

Check appropriate boxes for this patient.

- ALLERGIES:** NKA Other: _____
- PROCEDURE:** RIGHT LEFT TOTAL KNEE ARTHROPLASTY
 RIGHT LEFT TOTAL HIP ARTHROPLASTY
- In PACU:** X-Ray TKA – AP and lateral operative knee on long cassette
 X-Ray THA – AP pelvis, AP hip, cross-table lateral operative hip on long cassette
 STAT H&H
- CONSULTS:** William Wallace, MD, for medical management.
 Other: _____, MD, for medical management.
 Social Service for Discharge Planning
 Physical Therapy
 Occupational Therapy, for total hip arthroplasty patients.
 Dietician
- DIET:** Advance to Regular, low Vitamin K
 _____ Regular no concentrated sweets, low Vitamin K
 Other: _____

ACTIVITY:

- Dangle feet over side of bed tonight
 POD #1: up to chair by Physical Therapy or Nursing BID, increase as tolerated.
 TKA: immobilizer at night
 THA: abduction pillow, **Maintain leg abduction at all times**
 Weight-bearing status: NWB TTWB PWB WBAT

MEDICATIONS:

Reconcile Medications Transfer/Discharge Orders

IV FLUIDS

- Dextrose 5% Sodium Chloride 0.45% 1000mL with KCl 20mEq @ 60mL/hr.
 Sodium Chloride 0.45% 1000mL with KCl 20mEq @ 60mL/hr.
 OTHER: _____
 Saline lock when p.o.intake in good, then saline flush every 8 hours

IV PROPHYLACTIC ANTIBIOTICS:

- Ancef (Cefazolin) 1 Gram IVPB every 8 hours for 3 doses
 Cleocin (Clindamycin) 600mg IVPB every 8 hours for 3 doses

ANTICOAGULATION:

- Coumadin (Warfarin) 5mg, 1 tablet p.o., the evening of day of surgery
 No Aspirin while on Coumadin
 No NSAIDS, including Toradol, if: 1. admitted for fracture; 2. status post joint replacement with un-cemented component; or 3. while on Coumadin

DIETARY SUPPLEMENT: Niferex (Iron) 150mg, p.o. BID

PAIN MANAGEMENT:

- Assess pain/neuro/pulmonary/sedation status prior to initiation of scheduled pain medications
 Hold pain medication for excessive somnolence
 See PCA Order form CHH # 827. Discontinue PCA on **POD #2**.
 Continuous pulse ox while on PCA with audible alarm on loud. When PCA is discontinued, continue to place on pulse ox every night until discharge.

No more than 4 Grams of acetaminophen per day.

- Percocet (Oxycodone/Acetaminophen) 5/325mg, 1 tablet p.o. every 4 hours PRN for breakthrough pain greater than 1, when on PCA
 Percocet (Oxycodone/Acetaminophen) 5/325mg, 1 or 2 tablet(s) p.o. every 4 hours PRN for pain level greater than 1, after PCA is discontinued, if patient is not allergic.
 If allergic: _____
 Zofran (Ondansetron) 4mg IV every 25mg IM p.o. every 6 hours PRN for itching, unless history of glaucoma
 Benadryl (Diphenhydramine) 25mg IM p.o. every 6 hrs. prn for itching, unless history of glaucoma
 Senokot (Sennoside) S, 1 tablet p.o. BID, starting **POD #1**
 Zantac (Ranitidine) 150mg, ulcer prophylaxis BID Daily

Patient Identification

Original: Patient Chart
 Yellow Copy: Scan to Pharmacy, Patient's Nurse

CHH-1122

Original: 2/2003

Revised: 6/2004, 3/2005, 10/2005, 1/2006, 7/2010

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MEDICATIONS (continued):

- Dulcolax (Bisacodyl) suppository 10mg, 1 rectally, daily PRN for constipation
- Mylanta (Magnesium Hydroxide/Simethicone) DS, 30mL p.o. every 6 hours PRN for indigestion
- Milk of Magnesia, 30mL p.o. every night on **POD #2**, and 30mL daily PRN for constipation
- Fleet's enema, one rectally daily, PRN for constipation

LABS:

- CBC with Differential daily x 3 days, starting **POD #1**
- PT/INR each day, if on Coumadin, starting **POD #1**

NURSING:

- Vital signs and neurovascular checks every 1 hr x 4, then every 2 hrs x 4, then every 4 hrs, while patient is on PCA, then routine.
- Pulse oximetry continuous while patient is on PCA. When PCA is discontinued, use pulse oximetry every night until discharged.
- Incentive spirometer to bedside. Respiratory Therapist to instruct patient to do 10 times every hour, while awake.
- Cough and deep breath every 1/2 hour while awake.
- O₂ @ 2 Liters per nasal cannula x 5 hrs. post-op then prn or O₂ Sat less than 93%
- Patient with history of COPD O₂ @ _____ liters per nasal cannula x 5 hrs. post-op then prn for O₂ Sat less than _____%.
- Keep heels off bed and assess heels every shift for redness. Use heel protectors for THA patient.
- Constavac re-infusion per protocol for TKA patient.
- Empty hemovac every shift and record:
 - Record output every shift. Call Orth. MD if drainage from hemovac is greater than 100mL/hour
 - Discontinue drain **POD #1** in morning, change dressing 24 hours after arrival to PACU.
 - Do not discontinue drain if drainage greater than 50mL/hour.
- Indwelling catheter to gravity drain, discontinue foley **POD #1** in AM.
If patient is unable to void 6-8 hours after indwelling catheter is discontinued, may catheterize, if greater than 300mL urine obtained leave indwelling catheter in place. If patient is not on antibiotics call Dr. Oliashirazi, prior to catheterization.
- Bilateral: Knee-high Thigh-high elastic stockings
For THA: apply elastic stockings to non-operative leg immediately and to operative extremity after dressing removed on **POD #1**.
- Overhead trapeze
- Dressing change every day starting **POD #1**.
- Ice pack to incision for pain and swelling after exercise – no longer than 20 minutes at a time.

NOTIFY MEDICAL DOCTOR IF:

- Temperature greater than 101.5° F
- Blood pressure less than 90/50, or greater than 180/100
- Pulse less than 60, or greater than 100
- Urine output less than 30mL/hour, or less than 240mL per hour
- O₂ saturation less than 92%
- Respiratory rate less than 12 per minute
- Evidence of excessive sedation, as assessed by evaluation of pain, neuro, or pulmonary systems.

Physician _____ Beeper Number _____ Time: _____ Date ____/____/____

Verbal Order Verification Nurse's Signature _____ Time: _____ Date ____/____/____

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