## CLINICAL PATHWAY

### Total Knee Replacement

**DRG NO**: 209  
**LENGTH OF STAY**: 5.0

<table>
<thead>
<tr>
<th>Diagnosis:</th>
<th>Initiating UNIT:</th>
<th>Initiating DATE:</th>
<th>Initiating TIME:</th>
<th>DRG NO:</th>
<th>LENGTH OF STAY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>209</td>
<td>5.0</td>
</tr>
</tbody>
</table>

### PATIENT IDENTIFICATION

- **CLINICAL PATHWAY**
- **Total Knee Replacement**
- **DRG NO 209**

### Day 1 (Pre-Op)

- **Activity**: Bed rest
- **Test Specimens**: CBC, SMA7, PT, TTT, U/A, CXR, EKG
- **Diagnosis**: Review results of CBC

### Day 1 (or / PACU)

- **Activity**: Bed rest
- **Test Specimens**: CBC (Post-Op in PACU) [Call H.O. if H&H < 8&26]
- **Diagnosis**: Radiographs of knee

### Day 1 (POD #1)

- **Activity**: OOB in Chair (BID)
- **Test Specimens**: CBC (Call H.O. if H&H < 8&26)
- **Diagnosis**: PT / INR (1-2 goal INR) if on Coumadin

### Day 2 (POD #2)

- **Activity**: OOB in Chair (BID)
- **Test Specimens**: CBC (Call H.O. if H&H < 8&26)
- **Diagnosis**: PT / INR (1-2 goal INR) if on Coumadin

### Day 3 (POD #3)

- **Activity**: OOB in Chair (BID)
- **Test Specimens**: CBC (Call H.O. if H&H < 8&26)
- **Diagnosis**: PT / INR (1-2 goal INR) if on Coumadin

### Day 5 (POD #4)

- **Activity**: OOB in Chair (BID)
- **Test Specimens**: CBC (Call H.O. if H&H < 8&26)
- **Diagnosis**: PT / INR (1-2 goal INR) if on Coumadin

### Diet

- **Day 1**: NPO
- **Day 2**: NPO
- **Day 3**: Advance Diet as tolerated
- **Day 4**: Advance Diet as tolerated
- **Day 5**: Diet as tolerated

### Meds

- **Day 1**: Maintenance meds as per anesthesiologist and/or physician.
- **Day 2**: As per Anesthesia
- **Day 3**: Coumadin at 18:00 Hours if prescribed (Notify Anesthesia before giving Coumadin)
- **Day 4**: Coumadin at 18:00 Hours if prescribed (Notify Anesthesia before giving Coumadin)
- **Day 5**: Coumadin at 18:00 Hours if prescribed (Notify Anesthesia before giving Coumadin)

### Pain Management

- **Day 1**: As per Anesthesia if epidural catheter - OR - As per MD order
- **Day 2**: Consider d/c epidural catheter and initiate PO pain management
- **Day 3**: Consider d/c epidural catheter and initiate PO pain management
- **Day 4**: D/C epidural catheter + initiate PO pain management
- **Day 5**: PO pain management

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Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

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### PART OF THE MEDICAL RECORD

8850058 Rev. 05/05  
Total Knee Replacement Clinical Pathway_CLINICAL PATHWAYS_MEDICAL AFFAIRS  
PAGE 1 of 4
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# CLINICAL PATHWAY

## Total Knee Replacement

**DRG NO 209**

### PATIENT IDENTIFICATION

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 1</th>
<th>DAY 1</th>
<th>Post-Op</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>DAY 4</th>
<th>DAY 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Op or / PACU</td>
<td>Pre-Op or / PACU</td>
<td>on UNIT: ___________</td>
<td>POD #1</td>
<td>POD #2</td>
<td>POD #3</td>
<td>POD #4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PHYSICAL &amp; OCCUPATIONAL THERAPY</strong></th>
<th><strong>TEACHING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Physical &amp; Occupational Therapy consult requested</td>
<td>□ Encourage Pre-Op TJA class attendance</td>
</tr>
<tr>
<td>□ OT - ADL Training, progress to highest functional level</td>
<td>□ Did Pt attend Pre-op TJA class? [Y/N]</td>
</tr>
<tr>
<td>□ Ambulation with standard walker with appropriate level of assistance. Progress level of assistance and distance as appropriate.</td>
<td>□ Pre-Op &amp; Post-Op care</td>
</tr>
<tr>
<td>□ Physical &amp; Occupational Therapy consult requested</td>
<td>□ Discuss pain management (pain scale) &amp; side effects</td>
</tr>
<tr>
<td>□ OT - ADL Training, progress to highest functional level</td>
<td>□ Discuss pain mgmnt (pain scale) &amp; side effects</td>
</tr>
<tr>
<td>□ Ambulation with standard walker with appropriate level of assistance. Progress level of assistance and distance as appropriate.</td>
<td>□ Teach ankle pumps</td>
</tr>
<tr>
<td>□ Physical &amp; Occupational Therapy consult requested</td>
<td>□ Explain rationale for physical therapy + need for patient participation</td>
</tr>
<tr>
<td>□ OT - ADL Training, progress to highest functional level</td>
<td>□ Teach signs + symptoms to report (signs of wound infection, DVT, Temp&gt;101F unrelied knee pain, neurovascular changes).</td>
</tr>
<tr>
<td>□ Ambulation with standard walker with appropriate level of assistance. Progress level of assistance and distance as appropriate.</td>
<td>□ Teach PO pain mgmnt</td>
</tr>
<tr>
<td>□ Physical &amp; Occupational Therapy consult requested</td>
<td>□ Reinforce education from DAY 1 + DAY 2.</td>
</tr>
<tr>
<td>□ OT - ADL Training, progress to highest functional level</td>
<td>□ Teach signs + symptoms to report (signs of wound infection, DVT, Temp&gt;101F unrelied knee pain, neurovascular changes).</td>
</tr>
<tr>
<td>□ Ambulation with standard walker with appropriate level of assistance. Progress level of assistance and distance as appropriate.</td>
<td>□ Reinforce education from DAYs 1, 2 &amp; 3.</td>
</tr>
<tr>
<td>□ Gait training, transfer training, and exercises (quadriceps, sets, gluteal sets, ankle pumps and SLR)</td>
<td>□ Teach methods to prevent infection of prosthesis (prophylactic antibiotics prior to dental work or out patient surgery, and prompt treatment of systemic infections)</td>
</tr>
<tr>
<td>□ OT - ADL Training, progress to highest functional level</td>
<td>□ Discharge instructions</td>
</tr>
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</table>

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