

# Fracture Prevention on Admission

This forms provides guidance for RACFs on fracture prevention considerations for all new residents on admission.

Resident Name \_\_\_\_\_

|   |   |                                     |
|---|---|-------------------------------------|
| <b>HISTORY</b>  | <b>INITIALS:</b>  |                                     |
| <input type="checkbox"/> Prior fracture: Vertebral _____ Hip _____<br><input type="checkbox"/> More than one prior fracture (*excluding hands, feet, ankles)<br><input type="checkbox"/> Recently used systemic glucocorticoids and have had one prior fracture (*excluding hands, feet, ankles)<br><input type="checkbox"/> Previously identified as high risk for fractures and has received osteoporosis treatments (prior to admission)<br><input type="checkbox"/> Dementia<br><input type="checkbox"/> Resident is at risk of falling<br><input type="checkbox"/> Medication review (Beer's criteria or STOPP/START criteria – psychotropics, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), proton pump inhibitors (PPIs) – by Pharmacist, GP, Medical Specialist (eg. Geriatrician) |   |                                     |
| <b>DIAGNOSTICS &amp; INVESTIGATIONS [Undertaken as required/where possible]</b>   | <b>INITIALS:</b>  |                                     |
| <input type="checkbox"/> Chest X-Ray - screen for vertebral fractures<br><input type="checkbox"/> Thoracic + Lumbar Spine X-Ray (lateral) - rule out vertebral fracture<br><input type="checkbox"/> CBC, Calcium, Creatinine, Albumin, Alkaline Phosphatase, TSH<br><input type="checkbox"/> Serum protein electrophoresis (for residents with vertebral fractures)<br><input type="checkbox"/> 25-hydroxy-vitamin D<br><input type="checkbox"/> Bone densitometry  |   |                                     |
| <b>OSTEOPOROSIS MEDICATIONS</b>   | <b>INITIALS:</b>  |                                     |
| <input type="checkbox"/> Calcium _____mg once daily<br><input type="checkbox"/> Vitamin D3 _____UNITS oral once daily (1000-2000 UNITS for mild deficiency)<br><input type="checkbox"/> Alendronate 70mg once weekly<br><input type="checkbox"/> Denosumab (Prolia®) 60mg subcut every 6 months<br><input type="checkbox"/> Risedronate (Actonel®) 35mg oral once weekly<br><input type="checkbox"/> Risedronate DR (Actonel® DR) 35mg oral once weekly<br><input type="checkbox"/> Risedronate (Actonel®) 150mg oral once monthly<br><input type="checkbox"/> Teriparatide (Forteo®) 20mcg subcut daily<br><input type="checkbox"/> Zoledronic Acid (Aclasta®) 5mg IV once per year<br><input type="checkbox"/> Romosozumab (Evenity) two 105mg subcut injections, monthly for 12 months life time use   | <ul style="list-style-type: none"><li>• Calcium supplementation up to 500 – 600mg daily if resident cannot consume 1000 -1300mg of calcium through diet</li><li>• Alendronate, Risedronate and Zoledronic Acid are not recommended for older individuals with severe renal insufficiency *(CrCl &lt;30ml/min)</li><li>• Alendronate and Risedronate are not to be crushed, and are to be provided to elderly who have an empty stomach and can remain upright for 30 mins after administration. (Note: Risedronate DR can be taken with food or after meals, but the individual has to remain upright for at least 30 mins after)</li><li>• Denosumab and Zoledronic Acid medications may be options for older individuals who have difficulty taking oral medications due to dysphagia, an inability to sit up for 30 mins, cognitive impairment or intolerance</li><li>• If using Denosumab, monitor calcium levels due to higher risk of hypocalcemia</li><li>• Romosozumab is for severe osteoporosis. It's contraindicated in people with hypocalcemia, so pre-existing hypocalcemia must be corrected prior to initiating therapy with romosozumab.</li></ul> |                                     |
| <b>DIETARY</b>  | <b>INITIALS:</b>  |                                     |
| <input type="checkbox"/> Dietician consultation for calcium enriched diet   |   |                                     |
| <b>OTHER INTERVENTIONS FOR FALL &amp; FRACTURE PREVENTION</b>   | <b>INITIALS:</b>  |                                     |
| <input type="checkbox"/> Balance, strength and functional training exercises - if at high risk of fractures. Consider other elements of a multifactorial intervention to prevent falls and fractures:<br>__ Hip protectors<br>__ Assessment of environmental hazards<br>__ Minimization of physical or chemical restraints (no restraint if at all possible)<br>__ Safe mobility devices<br>__ Safe transferring devices and techniques<br><input type="checkbox"/> Occupational therapy consultation<br><input type="checkbox"/> Physiotherapy consultation  |   |                                     |
| Date: _____   | RN/EN Name (print): _____   | Verbal Order Nurse Signature: _____ |
| Time: _____   | RN/EN Signature: _____  | _____                               |