



Patient and Family Guide To Hip Fracture Care

Ortho Spine Unit

405-515-3700

Therapy

405-515-1712

Orthopedic Nurse Navigator

405-664-6696

HealthPlex Hospital

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Norman, OK 73072



**NORMAN
REGIONAL**
Health System

NormanRegional.com



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This patient notebook is yours to keep.

Welcome to the Hip Fracture Repair and Recovery Program at the Norman Regional HealthPlex Hospital.

We are sorry that you have had a hip injury and are hospitalized, but are glad that we are going to assist you on your road to recovery. We have been certified by the Joint Commission as a Center of Excellence in Hip Fracture Repair since 2014.

Our team of physicians, nurses, physical therapists, occupational therapists, respiratory therapists and support staff will work with you to provide an informed and positive experience. Our ultimate goal is to provide you the best health care possible as well as the best outcomes.

Our focus is on YOU, our patient.



Our Mission

Norman Regional Health System Orthopedic Center Hip Fracture Program will serve our community as the leader in the care and recovery of patients with hip fractures.

Our Vision

Norman Regional Health System Orthopedic Center Hip Fracture Repair Program will improve the quality of life in our regional community.

Important Disclaimer: While we have made every attempt to provide you with the latest information on our practices, there may be instances where the information provided here is not the same as that provided by your surgeon. If that occurs, always follow the instructions of your surgeon.

Your Healthcare Team Members



While you are in the hospital there will be a team of health care workers providing your care. Each team member has a specific function in helping you return to as maximum a level of health and independence as possible. All team members communicate with each other regularly to ensure that your own goals are being met. Your health care team members will include:

Floor nurse: The floor nurses are the people you will see more than any other team member. They provide for your most basic needs, administer medicines, and answer questions about your surgery or diagnosis and communicate with other health care team members about your progress and special needs. They will conduct bedside shift reports to keep you better informed about your plan of care. This involves your nurses performing bedside report in your presence at each shift change.

Physical Therapy: The therapists will assist you in progressing physically towards independence and ensuring that you are as safe as possible upon discharge. These team members help you regain mobility, endurance and confidence through progressive walking and exercise.

Occupational Therapy: These team members will help ensure a safe and independent return home. They specialize in making sure you are independent with dressing, bathing, toileting, and all other activities of daily living.

Respiratory Therapy: The respiratory therapists will provide screening, monitoring and education to help you avoid respiratory complications. This includes providing treatment for sleep apnea, COPD, asthma and other respiratory diseases. They monitor respiratory status with capnography and pulse oximetry as well as provide teaching and follow up on Incentive Spirometry to assure good lung expansion.

Case Management: The case manager and social worker are the team members who coordinate your post discharge needs and discharge process. They are available to answer your questions about continuing care after discharge or the availability of benefits for home care or outpatient care. They will also assist you with obtaining any necessary equipment for discharge.

Patient: You are the most important team member as you are the one who is ultimately responsible for collaborating with the team in setting and achieving your goals.

Coach: This person will be a friend or family member you have chosen to assist you and encourage you throughout this process and your recovery. You will be more successful if you have someone to guide and assist you.

