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| HIP | Pre Admission | Day of Surgery | Post Op Day 1 | Post Op Day 2 | Post Op Day 3 | Outcome Indicators |
| Expected Patient Outcomes | Total Joint Class  Meet with surgeon, nurse to review your health and any concerns  Discuss Pain Management, review pain scale | You will know and be able to tell us what you know about your operation | You will work with nursing staff for pain relief  You will work with physical and occupational therapy  You will demonstrate understanding of hip precautions with bed mobility and supine to sit.  You will be out of bed for your lunch and dinner | You will work with nursing staff for pain relief  You will work with physical and occupational therapy  You will demonstrated understanding of hip precautions with bed mobility and supine to sit, with transfers to chair and toilet  You will be out of bed for your meals  You will transfer with supervision out of bed, to chair and toilet.  You will decide on equipment needs for your home. | You will work with nursing staff for pain relief  You will work with physical and occupational therapy  You will be out of bed for your meals  You will demonstrate appropriate hip precautions with activities.  You will be independent in bed mobility, transfers (bed>< chair, toilet).  You will be independent with lower body dressing and bathing  You will go home today or to rehab/skilled nursing facility if need be | You will be independent with kitchen mobility, car transfers.  You will be independent with walking aids, curb steps and ambulating 100 ft.  You will be independent in home exercise program |
| Activity | You will be taught exercises in your total joint class to begin doing before surgery | SCDs/Ted hose  Ankle pumps  Review hip precautions | Physical Therapy x 2  Ambulate/mobilize as tolerated  Maintain hip precautions  Hip protocol exercises  Ankle Pumps  Gait training  Weight Bearing Status  In chair for lunch/dinner  PT assess needs  Ambulate in room | In chair for all meals  Ankle Pumps  AROM, gait training with walker/crutches, stair climbing with device  Hip protocol exercises  Hip precautions  Initiate stair climb  Occupational Therapy evaluation ADL equipment | In chair for all meals  Ankle Pumps, Ambulates with walker/crutches, stair climbing with device,  OT review  Advanced hip exercises  Hip precautions  Transfer out of bed | Independent with active exercise  Independent SLR with < 5 - 10 degree extension with leg,  Independent  transfers  Ambulation with device  Stair climbing  ADLs  Independent with active exercise  Demonstrate hip precautions |
| Evaluations |  |  | Specialty consults  PT evaluations  Case management  Care Conferences - (d/c rounds) | Care Conferences - (d/c rounds)  PT evaluations  OT evaluations | Care Conferences -  (d/c rounds)  PT evaluations  OT evaluations | Follow up with surgeon  Follow up with PCP |
| Diagnostic Tests | Labs, X-rays and possibly an EKG | Post op X-ray Hip  Hgb/Hct | CBC  PT/INR if appropriate | CBC  PT/INR if appropriate | CBC  PT/INR if appropriate |  |
| Diet | Please tell us if you are on a special diet | Clears ADAT | Regular diet | Regular diet | Regular diet | Tolerating diet |
| Discharge Planning | Plan Ahead:  Ride to hospital  Ride home  Help/assistance at home  Review discharge planning in total joint binder | Identify patient's primary payor source to determine what services patient is eligible for | Briefly meet with patient/family members to explain scope of services available based on needs and payor source | Meet with patient/family members to determine which home health agency, Rehab, SNR or OP PT facility patient would prefer to use.  Send appropriate order(s) to selected agency.  Give patient agency name and contact information | Meet with patient /family members to remind them of appointments/chosen agency.  Answer any last minute questions patient/family members may have. | Patient is discharged to appropriate level of care with appropriate service/discipline referrals.  Patient will be discharged to a safe environment with appropriate referrals. Home Health/Home PT/Outpatient PT.  Review agency name and contact information |
| Medications/IV | We will talk with you about any medical problems and what medications you take and what you can take before the day of surgery | Pain Management  PCA peripheral nerve blocks  IV fluids  IV antibiotics  Anti-emetics  Resume home meds | Pain Management:  D/C PCA  PO/IV meds  D/C fluids  Anti-emetics  Lovenox/Arixtra/ Rivaroxaban  Bowel regimen | Pain mangement  PO meds  Lovenox/Arixtra/ Rivaroxaban  Bowel regimen | Pain management  PO Meds  Lovenox/Arixtra/ Rivaroxaban  Bowel regimen | Anticoagulation teaching complete  Pain level 1-3 , POD #3 pain level 2  Bowel functioning WNL |
| Respiratory | You will be shown how to use an incentive spirometer (IS) | Pulse Ox  IS O2 NC | Wean O2, continue IS,  continue monitoring O2 | IS independently | IS independently | Adequate air exchange CTAB |

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| Treatments |  | VS q 4 hours  Pain q 2 hours  Nursing assessment per protocol  NV check q 4 hours  Continous pulse ox monitoring  Assess dressings  Monitor and record drains  TEDS/SCDs  I/Os Foley  Clear diet (ADAT)  IS education  Post op abx  **Hct 1800** | D/C foley 9:00 AM after CPM  VS q 4 hours  Pain q 2 hours  Oral pain management  IV meds for breakthrough  D/C PCA  D/C IV fluids  Nursing assessment per unit protocol  NV check q 4 hours  IS education  TEDs/SCDs  I/Os  Check HCT - may transfuse  Ambulate with nurse in afternoon if PT not available | VS q 4 hours  Pain q 2 hours  Nursing assessment per unit protocol  TEDs/SCDs  I/Os  IS education  NV checks q 4 hours  Oral pain management  IV meds for breakthrough  Ambulate with nurse in afternoon if PT not available | VS q 4 hours  Pain q 2 hours  Nursing assessment per unit protocol  TEDs/SCDs  I/Os  Change dressing  Shower  Oral pain management  IV meds for breakthrough  Ambulate with nurse in afternoon if PT not available | Afebrile  Incision intact  No signs and/or symptoms of infection  Absence DVT  UOP  Bowel functioning WNL  Demonstrates anticoagulation administration |
| Patient/Family Education | Total Joint Class will review what to expect with surgery, pain management, anticoagulation, | Bed Mobility - PT  Incentive Spirometer - RN  Pain Management - RN  Orient to Room - RN | Weight bearing status - PT  Hip Precautions - PT  Bed mobility/turning - PT  Activity/assistive devices - OT  Post op exercises - PT  Anticoagulation education - RN | Review d/c instructions - RN  Discuss car transfers - PT  Anticoagulation education - RN  ADL equipment - OT  Assistive Device - OT | Review D/C instructions - RN  Review prescriptions - RN  Provide dressing changes - Ortho team  Anticoagulation teaching - RN  TEDs teaching - PT/RN | Patient and Family verbalize understanding of discharge instructions |
| Outcomes |  | Pain level 1 - 3  VS WNL  Pulse ox > 90 %  lungs CTAB | Pain level 1 - 3  VS WNL  I/Os WNL  Ambulate | Pain level 1 - 3  VS WNL  Progress activity  Progress ambulation | Pain level 1 - 3  Progress activity  Bowel Movement  Progress ambulating | Discharge |