

**GREY BRUCE HEALTH NETWORK  
FRACTURED HIP  
CLINICAL PATHWAY  
COMMUNITY CARE STAGE - NURSING**

**SITE/AGENCY:** \_\_\_\_\_

*PATIENT ID*

**Date of Admission to Services:** \_\_\_\_\_

**Nurse:** \_\_\_\_\_

Client Age: \_\_\_\_\_ Male  Female   
 Surgery: \_\_\_\_\_  
 Cause of Fracture: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_  
 Surgeon: \_\_\_\_\_  
 Date of Surgery: \_\_\_\_\_  
 Date of Hospital Discharge: \_\_\_\_\_

**Factors that may affect outcomes:**

- Musculoskeletal \_\_\_\_\_
- Cognitive Issues
- Social/Emotional
- Cardiac Arrest
- CHF
- Angina
- Other: \_\_\_\_\_
- COPD
- PVD
- Mental Health
- CVA
- Diabetes
- Heart Murmurs

Category	Status of Client on ADMISSION	Please Initial and Date		Status of Client on DISCHARGE	Please Initial and Date	
		YES	NO		YES	NO
<b>EDUCATION</b>	Teaching checklist started			Teaching checklist complete, client/caregiver aware of and understands all items on list		
<b>PHYSICAL ASSESSMENT</b>	Establish baseline vitals and circulation			Vitals within normal limits for individual		
	Skin integrity assessment			Skin integrity		
	Assess incision			Incision healed		
	Swelling Present <input type="checkbox"/> Not Present <input type="checkbox"/> Affects mobility <input type="checkbox"/> Affects safety (i.e. footwear) <input type="checkbox"/>			Swelling improved and/or controlled		
	Pain Analogue Score (/10) _____ Score _____			Pain controlled to allow functional ambulation and activities of daily living Pain Analogue Score (/10) _____ Score _____		
<b>PSYCHOSOCIAL</b>	Socio-economic situation			Socio-economic issues addressed		
	Coping Skills			Client/Caregiver coping with alteration in lifestyle		
<b>MEDICATIONS</b>	Medication list started			Medication list up to date		
	Assess understanding of medications			Client/Caregiver expresses understanding of medications		
	Client compliant with medications			Client compliant with medications		
<b>MOBILITY/ ACTIVITY</b>	Client able to safely perform activities of daily living			Client at former level of ability to perform activities of daily living		
	Client aware of driving restrictions					
	Assessment of mobility safety					
<b>EXERCISES</b>	Client performing exercises			Client performing exercises		
<b>FOLLOW UP</b>	Client aware of follow up appointments and tests			Client aware of follow up appointments and tests		

Client Pathway given to Client: Yes

Discharge Date: \_\_\_\_\_ # of visits: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_