

Allergies: _____

Diagnosis/ Procedure: _____ Right Left Endoprosthesis ORIF Hemiarthroplasty

Admission Status: Inpatient Observation SDC Admit to: E3 or _____

NURSING INTERVENTIONS: (Check box/ fill in to activate)

If respiratory rate less than 10 per minute or sedation level of 1, then monitor respirations every 15 – 30 minutes until greater than or equal to 12 per minute

O₂ at 0 - 3 L PRN sats less than or equal to 92% or new onset of confusion. Notify physician if greater than 3 L used.

Incentive spirometry every 1 - 2 hours while awake starting day of surgery

Vital signs: in 15 minutes X 1, then in 30 minutes X 1, then every 1 hour X 2, then every 4 hours X 24 hours, then every 8 hours

Neuro checks: every 15 minutes X 1, every 1 hour X 2, every 4 hours X 12 hours, then every 8 hours and PRN

Ice bag to operative area X 48 hours then PRN

Endoprosthesis: Abduction wedge at all times except when ambulating. Send wedge home with patient

If Foley placed in OR, remove at 0500 POD # 2

If no Foley, straight cath for BUS residual greater than 300 mL or patient uncomfortable. If 2nd straight cath needed, insert Foley.

Discontinue within 24 hours.

Remove drain(s) POD # 2 or _____

Dressing change POD # 2 or _____, then daily and PRN

I & O

Up in chair for meals

Send TED hose home with patient

SCDs

Notify physician if:

Hct less than 27

Drainage greater than 500 mL in 4 hours

Respiratory rate less than 10 per minute or sedation level of 1

DIETARY: (Fill in to activate)

Diet as tolerated

Other: _____

IV THERAPY: (Check box/ fill in to activate)

Infuse remaining solution at _____ mL/ hour then

IV Solution: _____ infuse at _____ mL/ hour

TKO. Saline lock when PO fluids adequate. Discontinue saline lock POD # 3

LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate)

PT/ INR daily if on warfarin

Hct POD # 1 Hct POD # 2

Other: _____

Stat X-Ray in PACU for prosthesis position of: Right Hip Left Hip

Blood: Hold Sample Type & Screen Type and Crossmatch: RBC's _____ units

Physician Signature

Date

Time



CONSULTS: (Check box/ fill in to activate)

- Home PT/ OT if indicated. Home care equipment to be ordered by PT/ OT POD # 2. Rehab consult by PT/ OT if needed
- SNF
 - Home Physical Therapy _____ times per week for _____ weeks
 - Home Health Nurse/ Physical Therapist to draw PT/ INR _____ times per week for _____ weeks
 - Staple removal on day _____

Rehab services:

Physical therapy twice daily
 Wt. bearing status: FWB WBAT TTWB NWB PWB 25% PWB 50% PWB _____% BW - or - _____ LBS

Endoprosthesis:

Approach: anterior posterior anteriolateral
 Fixation: cemented uncemented

Precautions: Hip Flexion _____ Hip Extension _____ IR _____ ER _____
 Adduction _____ Passive Abduction _____ Active Abduction _____

Length of time precautions are in effect: _____

OT consult on POD # 1

- ORIF - OT consult on POD # 2 if appropriate

VTE RISK ASSESSMENT: (Check appropriate box)

Pulmonary Embolism = PE

1	<input type="checkbox"/> Standard PE & Standard major bleeding risks	3	<input type="checkbox"/> ELEVATED PE & Standard major bleeding risks
2	<input type="checkbox"/> Standard PE & ELEVATED major bleeding risks	4	<input type="checkbox"/> ELEVATED PE & ELEVATED major bleeding risks

MEDICATIONS: (Check box/ fill in to activate)

Pharmacist may adjust doses for age or renal function

<p>1 STANDARD PE & STANDARD BLEEDING RISKS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacy, goal INR: 1.8 – 2.3, start postop evening <input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously once daily, start _____ (date & time) <input type="checkbox"/> enteric coated aspirin 325 mg PO twice daily 	VTE Prophylaxis
<p>2 STANDARD PE & ELEVATED BLEEDING RISKS:</p> <p>4 ELEVATED PE & ELEVATED BLEEDING RISKS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacy, goal INR: 1.8 – 2.3, start postop evening <input type="checkbox"/> enteric coated aspirin 325 mg PO twice daily <input type="checkbox"/> No medication 	
<p>3 ELEVATED PE & STANDARD BLEEDING RISKS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacy, goal INR: 1.8 – 2.3, start postop evening <input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously once daily, start _____ (date & time) 	

