SPASMS
 - (I) ELEVATE AFFECTED EXTREMITY AS ORDERED
 - (I) NEUROVASCULAR CHECKS PER ORDER
 - (I) ICE TO AFFECTED EXTREMITY AS ORDERED
-

DOB: 2/2/1992 Sex: M Adm Dt: 11/1/2004
 Loc: CIS1 / ST01P MR#: Test Patient
 Ath Dr: TIAO, GREGORY M., M.D.

Scale WT: 20.999 KG Dosing WT: 55
 Allergies: E-MYCIN
 NO PRODC T ALRGY

Active Interdisciplinary Plan of Care (IPOC)

EBC Depts Status ClinDoc Fees

IPOC D/C Planning Education Home Health

FOCUS: 0-8HRS POST OP (UP TO TIME POINT) XXXXXX 00:00 GOALS EBP

(GL) PT WILL BE PLACED IN ORTHO BED ***

(I) ORTHO BED SET UP

(GL) PT. WILL REMAIN STABLE AFTER SURGERY ***

(I) VITAL SIGNS AS ORDERED

(I) NEUROVASCULAR CHECKS AS ORDERED

(I) INCENTIVE SPIROMETRY AS ORDERED

(I) ASSESS FOR NAUSEA

(I) TOLERATING FLUIDS

(I) ICE TO AFFECTED EXTEMITY AS ORDERED

(GL) URINE ELIMINATION ***

(I) MEASURE INTAKE AND OUTPUT

(I) ENCOURAGE TO VOID

(I) OFFER FLUIDS AS TOLERATED

(I) NOTIFY H/O IF NO URINE OUTPUT IN 8 HRS

(I) BEDSIDE COMMODE AS NEEDED

(GL) PAIN ADEQUATELY CONTROLLED ***

(I) ASSESS PAIN Q4/PRN: REFER TO SOC V 301

(I) NEUROVASCULAR CHECKS AS ORDERED

(I) VITAL SIGNS STABLE

(GL) SKIN WILL REMAIN INTACT ***

(I) TURN AND REPOSITION PATIENT Q4 HRS AS ORDERED

(I) KEEP KNEE IMMOBILIZER (IF APPLICABLE) INTACT , CLEAN AND DRY

(I) ASSESS SKIN AROUND IMMOBILIZER Q4HRS

(I) ELEVATE LEGS AND CLEAR HEELS OF ANY SUPPORTING MATERIAL

(GL) PT WILL PARTICIPATE IN APPROPRIATE ACTIVITIES ***

(I) PT/OT CONSULT ORDERED

(I) CHILD LIFE CONSULT

(I) ACTIVITY AS ORDERED

FOCUS: 9-17 HRS POST OP (UP TO TIME POINT) XXXXXX 00:00 GOALS EBP

(GL) AFFECTED EXTREMITY WILL REMAIN STABLE ***

(I) ELEVATE LEGS AND CLEAR HEELS OF ANY SUPPORTIVE MATERIAL

(GL) PAIN ADEQUATELY CONTROLLED ***

(I) ASSESS PAIN Q4/PRN: REFER TO SOC V 301

(I) NEUROVASCULAR CHECKS AS ORDERED

(I) VITAL SIGNS STABLE

(GL) PT WILL PARTICIPATE IN APPROPRIATE ACTIVITIES	***
(I) PT/OT CONSULT ORDERED	
(I) CHILD LIFE CONSULT	
(I) ACTIVITY AS ORDERED	
(GL) SKIN WILL REMAIN INTACT	***
(I) TURN AND REPOSITION PATIENT Q4 HRS AS ORDERED	
(I) KEEP KNEE IMMOBILIZER (IF APPLICABLE) INTACT , CLEAN AND DRY	
(I) ASSESS SKIN AROUND IMMOBILIZER Q4HRS	
(I) ELEVATE LEGS AND CLEAR HEELS OF ANY SUPPORTING MATERIAL	
FOCUS: 18-26 HRS POST OP (UP TO TIME POINT) XXXXXX 00:00 GOALS	EBP
(GL) AFFECTED EXTREMITY WILL REMAIN STABLE	***
(I) ELEVATE LEGS AND CLEAR HEELS OF ANY SUPPORTIVE MATERIAL	
(GL) PAIN ADEQUATELY CONTROLLED	***
(I) ASSESS PAIN Q4/PRN: REFER TO SOC V 301	
(I) NEUROVASCULAR CHECKS AS ORDERED	
(I) VITAL SIGNS STABLE	
(GL) SKIN WILL REMAIN INTACT	***
(I) TURN AND REPOSITION PATIENT Q4 HRS AS ORDERED	
(I) KEEP KNEE IMMOBILIZER (IF APPLICABLE) INTACT , CLEAN AND DRY	
(I) ASSESS SKIN AROUND IMMOBILIZER Q4HRS	
(I) ELEVATE LEGS AND CLEAR HEELS OF ANY SUPPORTING MATERIAL	
(GL) PT WILL PARTICIPATE IN APPROPRIATE ACTIVITIES	***
(I) PT/OT CONSULT ORDERED	
(I) CHILD LIFE CONSULT	
(I) ACTIVITY AS ORDERED	
FOCUS: 27-35 HRS POST OP (UP TO TIME POINT) XXXXXX 00:00 GOALS	EBP
(GL) AFFECTED EXTREMITY WILL REMAIN STABLE	***
(I) ELEVATE LEGS AND CLEAR HEELS OF ANY SUPPORTIVE MATERIAL	
(GL) PAIN ADEQUATELY CONTROLLED	***
(I) ASSESS PAIN Q4/PRN: REFER TO SOC V 301	
(I) NEUROVASCULAR CHECKS AS ORDERED	
(I) VITAL SIGNS STABLE	
(GL) SKIN WILL REMAIN INTACT	***
(I) TURN AND REPOSITION PATIENT Q4 HRS AS ORDERED	
(I) KEEP KNEE IMMOBILIZER (IF APPLICABLE) INTACT , CLEAN AND DRY	
(I) ASSESS SKIN AROUND IMMOBILIZER Q4HRS	
(I) ELEVATE LEGS AND CLEAR HEELS OF ANY SUPPORTING MATERIAL	
(GL) PT WILL PARTICIPATE IN APPROPRIATE ACTIVITIES	***
(I) PT/OT CONSULT ORDERED	
(I) CHILD LIFE CONSULT	
(I) ACTIVITY AS ORDERED	