

HIP FRACTURE ADMIT ORDERS  
MARSHALL ORTHOPAEDICS  
*[carry out all orders unless marked out]*

PATIENT NAME:

**ALLERGIES:**

FAX TO:

1. Admit to Dr. ----- inpatient admit : 4th floor IPS
2. **Diagnosis** : hip fracture 3. **Condition** : stable
4. Diet : 4 gram Sodium; **NPO after** **for surgery**
5. **IV Fluids** : Ringers' Lactate 100mL per hour
6. **Antibiotics**: Ancef gram(s) IVPB on call to surgery  
If allergic to Penicillin, give Vancomycin 1 gram IVPB on call to surgery
7. **Lab** (if not already done): CBC, U/A, CMP, EKG, PT-PTT-INR, TYPE AND SCREEN
8. X rays: done
9. PRN **Mild Pain**: Hydrocodone 5 mg po q4h PRN  
If allergic to codeine, give Ultram 50 mg po tid PRN
10. PRN **Moderate Pain**: Hydrocodone 10 mg po q4h PRN  
If allergic to codeine, give Ultram 50 mg po tid PRN
11. PRN **Severe Pain**: Morphine 2 mg ivp q2h  
If allergic to Morphine, give Nubain 5 mg im q4h
12. Ambien 10 mg at bedtime PRN **sleep**
13. Benadryl 25 mg po tid prn **itching**
14. Routine vital signs; **neuro-vascular** checks of injured extremity with vital signs
15. Phenergan gel 25 mg q4h prn **nausea or vomiting**
16. Milk of magnesia 30mL po daily prn **constipation**
17. Tylenol 650 mg PO or PR q4h prn **temperature** > 100° F or **headache**
18. If patient **smokes**, apply Nicotine patch 14 mg, and change it daily.
19. **Activity**: bed rest / foley cath / abduction pillow / bilateral SCD hose / overhead frame & trapeze
20. **Consult** hospitalist to see patient regarding:

***NOTIFY HOSPITALIST***

21. I will do h&p and will get permits signed:



Date and Time