



Postoperative Total Knee Replacement - Adult Page 1 of 3

- Admit Status: Admit to hospital - Inpatient
- Bed Type: Medical/Surgical
- Add: Telemetry- (may remove for MRI and Chest CT scans)
- Isolation for: _____
- Discontinue all pre-op and ED holding orders
- Call hospitalist / primary care physician:
 - Address home medications
 - Code status
 - Medical diagnosis that require treatment during the hospitalization
 - Specialty diets if applicable

Diet

- Advance diet as tolerated to regular diet: Start with Clear liquids

Activity

- Weight bearing as tolerated with walker or assistance.

Vital Signs

- Vital signs per post procedure guidelines and then routine
- Measure intake and output every shift for 48 hours

IV Fluids

- Dextrose 5% in Lactated Ringers @ _____ ml/hr, continue till PO intake adequate then DC or saline lock per protocol while on other IV medication.
- Increase IV rate to 150 ml/hr if urine output is less than 300 ml/shift and lungs clear.

Medications

- Prophylactic Antibacterial Agent (according to patient allergy history and surgical procedure)
 - If patient allergic to Alternative Antibiotics AND Penicillins (Shortness of breath or anaphylaxis) Cephalosporins call the physician for orders.

Antibacterial Agent Indication	<u>No Allergy to Penicillins</u> (Shortness of breath or anaphylaxis) or cephalosporins	<u>Allergic to Penicillins</u> (Shortness of breath or anaphylaxis) or Cephalosporins
Prophylactic	ceFAZolin 1 gram intravenously every 8 hours X 3 doses ; begin 6 hours after pre-op dose. Increase dose to 2 gm if patient greater than 79 kg.	clindamycin in D5W 600 mg/50 ml IV piggy back every 8 hours X 3 doses begin 6 hours after pre-op dose
Therapeutic <input type="checkbox"/> Contaminated Surgery <input type="checkbox"/> Ongoing Infection	_____ every _____ hours	

- sennosides-docusate sodium 8.6 mg-50 mg tab (Senokot S) 2 tablet orally 2 times a day for constipation prevention.
- polyethylene glycol 3350 17 g (100%) oral packet (MiraLax) 1 packet once a day PRN for constipation
- bisacodyl 10 mg rectally once a day PRN for constipation unrelieved by polyethylene glycol.
- MILK OF MAGNESIA 30 ml once a day PRN for constipation unrelieved by bisacodyl.
- FLEET PHOSPHO-SODA enema 1 enema rectally once a day PRN for constipation unrelieved by MOM/ bisacodyl
- Enema administration , soap suds 1000 ml rectally daily PRN for constipation unrelieved by bisacodyl / MOM.

Physician Initials: _____

Please initial each place that a deletion, addition, or strike through has occurred.
Any change made after initial authentication requires a new order sheet.



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Pain Control

- No aspirin or NSAIDS
- celecoxib (Celebrex) 200 mg orally 2 times a day. Hold if allergic to sulfa.
- methadone 5 mg every 12 hours for basal pain control, start evening of surgery.
- oxyCODONE ER (OxyContin) 10 mg orally every 12 hours for basal pain control, start evening of surgery.
- oxyCODONE ER (OxyContin) 20 mg orally every 12 hours for basal pain control, start evening of surgery.

Breakthrough Pain Control (If more than one medication ordered for the same indication, administer in the numbered order, if no order is indicated administer in descending order)

- HYDROmorphine (Dilaudid) PCA intravenously PRN for pain administer per hospital protocol; if did not receive subarachnoid morphine during surgery
- morphine PCA intravenously PRN for pain administer per hospital protocol; if did not receive subarachnoid morphine during surgery
- If subarachnoid morphine use; call anesthesiologist for inadequate analgesia or related problems for first 18 hours, then use medication below.**

Mild Pain

- traMADol 50 mg orally every 4 hours, PRN for pain. Do not exceed 400mg daily; after PCA discontinued

Moderate to Severe Pain

- ____ oxyCODONE-acetaminophen 5 mg-325 mg tab (Percocet) 1 -2 tablet orally every 4 hours PRN for moderate-to-severe pain; after PCA discontinued
- ____ HYDROcodone-acetaminophen 5 mg-325 mg tab (Vicodin) 1-2 tablet orally every 4 hours PRN for moderate-to-severe pain; after PCA discontinued.