Physician Signature

Date

Time

MEDICATIONS: (Check box to activate)

Pharmacist may adjust doses for age or renal function

*Not to exceed 4000 mg of acetaminophen/ 24 hours. **If 65 or older**, do not exceed **3000 mg** of acetaminophen/ 24 hours

<input type="checkbox"/> ceFAZolin (ANCEF) 1 g IV every 8 hours X 2 postop doses. If 80 kg or greater, increase to 2 g. If allergic , clindamycin 600 mg IV every 8 hours X 2 postop doses. If 80 kg or greater, increase to 900 mg <i>Give 1st post-op dose at next standard admin. time, regardless of when preop dose was given</i>	Prophylaxis Antibiotics
<input type="checkbox"/> Epidural Orders	Mild to Severe Pain Epidural
<input type="checkbox"/> HYDROmorphone (DILAUDID) 0.25 – 1 mg IV every 1 hour PRN	Severe Pain (7–10) IV
<input type="checkbox"/> oxyCODONE 2.5 - 10 mg PO every 4 hours PRN	Severe Pain (7–10) PO
<input type="checkbox"/> *HYDROcodone/ acetaminophen 5 mg/ 325 mg (NORCO) 1 - 2 PO every 4 hours PRN	Moderate Pain (4–6) PO
<input type="checkbox"/> *acetaminophen (TYLENOL) 325 - 650 mg PO every 4 hours PRN	Headache/ Temp > 38°C/ Mild Pain (1-3)
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) 5 mg PO every 8 hours PRN	Muscle Spasms
<input type="checkbox"/> loratadine (CLARITIN) 10 mg PO daily PRN	Itching
<input type="checkbox"/> zolpidem (AMBIEN) 2.5 mg PO HS PRN. May repeat X 1	Insomnia
<input type="checkbox"/> magnesium hydroxide/ aluminum hydroxide/ simethicone (MAALOX) 15 mL PO QID PRN	Indigestion
<input type="checkbox"/> multivitamins 1 tablet PO daily	Supplement
<input checked="" type="checkbox"/> ondansetron (ZOFRAN) 8 mg PO every 6 hours PRN	Nausea/ Vomiting PO
<input checked="" type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting IV
<input checked="" type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools senna/ docusate 8.6 mg/ 50 mg (SENOKOT-S) 1 PO BID. Hold for loose stools polyethylene glycol (MIRALAX) 17 g PO daily. Hold for loose stools If no BM in 48 hours, bisacodyl (DULCOLAX) suppository PR X 1. If no results, FLEETS or warm tap water enema PRN	Constipation
<input checked="" type="checkbox"/> lidocaine 2% jelly (URO-JET) apply PRN	Foley Placement Pain

Physician Signature_____
Date_____
Time

Assessment of elevated risk (greater than standard risk) of PULMONARY EMBOLISM (PE):

Previous history of cancer, thromboembolism
Hypercoagulable states (ie., polycythemia, spinal cord injury, multi-trauma patients)
Previous documented pulmonary embolism
Genetic predisposition for developing pulmonary embolism

Assessment of elevated risk (above standard risk) of MAJOR BLEEDING:

Previous history of uncontrolled bleeding
Known coagulation factor deficiency
Recent history of GI bleeding
Recent hemorrhagic stroke

For patients with:

- ① Standard risk of PE and standard risk of major bleeding; use either Aspirin, LMWH, Fondaparinux or Warfarin
- ② Standard risk of PE and ELEVATED risk of major bleeding; use either Aspirin, Warfarin or none
- ③ ELEVATED risk of PE and standard risk of major bleeding; use either LMWH, Fondaparinux or Warfarin
- ④ ELEVATED risk of PE and ELEVATED risk of major bleeding; use either Aspirin, Warfarin or none

Adapted from AAOS Clinical Practice Guideline on Prevention of Pulmonary Embolism in Patients Undergoing Total Hip or Knee Arthroplasty (published May 2007)