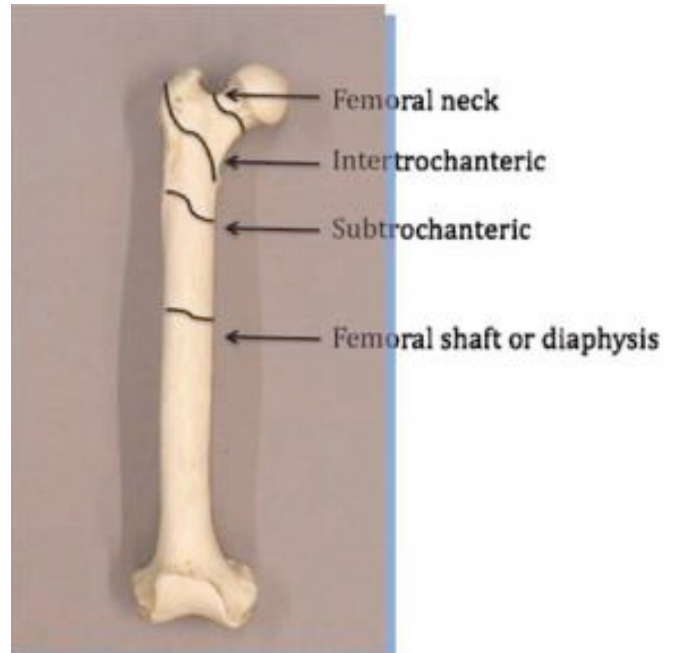
Injury

Injury is an obvious cause of hip fractures. In the elderly population, an injury can result from something as simple as losing one's balance and falling to the ground. While many hip fractures probably occur this way, it is also true that the fall may have happened as a result of fracturing the hip. The hip actually breaks first, causing the person to fall.

Osteoporosis can weaken the neck of the femur to the point that any increased stress may cause the neck of the femur to break suddenly. An uncertain step may result in a twist of the hip joint that places too much stress across the neck of the femur. The femoral neck breaks, and the patient falls to the ground. It happens so quickly that it is unclear to the patient whether the fall or the break occurred first.

X-rays are typically used to determine if a hip fracture has occurred and, if so, what type of fracture it is. The orthopedic surgeon will use the X-rays to determine if a surgical procedure will be necessary and to decide what type of procedure to suggest.

Most hip fractures occur in one of two locations – at the femoral neck or in the intertrochanteric region. The location of the fracture helps determine the best treatment options.



Before The Procedure

Section A

Before the Procedure

You will likely be admitted to the hospital because of a hip fracture. You probably will not be able to put any weight on your leg or get out of bed.

Tell your doctor or nurse what medicines you are taking. This includes medicines, supplements, or herbs you bought without a prescription.

- Once the surgeon confirms that you need surgery:
 1. You will likely need to undergo medical clearance by one or more physicians, such as a hospitalist. We need to ensure that you can physically tolerate surgery. Exams or tests that may be ordered include:
 - ~ Physical examination
 - ~ X-ray
 - ~ EKG
 - ~ Echocardiogram
 - ~ Lab work
 - ~ CT
 2. Prior to your operation, you or a family member/designee will sign a consent for anesthesia and surgery. If you have questions regarding anesthesia and surgery, please make sure to discuss them with the doctors before it is time to sign the consent form.
 3. A team member will help wash you with medicated soap (Hibiclens) before going to surgery. Please do not apply any lotions or powders to your body after you have been washed with the medicated soap.

ON THE DAY OF THE SURGERY:

You will likely be asked not to drink or eat anything after midnight before your surgery. This includes chewing gum and breath mints. Rinse your mouth with water if it feels dry, but do not to swallow.

Nurses may give medicines your doctor ordered with a small sip of water.

Treatment Section B

Treatment

NONSURGICAL TREATMENT

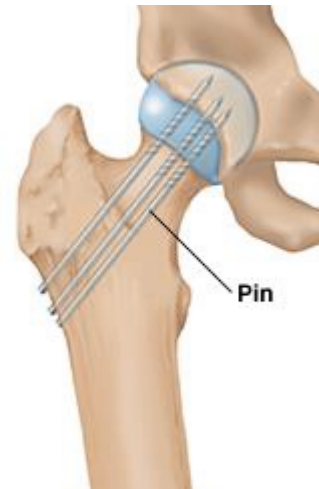
Rarely is a fracture considered stable, meaning that it will not displace if the patient is allowed to sit in a chair. If the fracture does seem stable, the patient may be treated without surgery if the doctor feels that the patient will be able to get out of bed within several days.

Most hip fractures would actually heal without surgery, but the problem is that the patient would be in bed for 8 to 12 weeks. Doctors have learned over the years that placing an aging adult in bed for this period of time has a far greater risk of creating serious complications than the surgery required to fix a broken hip. This is the main reason that surgery is recommended to nearly all patients with fractured hips.

SURGERY

Nearly all hip fractures in the elderly are treated with some type of surgical operation to fix the fractured bones. The surgery is normally done as soon as possible.

