

Allergies: NKDA _____
 Admission Status: Inpatient Admit to: E3 or _____

Procedure: (Check appropriate box)

<input type="checkbox"/> Total Knee	<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> revision	<input type="checkbox"/> primary <input type="checkbox"/> revision
<input type="checkbox"/> Total Hip	<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> revision	<input type="checkbox"/> primary <input type="checkbox"/> revision
<input type="checkbox"/> Other: _____	<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> revision	<input type="checkbox"/> primary <input type="checkbox"/> revision

IN PACU: (Check box to activate)

Stat X-Ray of: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> shoulder	Reason: For prosthesis position
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV X 1. If 65 or older, decrease ketorolac to 15 mg	Pain

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

I & O
 Orthopedic Autotransfusion system Use 2nd SureTrans if have greater than 1000 mL reinfused with 1st SureTrans
 Abduction wedge at all times (Hip). Send wedge home with patient
 Ice bag to operative area X 48 hours and then PRN
 SCDs
 Send TED hose home with patient
 If indwelling urinary catheter placed in OR, discontinue catheter at 0500 POD # 1.
 If patient has epidural or received spinal morphine, then discontinue catheter at 1600 POD # 1
 If no indwelling urinary catheter present: Straight cath for BUS residual greater than 300 mL or patient uncomfortable. If 2nd straight cath needed, insert indwelling urinary catheter & discontinue within 24 hours.
 O₂ at 0 - 3 L / M per nasal cannula PRN SaO₂ less than or equal to 92% or new onset of confusion.
 Notify physician if greater than 3 L O₂ administered
 Incentive spirometry every 1 - 2 hours while awake, starting day of surgery.
 Remove surgical drain(s) POD # 2 or _____
 Discontinue OrthoPAT POD # 1 at 0530 if output less than 50 mL in previous 8 hours
 Dressing change POD # 2 or _____, then daily and PRN
 Vital Signs: In 15 minutes X 1, then 30 minutes X 1, then every hour X 2, then every 4 hours X 24 hours, then every 8 hours
 Neuro checks: 15 minutes X 1, every 1 hour X 2, every 4 hours X 24 hours, then every 8 hours and PRN
 If respiratory rate less than 10 per minute or sedation level 1, then monitor respirations every 15 - 30 minutes until 12 or greater and contact physician
 Mobility per standards
Knee Only:
 After SureTrans finished, greater than 350 mL in 2 hours, clamp drain and stop CPM (if on) for 2 hours, then resume drain and CPM. Repeat PRN. For cumulative output postop greater than 500 mL, give 1 unit autologous blood if available

DIETARY: (Fill in to activate. Line through to cancel order)

Regular diet Other: _____

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

Lactated Ringers to infuse at _____ mL/ hour until current bag complete, then saline lock
 Other IV Fluid: _____ to infuse at _____ mL/ hour
 TKO. Saline lock in AM POD # 1. Discontinue saline lock POD # 2

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

If not done in PACU, STAT X-Ray of: right left bilateral hip knee shoulder Reason: for prosthesis position
 Hematocrit POD #1 Hematocrit POD # 2 Call physician if hematocrit less than 27mg/ dl
 PT/ INR daily if on warfarin
 Other: _____

BLOOD: Type and Screen (determines Hemosafe eligibility). If not Hemosafe-eligible, then order 2 units RBC or: _____ units
(Hemosafe-ineligible means history of antibodies, so pre-ordering RBCs ensures blood is available on site. Hemosafe-eligible means blood is immediately available when transfusion is ordered)

Physician Signature

Date

Time



CONSULTS: (Check box/ fill in to activate)

Weight bearing status:

FWB WBAT TTWB NWB PWB 25% PWB 50% PWB _____% BW OR _____LBS

Total Hip:

Approach: Anterior Posterior Anteriolateral
 Fixation: Cemented Femur Acetabulum
 Uncemented Femur Acetabulum

Posterior Approach Precautions:

Hip Flexion 90 degrees, Hip Extension 10 degrees, IR 0 degrees, ER 0 degrees, Adduction 0 degrees, Active Abduction 30 degrees

Anterior/ Anteriolateral approach precautions:

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

Length of time precautions are in effect: _____

Physical Therapy (PT) evaluate and treat; begin day of surgery. Home care equipment to be ordered by PT POD # 2

Occupational Therapy (OT) evaluate and treat; begin POD # 1. Home care equipment to be ordered by OT POD # 2

Total Knee:

Physical Therapy (PT) evaluate and treat; begin day of surgery. Home care equipment to be ordered by PT POD # 2

Occupational Therapy (OT) evaluate and treat if appropriate and indicated by PT. Home care equipment to be ordered by OT POD # 2
 If weakness in operative leg, use knee immobilizer.

