

# Acute Health Event Pathway

Hip Fracture/Lower Extremity (LE) fracture  
GOC: Prefers NOT to transfer to Emerg

## Resident found on floor with suspected hip/LE Fracture

- Do not move resident
- Make comfortable with blanket/pillow
- Assess vitals/nursing assessment

## Call MD

- Discussion of GOC (MD/RN/RPN)
- Medication orders
- STAT orders for sub Q line, opioids, benzodiazepines, antipsychotics
- Order catheter PRN
- EOL order discussion

## Call POA/SDM

- Review GOC
- Engage in serious illness conversation (SIC)
- Manage expectations (e.g. x-ray timelines)
- Discuss next steps and timelines

## Pain /Anxiety/Delirium management plan

- Resident MUST have Midazolam (2-5mg) and Dilaudid (sub Q) 15 min prior to moving resident. Assess medication effect before moving resident.
- If medication is not effective, call MD

## Transfer from floor to bed

- 3 or more staff required
- Ensure space is accessible for transfer
- Immobilize/support suspected fracture site/ limb
- Reassurance to resident
- Clothing change to gown
- Room set up for care needs
- Communicate care needs with PSW – **refer to PSW specific AHE pathway**

## End-of-Life Care Plan

- Update with hip fracture intervention

## Documentation

- Risk management
- Post fall huddle
- Notify Manager of Resident Care

## Team Discussion/AHE Review

- Consult MD, RN/RPN
- Medication review
- Referrals- Psychogeriatric, Spiritual Care, Dietitian, Skin and Wound Assessment Team, OT