SERVICE-AT-A-GLANCE

**(MGH) Orthopedics**

**Location** – Are you located on one floor or in several locations in the hospital?
- 12th

**Population** – *Describe in point form the characteristics of the patient population.*
- Orthopedic injuries
- Trauma injuries

**Age range**
- Adults and elderly

**Impact of illness/injury**
- Dysphagia
- Delirium
- Pain control issue

**Medications:** *be aware of their indications as well as side effects affecting functions and precautions*
- Pain medication/ dilaudid
- Seroquel

**Role** – *Describe the role of your service in point form.*
- Swallowing Ax
- Functional Ax + assistance with d/c planning
- Positioning (splinting)

**Team and Key Contacts**– *Indicate if you work in a multidisciplinary team; who are the key players, staff doctors, consulting CNS’s and other specialists.*
- Unit Coordinator: #46200 and 46201
- Head Nurse: spectra: #43347
- Assistant Head Nurse: 43289 (west), 43196 (east)
- Liaison Nurse: East: 23687      West: 42696
- Trauma RN: #23734
- OT: pager: 514-406-1689
- SW: 44148
- Dietician: pager: 514-406-0619

**Rounds** – *List the day(s), hours and location(s) of the clinical rounds for your service.*
- Trauma Rounds: Wednesday 10:30am – attendance by OT not required

**Medical Tests** – *Describe in point form the principle/most frequent risk factors that you assess specifically related to your patient population.*
- X rays
- CT head
**Assessments** - *Describe in point form the principle/most frequent forms that you complete specifically related to your patient population in addition to the psychosocial assessment.*

- DSIE for rehab and out patient referrals

**Resources** - *Describe in point form the principle/most frequent hospital and community resources that you allocate specifically related to your patient population.*

- List of equipment suppliers (ADL equipment, wheelchair rentals…)

**“Insider” Info** – *List any tips, cautions, fast-tracks, templates or lists that would help facilitate a quick-start for someone new to this service.*

- Resting splint and walking AFO needs to be ordered through Hanger’s
  - Write what is needed on prescription pad
  - Stamp with hospital card
  - Write shoe size, height/weight
  - Fax to Hanger’s (514 902-0022)

**Collective orders for hip patients**: functional evaluation for discharge planning