### Discharge Options

1. **Home Health**: Must be homebound and need a skilled service such as physical therapy or nursing. Covered by Medicare and most insurances (may have co-pay).

2. **Outpatient Therapy**: (2-3 times a week) Must have transportation and be able to get in and out of car. Can go to the closest facility to your home. Covered by Medicare and most insurances (may have co-pay).

3. **Skilled Nursing Facility**: Inpatient stay at a nursing facility to receive skilled nursing care and physical and occupational therapy. Medicare & some insurances may cover this if admission criteria are met. The facility must review your records and accept you for admission.

4. **Acute Rehab (e.g. Winchester Rehabilitation Center)**: Inpatient stay for those who have extensive inpatient need and can tolerate 3 hours of intensive therapy. Medicare & some insurances may cover this if admission criteria are met. Must meet admission criteria and be pre-certified.

Your Case Manager and Social Worker will discuss your discharge needs with you.

### Questions I Need Answered

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**Post-Acute Hip Fracture Pathway**

This is a guideline only. All care is individualized to each patient’s needs.
**POST ACUTE HIP FRACTURE PATHWAY**

**Medical Guidelines During Post-Acute Care After Hip Fracture Surgery**

- Comprehensive medical assessment within 24-hours
- Post-acute hip fracture surgeon guidelines
- Address wound care and DVT prophylaxis
- CBC BMP twice a week
- For SNP protocols as necessary
- No problems with vitals: No labs
- Limit use of narcotic pain-medication: Oral Analgesics
- Pain to non-narcotic medication as tolerated
- Combine rehab and progressive mobility
- Clarify Weight Bearing status as defined by the surgeon, in DC orders

**DVT Care**

- Continue DVT prophylaxis 4-weeks post-op
- Meds of DVT will as necessary

**Nutrition**

- Dietary assessment
- Establish dietary POC
- Collaborate rounding with dietary and dietician
- Education on calcium intake
- Education on balance diet
- Education on dietary and nutrition
- Community resources for local healthy shopping

**Pharmacology & Medication**

- Medication reconciliation
- Manage the medication needs re: in拟定
- Medicine education for patient and family/family on medication reconciliation & upon request
- Review drug interactions with Co-Prescription/Lower
- FGI Education on medications
- Education on interactions/ provide drug handout as necessary

**Physiotherapy & Respiratory**

- Home/Family/Care Support Assessment and Education: To include early I&O, Continence Reassessment and appropriate FGI
- Co-Management with Care Team
- Clarify Advance Directive/Living Will
- Education on pain and related education material to given to both
- Establish DC Plan: within 48-hours of admission
- Use other I&O/education assessment
- Send interdisciplinary care plan to Surgeon after team meetings
- Establish DC Plan: within 48-hours of admission
- Post-DVOP DC care plan scheduled
- Schedule Post OP DC surgeon appointment
- Schedule OP DC surgeon appointment
- Fax/Sec to DC in Surgeon/PCP
- Complete OP or HP referrals

**Case Management**

- Patient care needs vs DC equipment early in the process
- Assess for Transition/Acute after surgery: Depression, Dementia, Home exercise program
- Assess for transition to home care
- Discharge planning

**Discharge Criteria**

- Home surgical procedure
- Perform comprehensive nurse assessment, Review of Systems.
- Weight/IMC
- Monitor incison site / bandages are clean, bathed daily
- Control Pain
- Clarify the WB status prior to mobility and ambulation
- Progress mobility 2/day in coordination with therapy
- Physical therapy assessment with patient verbalized understanding
- Post-DVOP DC assessment
- Post-DVOP DC medication as necessary
- Post-DVOP DC as necessary: Ordered/Authorized/Scheduled (Completed the day before the patient leaves)
- Schedule appointments for Post-DVOP, physician, nursing, and Rehab
- Schedule Post OP DC Surgeon appointment
- Patient and family able to clearly verbalize DC instructions

**Complications**

- Patient will be hemodynamically stable (blood pressure, temperature, tolerating a regular diet
- The wound is clean and dry
- Pain is well comforted and managed with oral analgesics
- Labs are near baseline and medical optimization has occurred
- Patient can complete Activities of Daily Living, utilize adaptive equipment, and complete home exercises
- Physical therapy and occupational therapy have cleared the patient agreeing that the patient is able to safely perform at basic level of functional independence
- Ensure family/physician understanding of DC medications and DC plans.