The goal of any surgical procedure to treat a fractured hip is to hold the broken bones securely in position, allowing the patient to get out of bed as soon as possible. Many methods have been invented to treat the different types of fractures. Most hip fractures are treated in one of three ways: with metal pins and screws, with a metal rod and screws, or replacing the broken femoral head with an artificial implant.



Metal pins are often used to repair fractures along the neck of the femur. The pins are inserted through the bone to keep it stable while it heals.



A metal rod or nail may be used if the fracture is along the shaft of the femur. The rod is inserted into the bone shaft. A screw keeps the bone edges together as they heal.

Artificial parts may be used to replace part or all of the hip joint. For a total hip replacement, a new stem and ball are placed in the femur. These fit into a new cup secured in the pelvis. For a partial hip replacement, only the stem and ball are replaced.

The Procedure

- All procedures last approximately 1 to 2 hours.
- Family should wait in the surgery waiting area located on the 2nd floor.
- The physician will call for the family when the procedure is complete and provide an update.
- After the procedure, patients are taken to the post anesthesia recovery unit (PACU) for approximately 45 min – 1 hr. to allow the patient to wake up from anesthesia, monitoring of vital signs and pain management. When the patient is awake and stable they will return to their room.

After the Procedure

- You will stay in the hospital for 2 – 3 days after surgery.
- Your doctor will prescribe pain medication. Pain medications will be offered 1 hour prior to rehabilitation sessions. Please communicate with your physician and nurses about your pain. It is our goal to have your pain managed solely on oral pain medications prior to your discharge.
- You will be encouraged to start moving and walking as soon as the first day after surgery.

Most of the problems that develop after hip fracture surgery can be prevented by getting out of bed and walking as soon as possible.

- You will be helped out of bed to a chair on the first day after surgery.
- You are expected to eat all of your meals sitting up in the recliner. It is not typical to eat meals in bed, and once your hip fracture is repaired, you will do better if you are eating while sitting up.
- You will start walking with a walker. You may receive special instructions on how much weight to place on to the leg that was operated on per your physician's orders.
- We ask that you never get up by yourself during your hospitalization. This is to protect you from a fall or additional injury. You have an increased risk for falls due to limited mobility, use of pain medications, use of IV lines and drains, as well as being in an unfamiliar environment. You will use your call light for assistance. Staff make rounds hourly during the day and bed/chair alarms may be used.
- At the change of shifts, nurses and nursing assistants will come to your room to introduce themselves and give a bedside report of your condition and needs. Feel free to add or correct any information given in report. If you have visitors in the room and would not like this information shared at this time, please let the staff know when they come to introduce themselves. If you are sleeping, then report will be given outside of your room to allow you to rest.

What to Expect After Surgery Section C

What to Expect After Surgery

CIRCULATION

- Sequential compression devices (SCDS) will be applied to both of your legs. These devices inflate with air and gently massage the legs to help improve blood flow in your legs. These reduce your risk of getting blood clots which are more common after hip surgery.
- When you are in bed, bend and straighten your ankles often to increase blood flow to help prevent blood clots.
- Your physician will also order a blood thinner to be given starting the day after surgery and continuing for up to 1 month to reduce your risk of developing

RESPIRATION

- You will be taught deep breathing and coughing exercises using a device called a spirometer. Doing these exercises once hourly will help prevent pneumonia.

SKIN

- Nursing staff will identify, assess and monitor patients who are at risk or who are developing skin breakdown and will implement proper assistive devices and barrier creams.

- Lotion should be applied to the heels twice daily, to help prevent cracking and pressure sores. Family may assist or apply extra applications.
- Patients will be assisted out of bed to chair and walk daily with the rehabilitation staff.

BEHAVIOR/MOOD

- Aging adults who suffer a hip fracture and go to the hospital are under a lot of stress. Unfamiliar surroundings, pain medications, and the stress of the injury can lead to changes in a patient's behavior. This is sometimes called Delirium and seems to get worse at night. This can be very frightening to both patients and their families. Fortunately, it is almost always temporary. It can cause problems because patients can become difficult to handle and won't follow instructions. They may try to get out of bed and can damage the hip further.
- The best treatment for mental confusion is usually to get patients moving and out of the hospital. Familiar surroundings, familiar faces, and activity are the best treatments. Medications are used when necessary, and it may be necessary to restrain patients during this period so that they will not hurt themselves further. Other medical conditions can cause confusion, and the doctor will make sure that these are not present. But, again, usually the mental confusion is temporary and will go away in a matter of days.