DISCHARGE PLANNING: (Check box/ fill in to activate)

- Staple removal on POD # _____
- SNF
- Rehab consult by OT
- Rehab consult by PT
- Outpatient PT evaluate and treat _____ times per week for _____ weeks
- Outpatient OT evaluate and treat _____ times per week for _____ weeks
- Home Health OT evaluation and treatment. Home Health OT _____ times per week for _____ weeks
- Home Health PT evaluation and treatment. Home Health PT _____ times per week for _____ weeks
- Home Health nurse/ Physical Therapist to draw PT/ INR _____ times per week for _____ weeks

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> <p><input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacist, goal INR: 1.8 – 2.3, start postop evening</p> <p><input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously once daily, start _____ (date & time)</p> <p><input type="checkbox"/> enteric coated aspirin 325 mg PO twice daily</p>	VTE Prophylaxis
<p>2 STANDARD PE & ELEVATED BLEEDING RISKS:</p> <p>4 ELEVATED PE & ELEVATED BLEEDING RISKS:</p> <p><input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacist, goal INR: 1.8 – 2.3, start postop evening</p> <p><input type="checkbox"/> enteric coated aspirin 325 mg PO twice daily</p> <p><input type="checkbox"/> No medication</p>	
<p>3 ELEVATED PE & STANDARD BLEEDING RISKS:</p> <p><input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacist, goal INR: 1.8 – 2.3, start postop evening</p> <p><input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously once daily, start _____ (date & time)</p>	

Physician Signature

Date

Time



MEDICATIONS: (Check box/ fill in to activate)

Pharmacist may adjust doses for age or renal function

*Not to exceed 4000 mg of acetaminophen/ 24 hours. **If 65 or older**, not to 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 900 mg IV every 8 hours X 2 postop doses <i>Give 1st post-op dose at next standard administration time, regardless of when preop dose was given</i>	Prophylaxis Antibiotic
<input type="checkbox"/> HYDROmorphone (DILAUDID) <i>PCA Orders</i> <input type="checkbox"/> morphine <i>PCA Orders</i> <input type="checkbox"/> fentaNYL <i>PCA Orders</i>	Mild to Severe Pain PCA
<input type="checkbox"/> morphine 2 - 4 mg IV every 2 hours PRN. If pain unrelieved with morphine or if allergic, HYDROmorphone (DILAUDID) 0.5 – 1 mg IV every 2 hours PRN. If pain unrelieved in 4 hours, notify physician	Severe Pain (7-10) IV
<input type="checkbox"/> oxyCODONE 10 - 15 mg PO every 3 hours PRN	Severe Pain (7-10) PO
<input type="checkbox"/> oxyCODONE 5 - 10 mg PO every 3 hours PRN	Moderate Pain (4-6) PO
<input type="checkbox"/> ketorolac (TORADOL) 15 - 30 mg IV every 6 hours PRN. Maximum of 5 days. Discontinue if scheduled ketorolac (TORADOL) and celecoxib (CELEBREX) ordered	Moderate Pain (4-6) IV
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV every 6 hours X 4 doses. If 65 or older , decrease dose to 15 mg. celecoxib (CELEBREX) 200 mg PO BID starting when ketorolac completed. If sulfonamide-allergic, change to meloxicam (MOBIC) 15 mg PO daily starting when ketorolac (TORADOL) completed. *acetaminophen (TYLENOL) 975 mg PO at 0600, 1200 and 1800 starting POD #1 X 48 hours	Pain
<input type="checkbox"/> *acetaminophen (TYLENOL) 325 - 650 mg PO every 4 hours PRN. Begin after scheduled acetaminophen completed (if ordered)	Headache/ Mild Pain (1-3)/ Temp >38° C
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) 5 - 10 mg PO every 6 hours PRN. If 65 or older , change to methocarbamol (ROBAXIN) 500 mg PO every 8 hours PRN	Muscle Spasms
<input type="checkbox"/> hydrOXYzine (VISTARIL) 25 - 50 mg PO every 4 hours PRN if narcotics ineffective alone. Do not give if 65 or older	Moderate to Severe Pain Adjunct
<input type="checkbox"/> loratadine (CLARITIN) 10 mg PO daily PRN	Itching
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older). May repeat X 1	Insomnia
<input type="checkbox"/> ondansetron (ZOFTRAN) 8 mg PO every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPAZINE) 5 mg PO every 6 hours PRN (2 nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting PO
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPAZINE) 2.5 - 5 mg IV every 4 hours PRN (2 nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting IV
<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"/> 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 bisacodyl (DULCOLAX) suppository 10 mg PR daily PRN. If no BM in 48 hours, bisacodyl (DULCOLAX) suppository 10 mg 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	Catheter 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)