

Femur Fracture Surgical Repair

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 screenshot document to pharmacy or other receiving department.

[*See Explanation of Front & Back Page Orders and full order set in separate documents](#)

Femur Fracture Surgical Repair

Select Orders COE Feedback

Exclude

Exclude All

Include

***** FEMORAL FX ADMIT-SURG REPAIR *****

ADMIT TO

ISOLATION

INITIATE FEMORAL FRACTURE EBCP GUIDELINE

C-SPINE STATUS: (INDICATE CHOICE)

*** RADIOLOGY / LAB ***

FEMUR - 2 VIEWS AP, LATERAL (IF NOT DONE PREVIOUSLY)

PREGNANCY TEST: FEMALE > 10 Y/O OR HAS REACHED MENARCHE

*** VITAL SIGNS ***

VITALS (TPR W/ BP) Q4H

NEURO/VAS CHECKS Q1H X 4, THEN Q4H (ENTER BODY SITE)

I AND O (STRICT) Q4H

PAIN SCORE PER CHMC POLICY Q4H

PAIN SCORE PER CHMC POLICY PRN

*** ACTIVITY ***

BEDREST (STRICT)

*** NURSING ***

ASSESS INFORMED CONSENT STATUS:

ICE TO EXTREMITY FEMUR (IDENTIFY LOCATION)

REMOVE TOENAIL POLISH FROM

REMOVE GROSS DIRT AND CONTAMINANTS PRIOR TO O.R.

UP

DOWN

I - Include

X - Exclude

OK

Cancel

Help

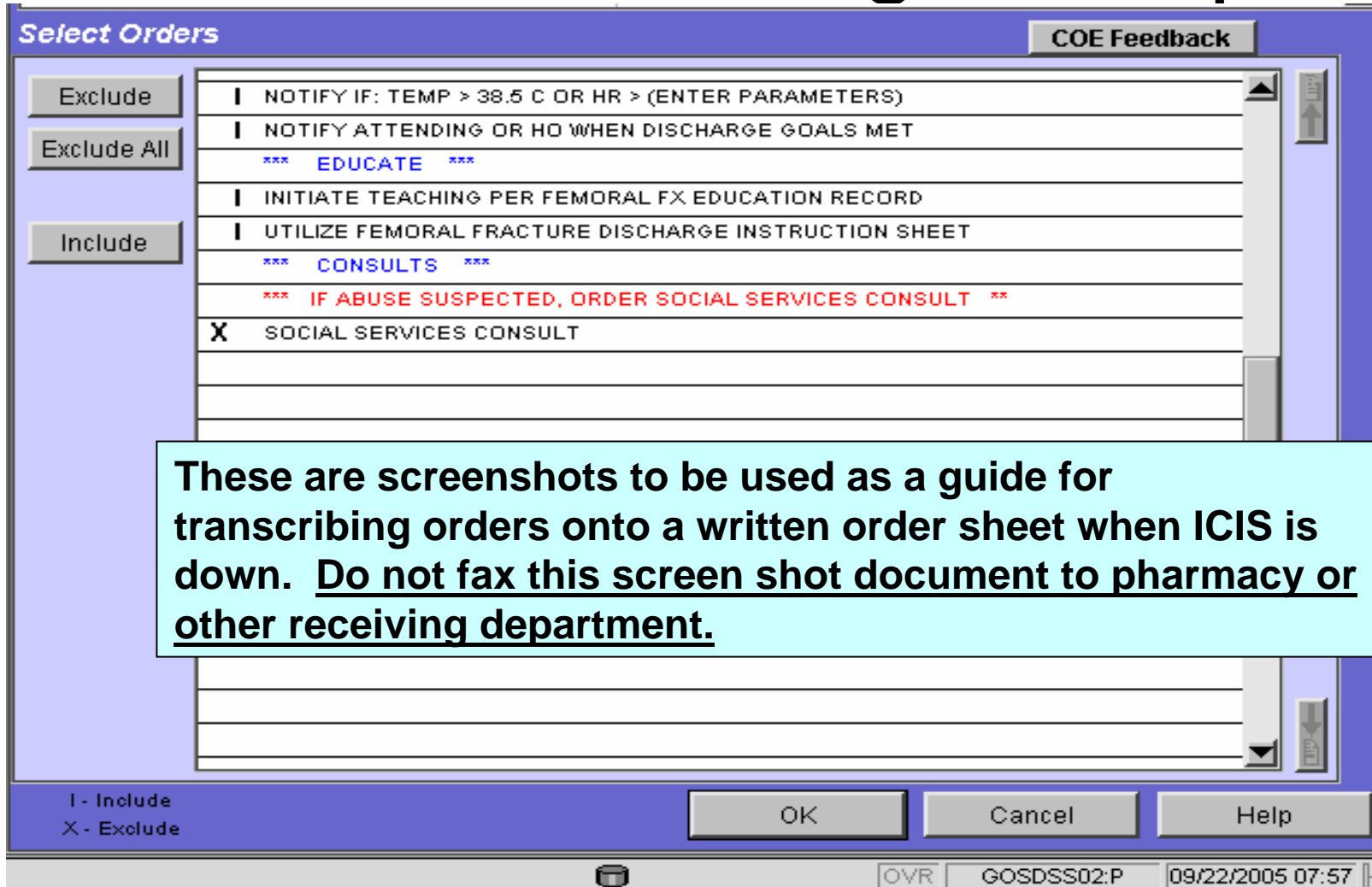
Femur Fracture Surgical Repair

Select Orders
COE Feedback

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

I - Include
X - Exclude

Femur Fracture Surgical Repair



Select Orders COE Feedback

Exclude
Exclude All
Include

<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 PER FEMORAL FX EDUCATION 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
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

I - Include
X - Exclude

OK Cancel Help

[OVR] GOSDSS02:P 09/22/2005 07:57

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