What to Expect After Surgery

PAIN MANAGEMENT

No surgery is pain free. You will have pain following your total joint replacement. Our goal is to work with you to manage your pain enough so that you are able to participate in therapy and get adequate rest for healing.

You may have heard of drugs like morphine, oxycodone (OxyContin), Norco, Percocet, and Dilaudid. This kind of medication is used sparingly and only when necessary because:

- It can make people feel sick to their stomach
- It can slow down your recovery
- It can be addictive
- It can make it difficult or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible.

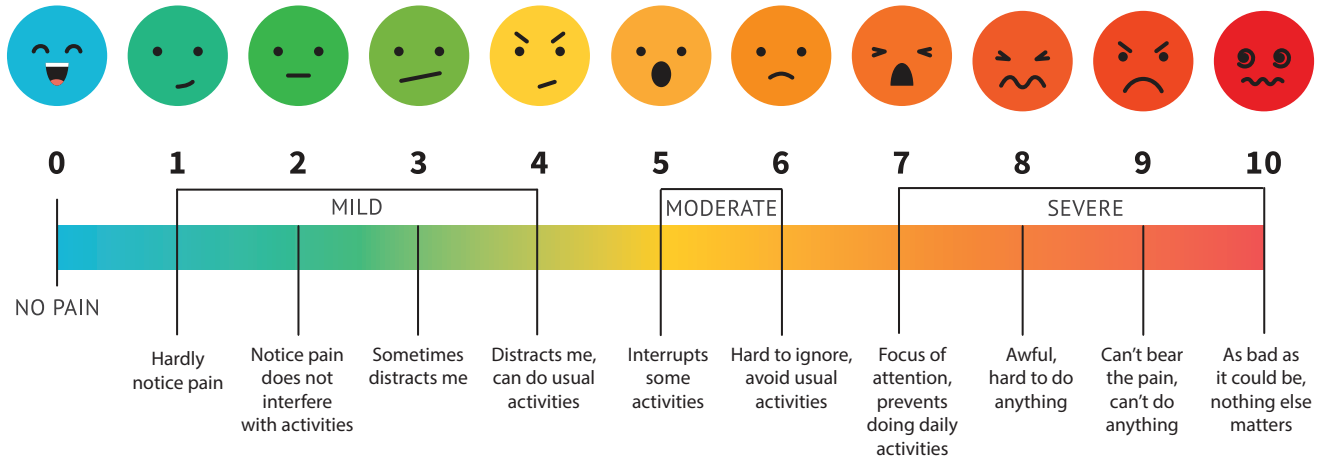
We want to manage your pain and prevent the problems that some pain medications can cause. Please tell us if you have any concerns about pain medications or pain control.

In order to manage your pain, your healthcare team needs to understand your pain. They will likely ask you questions, such as : "Where do you feel pain?", How does the pain feel: is it dull, tender, aching, cramping, shooting, burning, throbbing, tingly, gnawing or squeezing?" "What makes the pain worse?" "What makes the pain better?"

There are many non-medical ways to relieve pain and our staff will encourage you to utilize these options as well. Personal care items such as a warm blanket, extra pillow, ear plugs or sleep mask can be helpful. Relaxation items such as a white noise machine, breathing techniques or relaxation channels can be beneficial. Many people report decreased discomfort and pain when engaged in distraction activities such as coloring books, crossword puzzles, playing cards or completing Sudoku puzzles. Bringing a tablet or phone from home can also be useful. Our orthopedic unit utilizes a comfort cart which has many non-medical items that can assist you in managing your pain.

Activity can also help decrease your pain as it keeps your muscles and joints from becoming too stiff. Nursing and therapy staff will assist you with getting up out of bed early and often during your stay.

