

Pediatric Femur Fracture Care-Safety Checklist

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Part 1

- *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 modifies the responses if necessary, 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

4a. If yes: 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:

*****HAND-OFF TO OPERATING ROOM OR FLOOR*****

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Part 2

- *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 modifies the responses if necessary, 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:

*****HAND-OFF TO FLOOR*****

Part 3:

- *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 modifies the responses if necessary, and then adds his/her attestation.*

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

- Yes
- No – Reason:

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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:

*****HAND-OFF/DISCHARGE TO CLINIC*****