Medications - PRN

- Maximum total dose of acetaminophen is 4 grams in 24 hours -- from all sources.
- acetaminophen (Tylenol) 650 mg orally or rectally every 4 hours PRN for temp greater than 101.5 F
- aluminum hydroxide-magnesium hydroxide with simethicone (Maalox+) 30 ml orally every 4 hours PRN for indigestion
- ondansetron HCl (Zofran) 4 mg intravenously every 8 hours PRN for nausea/vomiting
- zolpidem (Ambien) 5 mg orally once a day, at bedtime PRN for insomnia may repeat x 1 if not sleeping in 90 minutes.
- Other Medication: _____

Nursing

- OrthoPAT per protocol, reinfuse x 24 hours. Note total output and volume reinfused.
- Hemovac to suction if no OrthoPAT or when OrthoPAT discontinued. Discontinue Hemovac evening of first post-op day.
- Hemovac to suction if no OrthoPAT or when OrthoPAT discontinued. Discontinue Hemovac when ordered by physician.
- Cold therapy device management when not up or in CPM. Change water every 90 minutes.
- Apply ice pack -when not in CPM or up
- Continuous passive motion (CPM) therapy increase 5 degrees per shift, up to 90 degrees
- Discontinue urinary catheter at 24 hours post-op
- Discontinue urinary catheter at 48 hours post-op
- Bladder Scan for bladder pressure or if no void in 6 hours. If more than 300cc of urine in bladder, straight catheterization, PRN.
- Elevated toilet seat
- Apply trapeze to bed
- Turn/cough/deep breathe every 2 hours while awake.
- Plantar, dorsiflexion, and rotation bilateral ankles every 2 - 3 hours while awake.
- Call primary care physician / hospitalist for orders if patient requires a therapeutic diet.
- Peripheral venous cannula insertion/management -- Lidocaine 1% with Sodium Bicarbonate (0.05 - 0.2 ml) as required superficial to deep vein when initiating IV access, PRN patient comfort.

Physician Initials: _____

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Nursing

- For suspected or documented hypoglycemia, initiate hypoglycemia treatment orders and call primary care physician.
- For sudden onset of chest pain (adult patients) initiate sudden onset of chest pain protocol and call primary care physician.
- Ace-Wrap -maintain on operative leg until use of anti-embolism stockings.
- Change dressing-follow dressing change guidelines for orthopedics when directed by physician.
- Change dressing-follow dressing change guidelines for orthopedics 4 to 8 hours post-op, then every shift.
- If the patient is a smoker offer smoking cessation counseling

Respiratory Therapy

- Oxygen administration -- per adult oxygen protocol
- Incentive spirometry every 2 - 3 hours while awake until ambulating.

Laboratory

- Hemoglobin and hematocrit once 1800 today - RN to call results to operating surgeon
- Hemoglobin and hematocrit once a day for 3 days- start tomorrow
- Hemoglobin and hematocrit tomorrow and third post-op day
- Prothrombin time (PT) and international normalized ratio (INR) once a day - if warfarin ordered

DVT Prophylaxis

- Do not initiate pharmacologic prophylaxis - patient is currently anticoagulated with warfarin / heparin.
- Do not initiate pharmacologic prophylaxis - medication is contraindicated.
- Do not initiate pharmacologic prophylaxis - Other Reason: _____

Pharmacological Prophylaxis

- enoxaparin 30 mg subcutaneously every 12 hours start tonight tomorrow in AM. Pharmacy to adjust dose to 30 mg once daily if CrCl is less than 30 ml/min; order serum creatinine if none available.
- enoxaparin 40 mg subcutaneously once on day of discharge.
- warfarin _____ mg orally once for tonight .
Call: surgeon primary care physician / hospitalist for daily warfarin orders.
- no coumadin / warfarin.

Mechanical Prophylaxis

- Elastic stockings (Graduated Compression Stockings) Apply toe to thigh on non operative leg. Apply elastic stockings to operative leg when ace wrap removed.
- Intermittent pneumatic compression stockings (IPC), bilateral

Consults

- Consult to physical therapy evaluation and treatment: postop total knee physical therapy.
- Initiate CPM 0-45 degrees 0-60 degrees
- Consult to occupational therapy evaluation and treatment: post-op total knee occupational therapy, start when physical therapy starts
- Consult to discharge planning
- Consult to home health regarding: _____
- Consult to social services regarding: _____
- Consult to dietitian, adult regarding: _____
- Consult to wound care center regarding: _____

Physician Signature _____

Date _____ Time _____

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