PAIN MEASUREMENT SCALE



PAIN SCALE

Pain can affect how well you eat and sleep, and can affect the healing process. When your pain is controlled you will be able to be up and active during the day as well as be able to rest at night. This means you will likely heal faster. In controlling your pain, your healthcare professionals will also closely monitor your level of sedation, as when your sedation level is too

high, you will have difficulty being active. Loss of activity lead to increased stiffness and in turn, increased pain. As the perception of pain is a very complex process which is often poorly described using only a numerical pain rating; we are now using a functional pain rating scale. This pain scale also takes into account how well you are able to participate or perform your daily activities.

BODY CHANGES

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Don't sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medication that contains narcotics promotes constipation. Drinking plenty of water and fiber rich foods. Stool softeners are given daily and laxatives such as milk of magnesia or Dulcolax suppository if necessary.

NUTRITION

It is very important to maintain good nutrition following your surgery. Calorie and protein needs increase post-op due to increased needs for wound healing. Some good sources of protein include: meat, chicken, fish, eggs, cheese, beans and peanut butter.

In addition to protein, it is important to maintain good iron stores. You may find that you have been prescribed an iron supplement. Taking your supplement with a vitamin C-containing food such as orange juice will significantly increase your absorption of iron. Likewise, tea and coffee will decrease your absorption of iron.

Here are some good sources of iron:

- Meat, fish, poultry, cream of wheat, Raisin Bran, kidney beans, pinto beans, molasses, prune juice and spinach.

Good source of vitamin C:

- Orange juice, strawberries, tomatoes, broccoli, cantaloupe, grapefruit, sweet potatoes, turnip greens, vegetable juice and Brussel sprouts

Calcium and vitamin D are important for the maintenance of healthy bones. Dairy products such as milk, yogurt and cheese are excellent sources of calcium. Other nondairy sources include calcium-fortified orange juice, tofu, canned fish such as sardines and salmon with bones, soybeans, and some leafy greens such as collard and turnip greens. Calcium-fortified cereals are also a good source of calcium. Vitamin D is essential in promoting calcium absorption in the body. Vitamin D is absorbed by the skin through the sun. Dietary sources include vitamin D-fortified milk, fatty fish, liver and egg yolks.

You may select and order your meals from the menu in your room from 6:30am - 6:30pm by dialing 53663 from your room phone.

Patient Safety Section D

Patient Safety

PATIENT IDENTIFICATION

Staff will identify you before you receive any type of procedure or medications. The staff will identify you by checking your arm bracelet. If your arm bracelet comes off, you will not receive any medications or procedures until a new one is obtained for you. The staff will continually check your armband and ask your legal name. It isn't that we don't remember you, we just wanted to ensure we are doing the correct thing to the correct patient.

MARKING YOUR SURGICAL SITE

Before the surgery the surgical nurse will ask you to verify what procedure you are undergoing as well as the specific surgical site planned.

Your physician will mark "yes" and his/her name and/or initial over the correct surgical site before your procedure begins.

FALL SAFETY

You are at increased risk for falls after surgery. Always "CALL, DON'T FALL"
You are not allowed to get up on your own or with only family assistance while you are in the hospital. This is for your own safety. Before getting up, always call for the nurse.

HAND HYGIENE/WIWO

Your health and safety is very important to us. We protect you from infections by cleaning our hands before and after contact with you. Your health care providers will wash their hands with soap and water or use alcohol foam to disinfect their hands when entering and exiting your room. Our hospital's program to improve hand hygiene is called WIWO (Wash In, Wash Out).

RESPIRATORY HYGIENE/COUGH ETIQUETTE IN THE HOSPITAL

To prevent the transmission of all respiratory infection at NRHS, the following measures have been implemented for you and your family's health.

- Visual alerts are placed throughout the facility instructing patients and family/friends to inform the healthcare personnel of symptoms of a respiratory infection. These alerts emphasize covering nose/mouth to prevent the spread of disease.
- Use tissue to contain secretions and dispose of them in the nearest waste receptacle after use.
- Perform hand hygiene (wash with alcohol-based hand rub, soap and water, etc.) after having contact with respiratory secretions and contaminated objects/materials.
- The hospital provides tissues and no-touch receptacles for used tissue disposal.
- Masks are available to persons who are coughing.
- If possible, have persons with cough sit 3 feet away from you and others.

