

# Fracture Prevention on Admission

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

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

## HISTORY

INITIALS: \_\_\_\_\_

- Prior fracture: Vertebral \_\_\_\_\_ Hip \_\_\_\_\_
- More than one prior fracture (\*excluding hands, feet, ankles)
- Recently used systemic glucocorticoids and have had one prior fracture (\*excluding hands, feet, ankles)
- Previously identified as high risk for fractures and has received osteoporosis treatments (prior to admission)
- Dementia
- Resident is at risk of falling
- 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)

## DIAGNOSTICS & INVESTIGATIONS [Undertaken as required/where possible]

INITIALS: \_\_\_\_\_

- Chest X-Ray - screen for vertebral fractures
- Thoracic + Lumbar Spine X-Ray (lateral) - rule out vertebral fracture
- CBC, Calcium, Creatinine, Albumin, Alkaline Phosphatase, TSH
- Serum protein electrophoresis (for residents with vertebral fractures)
- 25-hydroxy-vitamin D
- Bone densitometry

## OSTEOPOROSIS MEDICATIONS

INITIALS: \_\_\_\_\_

- Calcium \_\_\_\_\_mg once daily
  - Vitamin D3 \_\_\_\_\_UNITS oral once daily (1000-2000 UNITS for mild deficiency)
  - Alendronate 70mg once weekly
  - Denosumab (Prolia®) 60mg subcut every 6 months
  - Risedronate (Actonel®) 35mg oral once weekly
  - Risedronate DR (Actonel® DR) 35mg oral once weekly
  - Risedronate (Actonel®) 150mg oral once monthly
  - Teriparatide (Forteo®) 20mcg subcut daily
  - Zoledronic Acid (Aclasta®) 5mg IV once per year
  - Romosozumab (Evenity) two 105mg subcut injections, monthly for 12 months life time use
- Calcium supplementation up to 500 – 600mg daily if resident cannot consume 1000 -1300mg of calcium through diet
  - Alendronate, Risedronate and Zoledronic Acid are not recommended for older individuals with severe renal insufficiency \*(CrCl <30ml/min)
  - 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)
  - 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
  - If using Denosumab, monitor calcium levels due to higher risk of hypocalcemia
  - 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.

## DIETARY

INITIALS: \_\_\_\_\_

- Dietician consultation for calcium enriched diet

## OTHER INTERVENTIONS FOR FALL & FRACTURE PREVENTION

INITIALS: \_\_\_\_\_

- Balance, strength and functional training exercises - if at high risk of fractures. Consider other elements of a multifactorial intervention to prevent falls and fractures:
  - Hip protectors
  - Assessment of environmental hazards
  - Minimization of physical or chemical restraints (no restraint if at all possible)
  - Safe mobility devices
  - Safe transferring devices and techniques
- Occupational therapy consultation
- Physiotherapy consultation

Date: \_\_\_\_\_ RN/EN Name (print): \_\_\_\_\_ Verbal Order Nurse Signature: \_\_\_\_\_  
 Time: \_\_\_\_\_ RN/EN Signature: \_\_\_\_\_