

ALLERGIES: \_\_\_\_\_

CODE STATUS: \_\_\_\_\_

Notified PCP at completion of surgery:  Yes  No Drs. Name: \_\_\_\_\_

**CHECK BOX TO INITIATE ORDERS**

INITIATE CLINICAL PATHWAY:  THR  TKR  FxHip

PACU:  X-RAY \_\_\_\_\_

BCP  Hct/Hgb

Transfuse one unit autologous blood, if available, if Hct less than 9gm/dl

TOTAL HIP APPROACH:  ANTERIOR

- No crossing legs
- No internal/external rotation of operated leg
- Regular w/c
- Pillow between legs

POSTERIOR

- No hip flexion past 70 degrees
- No adduction past midline-no crossing legs
- Reclining w/c
- Abduction splint in bed
- Enc. combination abduction-external rotation position-"cowboy position"

ACTIVITY: OOB, chair, BSC with assist \_\_\_\_\_

OT EVAL: \_\_\_\_\_

PHYSICAL THERAPY: Therapeutic exercises BID daily, gait training  
Wt. Bearing status: \_\_\_\_\_

IV'S: D5-1/2NS 100ml/hr. IVL Post-Op Day 2 if tolerating fluids and urinary output > 100ml q4h.  
Discontinue Post-Op Day 3 if BCP WNL or when epidural discontinued.

FOR TOTAL JOINTS: Transfuse one unit autologous blood approximately 6 hours after arrival on floor, if available, if Hct less than 9gm/dl. If autoinfusion device (hemovac), delay 3 hours between reinfusion and 2<sup>nd</sup> unit.

**MEDICATIONS**

ANTIBIOTIC: Cefazolin (Ancef) 1gm IV q8h X 24h (3 doses post surgery)

**PAIN: REFER TO EPIDURAL/DURAMORPH ORDERS UNTIL DISCONTINUED.**

***After Epidural or Duramorph discontinued, then begin:***

Oxycodone (Oxycontin CR) (slow-release) CHECK ONE--NOT BOTH  10mg BID  20mg PO BID.  
May hold oxycontin if somnolent or discontinue for adverse reaction.

Oxycodone 5mg/APAP 325mg (Percocet) 1/2-1 tablet Q4 hours PRN pain score ≤ 6

Oxycodone 5mg/APAP 325mg (Percocet) 1-2 tablets Q4 hours PRN pain score ≥ 8

Hydrocodone/APAP (Vicodin) 7.5mg/APAP 500mg 1/2-1 tablet Q3 hours PRN pain score ≤ 6

Hydrocodone/APAP (Vicodin) 7.5mg/APAP 500mg 1-2 tablets Q6 hours PRN severe pain ≥ 8  
[APAP=acetaminophen. Limit APAP to 4000mg or less per 24hrs]

Oxycodone 5mg 1/2-1 tablet Q2 hours PRN severe pain ≥ 8

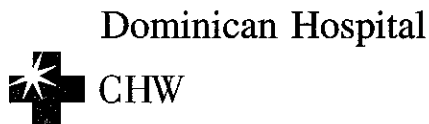
Morphine \_\_\_\_\_ mg IV q \_\_\_\_\_ hours PRN pain score \_\_\_\_\_ .

Morphine \_\_\_\_\_ mg IV q \_\_\_\_\_ hours PRN pain score \_\_\_\_\_ .

Other: \_\_\_\_\_

NAUSEA:  Ondansetron (Zofran) 4mg IV x 1 PRN nausea or vomiting.

Droperidol (Inapsine) 0.25mg IV q4 hours PRN nausea or vomiting.



**ORTHOPEDIC POST-OP ORDERS**

**ANTICOAGULATION: Anticoagulation meds to be started or stopped by anesthesiology if epidural pt.)**

- Enteric-coated Aspirin 325mg PO daily.
- Warfarin (Coumadin) \_\_\_\_\_ mg PO once daily.
- Enoxaparin (Lovenox) 40mg subcutaneously once daily. Begin 6-8 hours after surgery\*.
- Enoxaparin (Lovenox) 30mg subcutaneously BID. Begin 12-24 hours after surgery\*.
- Fondaparinux (Arixtra) 2.5mg Subcutaneously once daily. Start 6 hours after surgery\*. Do not give if CrCl < 30ml/min.
- Other: \_\_\_\_\_

**\*Hold dose for at least 12 hours before manipulation or removal of epidural catheter and do not administer for at least 2 hours after manipulation or removal of catheter.**

**SEDATIVES:**

- Lorazepam (Ativan) 0.5mg PO Q4 hours PRN anxiety
- Zolpidem (Ambien) 5mg PO QHS PRN sleep. May repeat x 1 in 1 hour if needed.
- Temazepam (Restoril) 7.5mg QHS PRN sleep. May repeat x 1 hour if needed.
- Other: \_\_\_\_\_

**STANDARD MEDICATIONS:**

- Acetaminophen 650mg PO Q4 hours PRN temp > 101.0 or mild pain.
- Docusate (DSS) 250mg PO ONCE DAILY.
- Senokot 1 tablet PO ONCE DAILY.
- Bisacodyl (Dulcolax) 10 mg suppository 1 PR ONCE DAILY PRN constipation.
- MOM 30ml PO ONCE DAILY PRN constipation.
- Ferrous Sulfate 300mg PO ONCE DAILY (Hold if nauseated).
- Maalox 15ml PO Q6 hours PRN gastric upset.
- Diphenhydramine (Benadryl) 25mg PO Q6 hours PRN itching.
- Multivitamin 1 tablet PO ONCE DAILY.
- Ascorbic Acid (Vitamin C) 500mg PO ONCE DAILY.
- Zinc sulfate 220mg PO once daily.

**GENERAL:** \_\_\_\_\_

**LAB:**

- BCP Q Day x 3 Days
- INR Q Day if on warfarin (Coumadin).
- Basic Metabolic Panel QAM X 3 days.

**DIET:**

- Regular
- Other: \_\_\_\_\_

**NURSING:**

1. Elevate extremity (except hip surgery). Apply ice as needed.
2. SCD's.
3. TED's PRN nursing discretion. If ACE wrap in place over TEDS, remove ACE wrap.
4. Decompress hemovac X 2 hours PRN output > 50ml/hr.
5. O2 per protocol.
6. IS 4 times Daily.
7. I/O, autoinfusion device (hemovac) output q shift.
8. Check CMS q2 hours x 24 hours.
9. Dressing change PRN. Discontinue on post-op Day 4 and apply large band-aids.
10. Fleets enema once daily PRN.

- GATCH foot of bed:  1  2  3 notches.  Foot Cradle end of bed.

**URINARY:**

- I/O catheter Q6h PRN or Foley PRN bladder distention, discomfort, and/or bladder scanner shows > 250ml urine.
- Discontinue 2<sup>nd</sup> post op day or when epidural discontinued.

**OTHER ORDERS:** \_\_\_\_\_

- DME per PT recommendation: • Front-Wheeled walker • 3-1 Commode
- Other: \_\_\_\_\_

**DISCHARGE PLANNING:** Social Service evaluation for RCU/ECF/HHA.

**Licensed Staff:**  Check in box validates read-back of verbal/telephone order (Flag for physician signature)

Physician Signature: \_\_\_\_\_ M.D. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Noted and Ordered: \_\_\_\_\_ R.N. Date: \_\_\_\_\_ Time: \_\_\_\_\_


**Dominican Hospital**  
**CHW**  
**ORTHOPEDIC POST-OP ORDERS**