SPEAK UP

Speak up if you have questions or concerns; and if you don't understand, ask again. It's your body and you have the right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professional. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes.

Use a hospital, clinic, surgery center or other type of health care organization that has undergone a rigorous on site evaluation against state of the art quality and safety standards, such as those provided by the Joint Commission.

Participate in all decisions about your treatment. You are the center of the health care team.

**NORMAN REGIONAL HEALTH SYSTEM IS
COMMITTED TO REDUCING HEALTH CARE
ERRORS IN OUR ORGANIZATION.**

**IF YOU HAVE CONCERNS ABOUT OUR SAFETY,
YOU ARE ENCOURAGED TO SHARE YOUR
CONCERNS BY CALLING THE PATIENT CARE
HOTLINE AT 405-307-7899.**

M.I.T.

MEDICAL INTERVENTION TEAM

The 24/7 Medical Intervention Team is comprised of a Registered Nurse from the Intensive Care Unit and a Respiratory Therapist. The purpose of the M.I.T. is to clinically intervene when a patient (in the absence of a physician) develops a change in medical condition, either specific or non-specific and to prevent patients from progressing to a code arrest.

When should someone call for M.I.T.?

A patient, visitor, or family member presents with a life-threatening situation as defined as a system or multi-system failure that is evidenced by a change in level of consciousness, respiratory distress or cardiac changes or suspected stroke.

- When there are concerns about a change in the patient's condition, or a perception of change by the staff, the patient or family.

Who should call for M.I.T.?

Any person witnessing the symptoms listed above.

How do I call for M.I.T.?

- Dial "88" for the operator. Ask for the MIT and state the room number of location.
- Inform the nurse caring for the patient.
- The nurse caring for the patient notifies the attending physician.

Options for Care After Discharge Section E

Options for Care after Leaving the Hospital

After surgery, all patients will participate in an inpatient rehabilitation consisting of physical and occupational therapy to strengthen and increase mobility in their joint. Since every patient is different, the length and level of rehabilitation may vary. Your physician and family, in consultation with the health care team members, will decide which level of care is best for you. A social worker and case manager will be assigned to assist you and your family with any questions, arrangements and medical equipment.

SKILLED NURSING FACILITY

A Skilled Nursing Facility (SNF) offers patients with more complex medical problems care after surgery. For instance, a patient who has diabetes or heart disease may recover more slowly than someone who has no medical problems. SNF level care is offered by a number of different facilities, and is appropriate for patients who can participate in rehabilitation daily. If your doctor feels you are appropriate for a SNF level care, your social worker will assist in making the transitional arrangements.

ACUTE REHABILITATION FACILITY

An acute rehabilitation facility, (such as the Rehabilitation Unit at Norman Regional Hospital – Porter Ave Location) is available for patients who need extra focus on rehabilitating their hip as

well as other ongoing medical needs. An example would be a patient who has had a stroke in the past, and may need more directed rehabilitation. At an acute rehabilitation facility, patients must be able to participate in a minimum of three hours of therapy a day. There are several acute rehabilitation facilities in the area. Your doctor, family and social worker will work together to help you make arrangements to be admitted at the acute rehabilitation hospital that best meets your needs.

HOME HEALTH CARE

Patients who do not have any medical conditions that make it difficult to heal and walk safely often return home after their hospital stay. In this case, your social worker will help make arrangements for home health care. Home health is a service that allows a nurse or therapist to come to your home to help with your rehabilitation. The home care nurse or home care therapist will continue the orders started by your doctor while you were in the hospital. This service will allow you to make a smooth transition back to your prior level of functioning. Home health care services are ordered for patients who are unable to leave their home for continued therapy.

OUTPATIENT THERAPY

If you are not home bound after discharge, or you do not reach your fullest rehabilitation potential upon completion of home health services, your physician may order therapy services in an outpatient clinic.



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