**Fragility Fracture Patient**

**Care Checklist**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAY ONE ASSESSMENT**

* Patient agrees to Osteoporosis Screening

€Hip €Spine, levels at presentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ €Wrist €Shoulder €Pelvis

**FRACTURES**

* Current fracture assessed as low trauma/fragility fracture YES \_\_\_\_\_ NO\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Current fracture is an atypical femoral fracture – we may need to review those with Medical Director to be sure we are not missing a typical osteoporotic **subtrochanteric fracture**
* Previous fragility fractures after age 40? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FALLS**

* Number of falls in last year: \_\_\_\_\_\_\_\_\_\_

**INVESTIGATIONS**

* Previous BMD test completed in the last year
	+ NO \_\_\_\_\_\_
	+ YES: When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Recent spine x-rays (past 12 months) Type of X-ray \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OSTEOPOROSIS MANAGEMENT**

* Current Vitamin D:
	+ None
	+ Multivitamin
	+ Vitamin D, dose: \_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Estimated daily vitamin D dose and how long \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* New Vitamin D recommendation:
	+ Patient is already on a multivitamin, recommend Vitamin D 1000 IU OD
	+ Patient is NOT on a multivitamin, recommend Vitamin D 2000 IU OD
* Is patient on Prednisone (including last 12 months, average dose of 7.5 mg for 3 months or greater): YES \_\_\_\_ NO \_\_\_\_\_
* Current prescription medication for osteoporosis?
	+ None
	+ Alendronate/Fosamax/Fosavance \_\_\_\_\_\_
	+ Risedronate/Actonel \_\_\_\_\_\_\_
	+ Zoledronic Acid/Aclasta\_\_\_\_\_\_\_\_ Last dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Denosumab/Prolia \_\_\_\_\_\_\_ Last dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Estrogen \_\_\_\_\_\_\_\_\_\_ Type/Dose: \_\_\_\_\_\_\_\_\_\_\_
	+ Teriparatide, started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Other (any other is not a first line drug): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Compliance at onset:
	+ Optimal compliance
	+ Suboptimal/non compliance

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Prior side effects to osteoporosis medication (only if patient offers up this information)

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**OSTEOPOROSIS EDUCATION**

* Osteoporosis Canada Pamphlets: Diagnosis and Make Your First Break Your Last reviewed with patient and/or family
* Osteoporosis Canada Pamphlet: Living Well With Osteoporosis given to patient.
* Osteoporosis Canada Pamphlet: Nutrition; Healthy Eating for Healthy Bones reviewed with patient
* Safe movement brochure reviewed with patient
* Fall prevention pamphlet reviewed with patient (only for patients with a fall)

**INVESTIGATIONS**

* BMD requisition sent, hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_ - appointment time/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient aware €)
* Screening Lateral Views of Thoracic Lumbar Spine requisition sent
* Routine blood work
* Serum protein electrophoresis (for spine fractures only)
* Vitamin D testing:
	+ Vitamin D ordered, results to go to PCP
	+ Vitamin D to be completed in 3 months by PCP
	+ Inpatient vitamin D results \_\_\_\_\_\_\_\_\_\_

**REFERRALS**

* Referral initiated for patient to attend a local osteoporosis education program
	+ Declined by patient
	+ Patient attended in the last 2 years
	+ Patient has attended after fracture
* Referral to falls clinic included with letter to PCP (for more than one fall in the past year)

**OUTCOMES:**

**SPINE X-RAYS**

* No fracture
* Not previously diagnosed vertebral fractures (grade 2-3) documented at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NEW vertebral fractures (grade 1-2) documented at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL SITUATIONS DEEMED at HIGH FRACTURE RISK FROM THE START (irrespective of BMD)**

* Hip fracture
* Spine fracture
* Two or more fragility fractures
* Fragility fracture + current Prednisone (includes past 12 months, average dose of 7.5 mg for 3 months or greater)
* Never been on treatment. Letter sent to PCP from NP\_\_\_ FN \_\_\_
	+ Treatment is recommended
	+ Pharmacare form filled out
* Already on Treatment. Letter sent to PCP.
	+ Fracture occurred within one year of initiation of treatment
	+ Fracture occurred after more than one year of treatment

**BMD**

* Fracture risk according to radiologist LOW \_\_\_\_ MODERATE \_\_\_\_\_ HIGH \_\_\_\_\_
* If above BMD done prior to current fracture and not HIGH, adjust for the new fracture if needed (must be reviewed with Medical Director if this is NOT one of the automatically HIGH fracture risk clinical situations): MODERATE \_\_\_ HIGH \_\_\_\_
* FRACTURE RISK ASSESSMENT COMPLETED:
	+ Patient is at HIGH RISK
		- General HIGH RISK letter sent out to PCP
			* PCP has initiated Rx, patient is compliant
			* PCP has initiated Rx, patient is sub-optimally or non-compliant. Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			* Patient NOT on Rx. Recommendation for Rx sent to PCP
	+ Patient is at MODERATE RISK
		- General MODERATE RISK letter sent to the PCP

**BLOOD WORK (for inpatient hip fracture)**CBC

* Calcium
	+ Calcium ordered (results to PCP)
	+ calcium normal
	+ If abnormal, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Creatinine (e GFR)
	+ Creatinine ordered (results to PCP)
	+ Estimated Creatinine Clearance: \_\_\_\_\_\_\_\_\_\_ ml/min
* Alkaline phosphatase done (results to PCP)
* TSH done (results to PCP)
* Serum Protein Electrophoresis done (results to PCP)

**OSTEOPOROSIS MANAGEMENT (for NP)**

* Patient’s osteoporosis medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOLLOW UP of HIGH RISK PATIENTS (only for high risk patients):**

* At 3 months:
	+ Patient is on Rx and compliant
	+ Patient was on Rx but not optimally compliant
	+ No Rx initiated
	+ Other comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* At 6 months (only if not on Rx at 3 months):
	+ Patient is on Rx and compliant
	+ Patient was on Rx but not optimally compliant
	+ No Rx initiated
	+ Other comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REPEAT FRACTURE DURING FOLLOW UP (if this comes up)**

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Fracture Navigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(D/C date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse Practitioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_