**Vitals**

- Blood Pressure: Monitor BP every shift, if hypotensive, work up for anemia
- Pulse: Rate and rhythm
- Temperature: Preferred late afternoon for 2-weeks, if elevated and greater than 100.5 degrees, consider urinalysis, CBC, Chest X-ray, and blood cultures
- Any greater then 101.5 degrees, consider work up for wound infection (Call Orthopedic Surgeon)

**DVT Care**

- Continue DVT prophylaxis 4-weeks post-op
- Meds of DVT will as necessary
- Perform blood cultures greater than 100.4 degrees, consider urinalysis, CBC, work up for w

**Post-Acute Hip Fracture Rehabilitation Continuum**

**Phase I**

- Functional Mobility with minimal assist (4)
- Minimal assist - use of adaptive equipment (4)
- Minimal assist - bathing & dressing (4)
- Walking 100’ - minimal assist and rolling walker (4)

**Phase II**

- Functional training
- Upper extremity strengthening
- Functional mobility - supervision (4)
- Standing - supervision (4)
- Minimal assist - bathtub (4)
- Walking 200’ - supervision and rolling walker (4)

**Phase III**

- Functional training
- Balance training
- Gait training
- Pain management
- Home exercise program (lying, sitting, and standing)
- Incision care and scar management

**Goals**

- Independent to dependent
- Full weight bearing
- Partial weight bearing
- Non-weight bearing

**Weight Bearing**

- Full weight bearing
- Partial weight bearing
- Partial weight bearing 50%
- Partial weight bearing 75%

**Functional**

- Functional mobility - supervision (4)
- Standing - supervision (4)
- Minimal assist - bathtub (4)
- Walking 200’ - supervision and rolling walker (4)

**Medical**

- Sensory enhancement (Vision, Hearing, and Tactile enhancement)
- Mobility Enhancement (ambulation 3 miles/day at minimum)
- Cognitive Orientation/Stimulation
- Pain control (emphasize non-narcotics when able)
- Other (Drugs, Fluids, Sleep, Medication Management, and Social)

**Interdisciplinary Interventions for Delirium/Dementia**

- Sensory enhancement (Vision, Hearing, and Tactile)
- Mobility Enhancement (ambulation 3 miles/day at minimum)
- Cognitive Orientation/Stimulation
- Pain control (emphasize non-narcotics when able)
- Other (Drugs, Fluids, Sleep, Medication Management, and Social)

**How You Can Help**

- Ask questions
- Stop smoking
- Eat well balanced diet
- Have family assist and advocate
- Provide encouragement
- Strengthening exercises
- Notify care team of any changes not expected

**Read Discharge Instructions**

- Follow hip precautions for 2-3 weeks
- Exercise 3 times/day
- Pursue necessary blood work after discharge
- Use walker or crutches
- Use stool softener while on pain medications
- Wash around incision with soap & water (cover incision 2 days after discharge; bare open to air 2 days after)
- No driving until cleared by DOCC or PT
- Consider enrolling in a driving assessment counseling
- Walk frequently

**Consider Your Discharge Options**

- Home Health
- Skilled Care Facility

**Call Doctor if**

- Fever greater than 101°F
- Severe pain
- Drainage from incision: excessive
- Infection: oral ulceration or swelling around incision
- Soreness or tenderness in calf
- If experiencing unexplained shortness of breath