

# Pediatric Femur Fracture Patient Safety Checklist

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## Part 1: ED Patient Safety Checklist

- Completed before the patient leaves the ED.
  - The resident, nurse practitioner, or physician assistant completes the form.
  - CIS triggers the form through the femur fracture pathway orderable in the fracture order set.
  - The attending reviews the responses and then adds his/her attestation.
1. Radiographic evaluation includes AP/Lateral views of the femur to include both the hip and knee?  
 Yes  
 No – Reason: \_\_\_\_\_
  2. Assess femur for possible pathological fracture?  
 Yes  
 No – Reason: \_\_\_\_\_
  3. Assess for associated head injury?  
 Yes  
 No – Reason: \_\_\_\_\_

### If child less than 36 months of age:

4. Assess for potential evidence of child abuse?  
 Yes  
 No – Reason: \_\_\_\_\_  
 Not Applicable – child is greater than 36 months of age
- If yes:
- a. SCAN (Suspected Child Abuse and Neglect) team contacted?  
 Yes  
 No – Reason: \_\_\_\_\_
5. Infant: less than age 6 months  
 Pavlik Harness  
 Early spica cast  
 Other – Reason: \_\_\_\_\_

**H A N D - O F F T O O P E R A T I N G R O O M O R F L O O R**

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## Part 2: Post-Operative Patient Safety Checklist

- Completed before the patient leaves the OR/PACU.
- The resident, nurse practitioner, or physician assistant completes the form.
- CIS triggers the form through the femur fracture pathway orderable in the fracture order set.
- The attending reviews the responses and then adds his/her attestation.

### 1. Age:

Child: greater than age 6 months to 5 years

Early spica cast

Other – Reason: \_\_\_\_\_

Child: age 5 to 11 years

Flexible Intramedullary Nailing

Early spica cast

Other – Reason: \_\_\_\_\_

Adolescent: age 11 years to skeletal maturity

Flexible Intramedullary Nail

Rigid Intramedullary Nail: Use only trochanteric entry nailing. Do not use pyriformis or near pyriformis entry.

Sub muscular plate

Other – Reason: \_\_\_\_\_

**H A N D - O F F T O F L O O R**

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## Part 3: Discharge Patient Safety Checklist

- Completed before the patient is discharged.
- The resident, nurse practitioner, or physician assistant completes the form.
- CIS triggers the form through the femur fracture pathway orderable in the fracture order set.
- The attending reviews the responses and then adds his/her attestation.

1. Obtain Hematocrit on post-operative day 2 of hospitalized patients?

Yes

No – Reason: \_\_\_\_\_

2. Spica cast, Pavlik harness or brace assessment of fit, skin and cast, and brace care instruction?

Yes

No – Reason: \_\_\_\_\_

Not Applicable

If yes:

a. Durable medical equipment assessment?

Yes

No – Reason: \_\_\_\_\_

Not Applicable

b. Parent Education provided?

Yes

No – Reason: \_\_\_\_\_

c. Safe Transport Home Arranged?

Yes

No – Reason: \_\_\_\_\_

3. Patient met discharge criteria?

Yes

No – Reason: \_\_\_\_\_

**DISCHARGE TO HOME / CLINIC**

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## Medical Disclaimer

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

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