



# LTC Fracture Prevention Order Set

This LTC Fracture Prevention Order Set is to be used 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))

## DIAGNOSTICS & INVESTIGATIONS

## 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

## OSTEOPOROSIS MEDICATIONS

## INITIALS:

- Calcium \_\_\_\_\_mg once daily
  - Vitamin D3 \_\_\_\_\_ UNITS oral once daily (recommended 800-2000 UNITS)
  - 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
- Calcium supplementation up to 500mg daily if resident cannot consume 1200mg 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 apply to 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

## 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 or kinesiology consultation

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

MD/NP Name (print): \_\_\_\_\_

Verbal Order Nurse Signature: \_\_\_\_\_

Time: \_\_\_\_\_

MD/NP Signature: \_\_\_\_\_