



# St. Nicholas Hospital

## Postoperative Total Hip Replacement/ Fractured Hip - 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
- Touch down weight bearing as tolerated
- Up to chair as tolerated first post-op day

### 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) or Cephalosporins call the physician for orders.

Antibacterial Agent Indication	No Allergy to Penicillins (Shortness of breath or anaphylaxis) or cephalosporins	Allergic to Penicillins (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 17g 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 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: \_\_\_\_\_

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## Postoperative Total Hip Replacement/ Fractured Hip - Adult Page 2 of 3

### **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)**

- HYDROMORPHONE (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 101.5F
- aluminum hydroxide-magnesium hydroxide (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.
- Urinary catheter management Discontinue urinary catheter at 24 hours post-op
- Urinary catheter management Discontinue urinary catheter at 48 hours post-op
- Urinary straight catheterization PRN for bladder pressure or urinary retention.
- Use a fracture pan for elimination PRN, if patient unable to ambulate
- Apply abduction device
- Use 2 pillows between legs for abduction
- Elevate head of bed 45 degrees
- 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.
- 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.



### 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.
- Total hip arthroplasty precautions
- 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

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

### Laboratory

- Hemoglobin and hematocrit 1800 today. RN to call results to operating surgeon
- Hemoglobin and hematocrit, daily x3 days; start tomorrow.
- Complete blood cell count without white blood cell differential; Daily.
- 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 a day start in a.m.
- 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.

### Mechanical Prophylaxis

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

### Consults

- Consult to physical therapy --post op evaluation and treatment- for gait training/tilt table/transfers to begin 1st post-op, first day bedside as tolerated
- Consult to occupational therapy --for post op evaluation and treatment, 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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